HSS

# POST-OPERATIVE INSTRUCTIONS

MOIRA McCARTHY MD

ORTHOPAEDIC SURGERY & SPORTS MEDICINE

## Contact Information:

Tel: 203.705.0900
646.714.6360
Email: mccarthyoffice@hss.edu

# Post-Operative Instructions

**Make a post-op appointment for 10–14 days after surgery**
This visit is for suture removal and to check on your progress.

### Contact Dr. McCarthy's office

**For non-emergent issues, the most efficient way to reach us is to send a portal message through the MyChart app.**

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|---|---|
| New York office | **646-714-6360** |
| Stamford office | **203-705-0900** |
| Email | **mccarthyoffice@hss.edu** |

## BRACE OR SLING

### KNEE BRACE

Your brace will be applied in the operating room. It will be locked in extension (out straight) for the first few weeks when you walk, but may be unlocked by the therapist for motion as directed in your PT instructions/prescription.

- You **must** wear the brace after surgery for sleeping and walking/standing.
- Wear it for sleeping at night for at least the first 2 weeks, and for showering for the first 2 weeks (until you can bear weight fully and have quad control).
- If you are allowed to bend your knee, you may begin unlocking the brace to sit comfortably after the first week. You must keep it locked in extension for walking until the therapist clears you to unlock it (once your quad control improves).
- After knee surgery, **extension (straightening) is the most important movement to regain**. Keep a pillow under your ankle — **not** the knee — to keep the leg straight when icing, resting, and sleeping.

All of these brace rules may change depending on the complexity of your particular injury or surgery.

### SHOULDER SLING

Your sling will be applied in the operating room. Keep the sling on at all times unless directed otherwise. Be careful when walking, as immobilizing an arm can change your balance.

- **Sleeping:** You may be more comfortable sleeping in a semi-seated position for the first few nights. A reclining chair may be the most comfortable. If you don't have one, prop yourself up with extra pillows behind your operated shoulder and under your elbow and forearm. This reduces pulling on the shoulder and sutures.
- **Taking the sling off:** You may remove the sling for short periods only when you are sitting, with your elbow supported by pillows. You must wear the sling during any activity, especially in public places.
- **Avoid elbow stiffness:** When the sling is off, move your elbow up and down. Bend and straighten your elbow at least 3–4 times per day, or as instructed by the therapist.

**Do not decide on your own to remove a brace or sling** — this may negatively affect the outcome of your surgery. If you have questions, please call the office.

# PHYSICAL THERAPY & RECOVERY EQUIPMENT

## PHYSICAL THERAPY

You will meet a physical therapist on the day of surgery, who will teach you some exercises to begin doing. I will give you a detailed physical therapy prescription and tell you when to begin physical therapy. If you have any questions about which exercises to do or when to begin PT, please call the office.

## ICE MACHINE (COLD THERAPY)

- The ice machine helps decrease pain and swelling. Use it for **20–30 minutes, at least 4 to 6 times a day** for the first few days. After that, use it **at least 2 to 3 times a day**. Use it more often if you continue to have pain and swelling.
- Always place a thin layer of clothing or a towel between your skin and the cooling pad to prevent frostbite or skin injury.
- **NICE® machine:** this machine provides cold therapy and compression. You may begin using the compression setting 1 week after surgery, unless your surgeon directs otherwise.
- Follow the manufacturer's instructions for proper use and wear time.
- Check your skin regularly. If you notice excessive redness, numbness, blistering, or skin irritation, stop using the device and contact our office.

## HOME ELECTRICAL STIMULATION (NMES) DEVICE

If you were given a home neuromuscular electrical stimulation (NMES) device, begin using it after surgery as directed. Its goal is to help activate your quadriceps muscle, reduce muscle weakness, and support your recovery.

- Use it for about **20 minutes per session**, **2–3 sessions per day**, or as instructed by your surgeon or physical therapist.
- If you have questions about how to use it, please contact our office or your physical therapist.

## RETURNING TO WORK OR SCHOOL

- You may return to work or school in the next few days after surgery, when you feel up to it. Surgery often makes you tired for days to weeks, and everyone is different. You may need to start slowly and gradually build up your time away from home.
- At school you may need extra time, an elevator pass, room to elevate your leg or arm, and additional help. My office can provide a note for work or school if you need one.

