

POSTOPERATIVE INSTRUCTIONS AC JOINT RECONSTRUCTION

DIET

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

DRESSING/INCISION CARE

- Ok to remove bandage after 5 days
- Your sutures are buried under the skin and will not need to be removed – they are absorbable.
- Do NOT remove the skin glue, it will fall off on its own.
- You may shower with the bandage off 5 days after surgery. Pat incisions dry and re-cover with band-aids or gauze and tape.
- Bruising of the chest, shoulder, and entire arm is extremely common after surgery.

MEDICATIONS

- Most patients will require some narcotic pain medication for a short period of time, which can be taken as per the directions on the bottle.
 - DO NOT drive a car or operate machinery while taking narcotic medication
- 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 or Vicodin
- Common side effects of 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 such as prune juice, Senekot, Colace (or Periocolase), or Miralax.
 - If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed
- •Ibuprofen 600-800mg (i.e., Advil) may be taken in between the narcotic pain medication to help smooth out the postoperative “peaks and valleys”, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.

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
- **Use of the operated arm:**

- Do not let weight of arm pull on fixation device for 6 weeks (support your elbow when the sling is off to shower)
- Do not elevate surgical arm above 90 degrees in any plane for the first 6 weeks post-op.
- Do not lift any objects over 1 pounds with the surgical arm for the first 6 weeks.

IMMOBILIZER

- Your immobilizer should be worn at all times except for hygiene and exercise with physical therapy. **For the first two weeks you may only remove the sling for supine (laying down) shoulder forward flexion and to move your elbow.**

ICE THERAPY

- Icing is very important for the first 14 days after surgery. For the first 5 days after surgery, a bag of ice or an ice machine should be used as frequently as possible. Make sure to remove the ice for 15-20 minutes every hour. After 5 days, ice should be applied for 20-25 minutes 4-5 times per day or as much as tolerated.
- Care must be taken to avoid frostbite – always have a washcloth or layer of clothing between the ice and the skin.

EXERCISE

- No exercises or shoulder motion until after your first post-operative visit
- You may begin elbow, wrist, and hand range of motion on the first post-operative day about 2-3 times per day as long as you support your arm and do not let the shoulder drop down. **THIS SHOULD BE DONE WHILE LAYING DOWN**
- Formal physical therapy (PT) will begin after your first post-operative visit

FOLLOW-UP CARE/QUESTIONS

- Follow up appointment: 2 weeks
- Call (909) 862-1191 x 32594 with questions during business hours.

****EMERGENCIES****

- Contact the clinic if the following occur:
- Painful swelling or numbness
- Unrelenting pain
- Fever (note – it is normal to have a low-grade fever (101° and under) 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

Proceed to the nearest emergency room if you have an emergency that requires immediate attention.