**Post Operative Instructions**

**Pectoralis major repair**

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**Pectoralis major repair :**

Shoulder tendon repair surgery removes the need to repair the tendon back to its original insertion. This helps to restore strength and function to the shoulder. The information in this handout will guide you through your post-operative recovery. Your physical therapist will give additional information to you; whenever there is a conflict in that information, this handout is your final authority.

**Bandages & Sling:**

Once you leave the surgical center you’ll noticed her dressing has a thin plastic film over it. Your incisions were closed with a single long dissolving stitch, which was covered with Dermabond (surgical glue). The second is an adhesive dressing. It is a special dressing that is meant to stay on for 10 days. You can shower over the dressing beginning on the fourth day after surgery. Leave the dressing intact unless it is damaged Bywater. The surgeon or remove it after postoperative appointment. Because of the Dermabond, your wound is still sealed and you can continue to shower.

The sling is for both comfort and to protect your surgical repair. It should be worn in the proper position (your physical therapist will teach your how to do this), during the day and at night. You cannot go without the sling until I give you permission. Most patients will wear both the sling for 6 weeks.

**Ice & Motion:**

One important goal following surgery is to minimize swelling around your arm and shoulder. The best way to achieve this is with the frequent application of ice and gentle range of motion exercises. This is most important the first 48 hours following surgery, but will also be helpful after exercises and physical therapy for weeks after surgery. The ice pack should be large (like a big zip-lock bag) and held firmly on the shoulder. Most patients will be given a large blue cryo-cuff at the hospital. This is an excellent way to ice your shoulder. Following the attached instructions, the ice can be “re-charged” every 2 hours. Feel free to remove the cryo-cuff if it becomes uncomfortable.

**Physical Therapy**

A physical therapy appointment should have been made for you before your surgery day. It is important to start physical therapy within one to two days after surgery. The goal of physical therapy is to assess how your shoulder responded to the surgical procedure; therefore, the therapist will remove your dressing and look at your wound. The therapist will re-introduce you to your shoulder so that you feel comfortable with your surgery and aren't afraid to start doing the certain things that are safe. Your therapist will start a very specific and personalized range of motion and strength program on your first visit. They will know exactly what was done during surgery and everything prescribed is SAFE. In addition, if the therapist finds anything unexpected the doctor will be informed right away.

**Immediate Post-Operative Exercises:**

We allow you to move your operative arm the day after surgery by performing pendulum range of motion exercises. The day after surgery the physical therapist will teach you how to do this properly. Once you are home, these motion exercises should be done every couple of hours to prevent stiffness from developing. The more stiffness that sets in - the more difficult it will be to get your motion back down the road. In fact, the sooner your shoulder function returns to normal, the faster your recovery will begin.

**Washing & Bathing:**

You should be careful to keep the wound clean and dry for the first 48 hours after surgery. Beginning on the fourth day after surgery it is OK to shower directly over your dressing (it won't come off). It is also OK to use soap on your shoulder. This shower should be quick. I would prefer that you do not take a bath until the dressing has been removed. After your dressing has been removed, your wound is still sealed with the Dermabond (surgical glue) and you can shower directly over this as long as the wound is dry and there is no drainage.

The yellow discoloration you will find on your shoulder and arm is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water - instead you will need rubbing alcohol to remove it. This can be done the day after surgery unless it is causing your shoulder to itch, then it can be removed sooner.

**Medications:**

This medication I use is Vicodin (hydrocodone), which is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. For some sensitive patients, when taking the first few doses of Vicodin you may experience nausea or an episode of vomiting. The best way to prevent this is to take the medicine with a little food, start with just one pill, and then be patient while the medicine begins to work. Usually, after the first few doses, the nausea will go away. If the nausea persists, it is possible that a similar response will occur with other narcotic pain pills. Normally, Vicodin is taken every 6 hours but if the pain is severe, it can be used every 4 hours. It you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. For this reason I will also prescribe Colace, a stool softener. You may resume your pre-operative medications at this time.