# WOUND CARE & SHOWERING

## WOUND CARE

- If you have a large bandage such as an ACE wrap, remove it after **48 hours**. There may be smaller bandages over your incisions. If these are clean and dry, you may leave them on until your first post-operative appointment. If they become soiled or wet, remove them and pat the area dry.
- Leave the Steri-Strips (small white tapes) on all incisions — even if they are wet or bloody.
- Do **not** apply any cream or ointment (including bacitracin, Neosporin, Mederma, or anything else) to the incisions at this time.
- Keep the incisions clean and dry until 2 days after the stitches are removed in my office.
- Some bleeding or fluid leakage from the incisions is normal after this type of surgery and may continue for 24–48 hours. You may change and/or reinforce the bandages as needed.

### SHOWERING

- You may shower after **48 hours**, as long as the incisions stay clean and dry and you are steady enough to get in and out of the shower. Place waterproof dressings over all incisions to keep them dry.
- **Shoulder surgery:** you may remove the sling to shower.
- **Knee surgery:** wrap your knee in plastic wrap and secure it with tape around your thigh. Then put the brace on and cover it with a cast bag (available at your local drug store) or a garbage bag with a hole cut in the bottom for your foot. Secure it with tape around the thigh and ankle. If you had knee surgery that requires a brace, you **must** wear the brace when showering for at least the first 2 weeks.
- If the sutures get wet, pat them dry.

## SWELLING & WHAT'S NORMAL

### ELEVATION

Keep your leg or arm elevated to decrease swelling and the pain that comes with it.

- **Leg surgery:** elevate your foot by putting a couple of pillows under your ankle. Do **not** put pillows only under the knee or behind the knee. One of the main goals in the first few weeks after knee surgery is to get maximum extension (straightening) of the knee. A pillow behind the knee prevents full extension, which may make your recovery more difficult.

### WHAT'S NORMAL

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| **Swelling** | There will be **more** swelling on days 1–3 than on the day of surgery. This is normal. It will decrease with the anti-inflammatory medication, the ice machine, and elevation. Swelling makes it harder to move your fingers, wrist, and elbow after shoulder surgery, and your knee, calf, and ankle after knee surgery. Movement becomes easier as the swelling goes down. |
| **Bruising** | Bruising down the arm to the hand, or down the leg to the foot, is normal. Watch to make sure it is not increasing after days 2–3. If you are concerned, call the office. |
| **Numbness** | Some numbness of the skin around the incisions is normal. It may last up to 6–12 months. |
| **Low-grade fever** | A low-grade fever (up to 100.4°F) is normal and can last up to 3 days after surgery. If your fever is higher, or you have any concerns, call the office. |

### CONSTIPATION

Pain medication may make you constipated. Try the following, in this order:

A. Take Colace (stool softener).
B. Decrease the amount of narcotic pain medication you are taking.
C. Stay well hydrated. Drink decaffeinated fluids.
D. Drink prune juice.
E. Take Senokot (over-the-counter laxative).
F. Take MiraLAX (stronger over-the-counter laxative).
G. If none of these has helped, or if you have significant abdominal pain and/or uncontrolled nausea or vomiting, call the office.

# WHEN TO GET HELP

**Call 911 or go to the emergency room right away**

- Chest pain
- Shortness of breath
- Fainting spells
- Severe symptoms of a blood clot (see below)

If your symptoms are severe, call 911 rather than going in a private vehicle. Getting to the ER is the first priority — notify my office afterward.

**Call the office: 646-714-6360 (New York) or 203-705-0900 (Stamford)**

- Calf pain or cramping, new calf pain, or swelling throughout the leg and foot (possible blood clot) — call **immediately**
- Excessive swelling, or swelling that increases along with increasing pain
- Fever higher than 100.4°F
- Bruising that is still increasing after days 2–3
- Excessive redness, numbness, blistering, or irritation of the skin from the ice machine
- Stomach pain or other stomach problems while taking naproxen, meloxicam, or aspirin (stop the medication)
- Constipation not relieved by the steps in this booklet, significant abdominal pain, or uncontrolled nausea or vomiting
- Any questions about your brace, sling, or exercises

## BLOOD CLOTS

- Orthopaedic surgery patients are at risk for blood clots, especially after lower-extremity surgery. Please tell me, your medical doctor, or anesthesia if you or someone in your family has a history of blood clots anywhere in the body, or any type of clotting or bleeding disorder.
- Obesity and use of oral contraceptives can increase the risk of blood clots. Women should not take oral contraceptives while immobile after surgery, for approximately four weeks.
- Travel after surgery, such as long flights or car trips, may also increase the risk. If you are traveling within **3 months** of your surgery, please notify my office for advice about aspirin or other medication.
- Signs of a blood clot may include calf pain or cramping, swelling throughout the leg and foot, chest pain, coughing, or shortness of breath. Call the office immediately if you notice any of these. If the symptoms are severe, call 911 and go to the nearest emergency room.

