

Lisa Kaplin, DO

POSTERIOR STABILIZATION / POSTERIOR LABRAL REPAIR

1. DIET

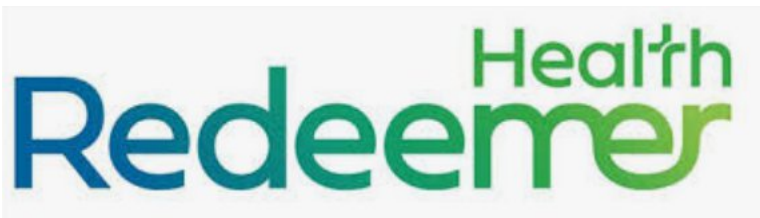
- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

2. WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the elbow, wrist, or hand occurs
- It is normal for the shoulder to bleed and swell following surgery – if blood soaks through the bandage, do not become alarmed – reinforce with additional dressing
- Remove surgical dressing on the second post-operative day – if minimal drainage is present, apply band-aids over incisions and change daily
- To avoid infection, keep surgical incisions clean and dry – you may shower, but gently pat dry the incisions when you get out of the shower so that they do not stay wet. You may shower on post operative day 2– NO immersion of operative arm (i.e. bath)

3. MEDICATIONS

- Pain medication is injected into the wound and shoulder joint during surgery – this will wear off within 8-12 hours
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
 - Primary Medication = Norco (Hydrocodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Do NOT take additional Tylenol (Acetaminophen) while taking Norco
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
- If constipation occurs, consider taking an over-the-counter laxative
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed
- Do not drive a car or operate machinery while taking the narcotic medication



Lisa Kaplin, DO

- Ibuprofen 400-600mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.

4. ACTIVITY

- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort
- Do not engage in activities which increase pain/swelling (lifting or any repetitive above shoulder level activities) over the first 7-10 days following surgery
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

5. IMMOBILIZER

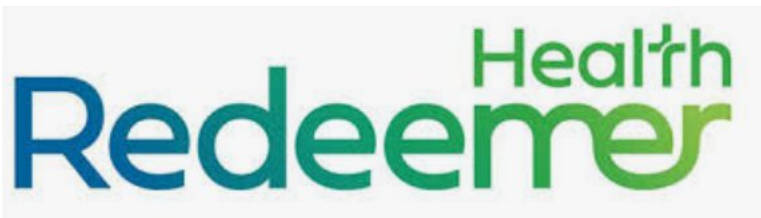
Your immobilizer should be worn at all times except for hygiene and exercise

6. ICE THERAPY

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep arm supported while icing
- Motion Medical Ice Machine "Gameready"/Vasothermic device may be used.
 - Use unit as frequently as tolerated x 14 days
 - Unit is programmed hour on/hour off continuous of compression and ice alternating
 - If braced* - Loosen brace to avoid added pressure
- If issues with Vasothermic device, please contact Dr. Kaplin

7. EXERCISE

- No exercises or shoulder motion until after your first post-operative visit unless otherwise instructed



Lisa Kaplin, DO

- You may begin elbow, wrist, and hand range of motion on the first post-operative day about 2-3 times per day
- Formal physical therapy (PT) will begin after your first post-operative visit

8. EMERGENCIES

Contact Dr. Kaplin or her medical assistant at 215-745-4050 if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in wrist or hand
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, contact the same office number 215-745-4050 and you will be connected to our page service – they will contact Dr. Kaplin or one of her physician assistants if she is unavailable. Do NOT call the hospital or surgical center.

**If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

9. FOLLOW UP CARE + QUESTIONS

- A member of Dr. Kaplin's team will call you on your first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 215-745-4050.
- If you do not already have a postop visit call the office at 215-745-4050 and ask for appointment scheduling.