

Wound Care

- Keep the outer dressing dry and intact for 48 hours. You may remove the outer dressing after 48 hours.
- Your wound is covered by a water-proof dressing. You can begin showering earlier than 48 hours, as long as the water-proof dressing remains intact and the wound remains dry. After 48 hours, the dressing can be removed for showering. Do not scrub/soak/submerge/spray the wound. Allow water to pass over the wound, and pat dry afterwards. Then redress the wound.
- Redress the incisions with an adhesive bandage (i.e. Band-Aid), and change the dressing daily until your first post-operative evaluation.
- There are steri-strips placed across the incisions. These strips may begin to fall off on their own. However, leave steri-strips in place until your first post-operative evaluation. For some patients, non-absorbable sutures are used for wound closure, and these will be removed during your first postoperative evaluation.
- It is not uncommon to notice drainage after surgery. If the dressing becomes saturated, replace the dressing with a dry sterile dressing (4x4 sterile gauze and Ace wrap). Notify Dr. Kowalsky and his care team if you notice continued drainage or saturation of the dressing.
- Do not use any ointments or creams on the wound until cleared by Dr. Kowalsky.
- Avoid sun exposure to the wound to avoid darkening or thickening of the scar.

Sling

- You will be placed in a brace in the operating room. The duration of sling use will depend on the specific details of your condition and surgery. Continue the sling at least until your first post-operative appointment.
- Continue using the sling at all times, including during sleep.
- The sling can be removed during bathing. You can allow the arm to hang at your side while bathing. You can lean to allow the arm to hang gently away from the body to allowing bathing of the axilla.
- The sling can be removed for dressing.
- The sling can be removed for home exercises.

Icing / Cryotherapy

- You may have obtained a cryotherapy device. If you have not obtained one, but would like to, please contact Dr. Kowalsky's coordinator, Mario at (203) 869-1145 extension 2250. While cryotherapy can be used for an extended period of time, you are encouraged to follow the doctor's and manufacturer's instructions, avoid excessive compression, always keep a barrier between the device and skin, and check the skin frequently (every 1-2 hours) for redness or other signs of an adverse reaction.
- If you did not obtain a cryotherapy device, apply ice or an ice pack to the operative site every 1 –2 hours for the first 72 hours, when awake. Continue icing 3 times daily until your first post-operative evaluation. You can continue icing more frequently as needed for soreness or swelling. Do not leave ice on the operative site for more than 20 minutes. When using ice over the dressing, take care to keep the dressing

dry. Do not apply ice directly to the skin. Always make sure there is a towel or fabric between the ice and skin.

Activity

- Rest on the day of surgery, and gradually resume activities thereafter, as tolerated.
- Most patients will feel more comfortable sleeping upright. This can be accomplished propped up with pillows, using a wedge pillow, or sleeping in an arm-chair or on a couch. Some patients will rent an arm chair to help with sleep during the early post-operative period of time. The transition to normal sleep positions is typically determined by the patient's comfort level. It is, however, discouraged to sleep on the affected side until cleared by your surgeon.
- Avoid moving the arm away from the body or in rotation. Small movements at waist-level are allowed, in order to allow activities of daily living. Other activities at waist-level including keyboard and mouse use are also allowed.
- There are no universal or specific guidelines for driving after surgery, and there is no specific test or criteria to determine when it is safe to drive. Most patients will wait at least 4 weeks to drive, and some will wait 6 weeks after more significant procedures. If you require opioid medication to control post-operative pain, you should not drive. When you do begin driving, exercise caution, drive short distances in perfect conditions, and observe defensive driving strategies. Some patients will also obtain a steering wheel knob to assist in controlling the wheel primarily with the other arm, until they regain full use of the operative arm.

Physical Therapy

- Begin home exercises on the day after surgery. You will be given instructions for these exercises when you are discharged from the surgery center. These exercises will primarily include gentle elbow/wrist/finger range of motion exercises.
- When to begin physical therapy will depend on the specific details of your condition and surgery. Most patients who do not have a repair or reconstruction can begin physical therapy within the first week after surgery. Those patients who have had a repair or reconstruction will wait at least until after your first post-operative evaluation.

Diet

- When you are ready to begin eating, begin with clear fluids. If you tolerate this diet well, transition to a normal diet as tolerated.

Medication

Inflammation

- Ketorolac 10mg tablet: 1 tablet every 8 hours for 3 days
- Celebrex 200mg tablet: 1 tablet every 12 hours for 1 week
- Celebrex 100mg tablet: 1 tablet every 12 hours for 1 week
- Naproxen 500mg tablet: 1 tablet every 12 hours for 1 week

**Do not take more than one anti-inflammatory at the same time. If prescribed ketorolac, begin taking other anti-inflammatory medication only after you have finished ketorolac prescription.*

Nerve Pain

- Gabapentin 300mg tablet: 1 tablet every evening for 5 days

Pain

- Tylenol 500mg tablet: 2 tablets every 8 hours
- Oxycodone 5mg tablet: 1-2 tablets every 4-6 hours as needed for severe pain

Constipation

- Senna S: 1 tablet every 12 hours as need, use when taking oxycodone

Blood Clot Prevention

- Aspirin 81mg: 1 tablet daily for 2 weeks
- Aspirin 325mg: 1 tablet daily for 2 weeks
- Lovenox 40mg: 1 syringe SC daily for 2 weeks

Follow-up

- Follow-up in the office 10-14 days after surgery. The appointment has likely already been scheduled. Please call Dr. Kowalsky's coordinator at (203) 869-1145 extension 2250 to confirm the appointment.
- Call the office immediately at (203) 869-1145, or present to the Emergency Department, if you observe any of the following:
 - Fever (T > 101.5°F)
 - Chills/malaise/night sweats
 - Redness/persistent drainage/persistent bleeding from the incision
 - Persistent significant pain, not controlled with prescribed medication
 - Persistent or worsening numbness/tingling
 - Persistent nausea or vomiting
 - Hives/itching/rash
 - Increasing calf pain, or leg swelling
 - Shortness of breath or chest pain