# YOUR MEDICATIONS

You will be given prescriptions for a narcotic pain medication, Tylenol, an anti-inflammatory (naproxen or meloxicam), and an anti-nausea medication. We suggest taking the pain medication the first night before bed, to ease pain when the nerve block wears off. Avoid taking pain medication on an empty stomach, as it can make you nauseous. Otherwise, use the narcotic pain medication **only as needed**. Take the anti-inflammatory daily, as prescribed, to reduce swelling and pain.

**Do not drink alcohol or take illicit drugs while taking pain medication, especially narcotics. This may cause serious or possibly fatal side effects.**

## PAIN MEDICATION

Usually this will be oxycodone, Tylenol, or Norco. Oxycodone and Norco contain narcotics, which are powerful pain medications. You will need them in the days after surgery, and you will find you can take fewer pills after the first few days. Narcotic pain medications cause constipation, so stay well hydrated and take a stool softener.

**Norco also contains Tylenol.** There is a maximum daily limit of **3 g (3,000 mg) of Tylenol per day**, so take only the prescribed amount of these pills. **Do not take regular Tylenol while you are taking Norco.**

| Medication | How to take it | Daily maximum |
|---|---|---|
| **Tylenol 500 mg tablets** | Take 1 tablet every 4 hours as needed. Take regularly until you are off the narcotics. **Do not take if you are taking Norco.** | 6 tablets (3,000 mg) |
| **Oxycodone 5 mg** | Take 1–2 tablets every 4–6 hours as needed. | 10 pills in 24 hours |
| **Norco 5/325**<br>5 mg hydrocodone + 325 mg Tylenol per tablet | Take 1–2 tablets every 4–6 hours as needed. | 9 pills in 24 hours |

## ANTI-INFLAMMATORY

**You will be prescribed <u>either</u> naproxen <u>or</u> meloxicam — not both.** Follow the instructions for the one on your prescription label, and never take them together.

This medication is essential to help with pain, swelling, and inflammation from surgery. Take it as prescribed. It can affect your stomach, so take it with food, and stop taking it if you develop stomach pain or any concerning GI issues.

| Medication | How to take it | Daily maximum |
|---|---|---|
| **Naproxen 500 mg tablet**<br>— OR — | Take 1 tablet with food twice a day. | 2 tablets |
| **Meloxicam 15 mg** | Take 1 tablet by mouth once daily for 2 weeks, with food to help minimize stomach upset. Do not take other anti-inflammatory medications (such as ibuprofen, naproxen, or diclofenac/Voltaren®) unless directed by your healthcare provider. | 1 tablet |

## BABY ASPIRIN (TO PREVENT BLOOD CLOTS)

Aspirin is an anticoagulant that helps prevent blood clots (DVT). If you have significant symptoms concerning for a blood clot (increased swelling, pain, fever), please call the office. Like naproxen, aspirin can cause stomach problems. If you develop stomach issues, stop taking it and call the office.

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| **Aspirin 81 mg tablet** | Take 1 tablet with food once a day. |

## ANTI-NAUSEA MEDICATION

Take this only if you are nauseous after surgery, and only as directed.

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| **Zofran 4 mg**<br>orally dissolving tablet | Take 1 tablet every 6 hours as needed for nausea/vomiting. |

## STOOL SOFTENER

Take this to prevent constipation, for as long as you are taking narcotic pain medication or if you need it, and stay well hydrated. If you are still constipated, see *Constipation* on the Swelling & What's Normal page.

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| **Colace 100 mg tablet** | Take 1 tablet three times a day. |

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ORTHOPAEDIC SURGERY & SPORTS MEDICINE

Surgical Locations:

**HSS Main Campus - Main Hospital**
535 East 70th Street
New York, NY 10021

**HSS Orthopaedics at Stamford Hospital**
Tully Health Center
32 Strawberry Hill Ct
Stamford, CT 06902

**HSS ASC of Manhattan**
1233 2nd Avenue (between 64th and 65th St)
New York, NY 10065

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