**Mobic (meloxicam)**

Meloxicam is a non-steroidal anti-inflammatory drug (NSAID). It is used to treat mild to moderate pain and inflammation and is only taken once a day. NSAIDs start to work quickly, most often in less than a few hours. How fast they take effect depends on the intended effect. Pain control tends to occur much quicker than anti-inflammatory (inflammation-fighting) effects, such as for arthritis and post-operative swelling. Taking this medication consistently for 3 or more days will help better with the inflammation. Like all NSAIDs, if it starts to cause stomach pain please stop taking it and call the office to report it. A serious complication of long term NSAID use is stomach ulcers.

**Sleeping After Your Surgery:**

Many patients have difficultly sleeping after shoulder surgery. There are several reasons for this: pain from the surgery, the difficulty wearing the sling, or simple restlessness. If the reason for your difficulty is pain, then I suggest that you take your pain medication about one hour before you go to bed. However, if your pain is well controlled, but you are still finding it difficult to sleep, then you should take the sleep medication I prescribed. **Ambien (zolpidem)** is a prescription strength sleep aid that should last for 8-10 hours. Only take it if you have allowed that much time for sleep. Do not combine with alcohol and do not operate machinery or drive a car after taking the medication. You can use it 4-5 days out of the week.

**Anesthesia Shoulder Nerve Block:**

Prior to surgery most patients will have an interscalene shoulder block injected by the anesthesiologist. The purpose of the block is to minimize pain during and after surgery. *The anesthesiologist will be giving you additional post-operative instructions about this procedure*.

The block will paralyze your entire arm (shoulder down to hand) for up to 24 hours. Therefore, it is important to protect your arm in the sling during this period of time in order to prevent injury. Your normal protective sensation is “turned off” by the block; therefore, since your arm has no sensation, you cannot feel potential injury. The sling along with proper positioning will protect your arm. When the block wears off you will feel a tingle and light burning sensation just before normal sensation returns.

**Prevention of Blood Clots:**

Blood clots can form in your legs after big operations such as a joint replacement. We take several measures to minimize the chance of this serious complication. Beginning during your operation we put plastic pneumatic stocking on your feet. These are continued for up to 3 days after surgery. You can feel these stockings get tight and then loosen as they improve circulation in your legs. You will also be given thigh high compression stockings. While I know that these stockings are hot and uncomfortable, they dramatically decrease your risk of getting a blood clot.

In addition, we use medications to prevent blood clots. We divide patients in either a high risk for DVT or a low risk for DVT sub-group. This is based upon a prior history, or family history, of blood clots. Patients in the low-risk group are given ASA 81mg twice a day for 6 weeks. Patients in the high-risk group are given an injectable medication called Lovenox, 40mg once a day for 28 days followed by 45 days of aspirin (81mg once a day). Patients (or their spouse) learn how to administer the injections prior to leaving the hospital. For most patients it is acceptable to take Ibuprofen with Lovenox. On occasion we will also follow the recommendations of consulting physicians on a case-by-case basis.

**Other Medication**: Colace to soften you stool. Prilosec OTC to protect your stomach. Resume your pre-operative medications.

**Follow up appointment:**

We try to give all of our patients a follow-up office visit at the same time we schedule surgery. Sometimes I find things, or do things, I didn't anticipate during your surgical procedure; therefore, I may want to see you in the office sooner than originally planned.

Typically, I want to see my patients in the office about 2 weeks after surgery. You should call our office to confirm your appointment if one is not written down for you in the blue folder.

**What to watch out for:**

* Pain that is increasing every hour in spite of the pain medication
* Drainage from the wound more than 2 days after surgery
* Increasing redness around the shoulder
* Pain or swelling in your arm
* Fever greater than 101o
* Unable to keep food or water down for more than one day
* Locking or catching within the shoulder that is getting worse not better

**Who To Call for Questions and Problems:**

If you are having problems or there are questions you need answered then please call our office at 860-652-8883 and our nurse will help you. We are open between 8:30 and 4:30 pm, Monday to Friday.

We realize that after surgery some problems or questions are urgent and cannot wait until normal working hours. Under these circumstances please call 860-652-8883 anytime (24 hours a day, 7 days a week) and the doctor on-call, or myself will return your call. If you do not receive an answer within 20 minutes there may be a problem with the beeper so please call again.

If an emergency were to occur you could always go straight to the emergency room for immediate attention.

***Wishing you - All the Best,***

***Michael Joyce, MD and Alex G. Dukas, MD***