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## **POSTOPERATIVE INSTRUCTIONS FOR CLAVICLE SURGERY**

**\*\*Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr Kaplan supersede the instructions below and should be followed.**

### **DIET**

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

### **WOUND CARE**

- Maintain your operative dressing, loosen bandage if swelling of the hand occurs
- It is normal for the shoulder to bleed and swell following surgery. If blood soaks onto the bandage, do not become alarmed, reinforce with additional dressing
- **You may shower starting postoperative day 5.**
- Wait until your first post operative appointment to have Dr. Kaplan's team remove the surgical dressing
- Please do not place any ointments, lotions, or creams directly over the incisions.
- Once the sutures are removed **at least 14 days post operatively** you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry)
- NO immersion in a bath until given approval by our office.

### **MEDICATIONS**

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- You will be prescribed several medications postoperatively:
  - **Tylenol:** 1000 mg (2 of the 500 mg pills) 3x per day (every 8 hours)
  - **Meloxicam:** 15 mg pill, once per day, with food
  - **Tramadol:** 50 mg as needed for pain. Can be taken at most every 8 hours
  - **Oxycodone:** 5 mg. This is for breakthrough (i.e. you are still having pain, despite the other medications). This can also be taken at most every 8 hours.
  - **Colace (docusate):** 100 mg daily. This is to avoid constipation, which can occur with the pain medication
  - **Aspirin:** 81 mg taken twice per day, for 1 month. This is to prevent blood clots after surgery.

- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication
- Please avoid alcohol use while taking narcotic pain medication
- Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

## **ACTIVITY**

- You are to wear the sling placed at surgery for a total of 6 weeks as described by Dr. Kaplan. This includes sleeping and throughout the day
- In a 24 hour day, you should be in the sling 23.5 hours of the day. Removal for hygiene, dressing, and home exercise only.
- When sleeping or resting, inclined positions (ie: reclining chair) and a pillow under the forearm for support may provide better comfort **STILL IN SLING**
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed the arm should remain in the sling at all times.
- Avoid long periods of sitting or long distance traveling for 2 weeks. NO driving until instructed otherwise by physician, it is illegal to drive in a sling
- May return to sedentary work **ONLY** or school 3-4 days after surgery, if pain is tolerable

## **ICE THERAPY**

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) for 30-45 minutes every 2 hours daily until your first post-operative visit
- Care should be taken with icing to avoid frostbite to the skin.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable

## **EXERCISE**

- Begin exercises (active elbow flexion/extension without resistance) 24 hours after surgery unless otherwise instructed.

- While maintaining your elbow by the side, begin elbow, hand, and wrist exercises immediately.
- Formal physical therapy (PT) typically begins 2 weeks after an anatomic replacement and 6 weeks after a reverse shoulder replacement.

### **EMERGENCIES\*\***

- Contact Dr. Kaplan's team if any of the following are present:
  - Painful swelling or numbness (note that some swelling and numbness is normal)
  - 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 foot or ankle
  - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
  - Difficulty breathing
  - Excessive nausea/vomiting
  - Calf pain
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

### **FOLLOW-UP CARE/QUESTIONS**

- If you do not already have a post-operative appointment scheduled, please contact our scheduler
- Your first postoperative appointment will be for a wound check. Additional questions can be asked at that time.
- Typically, the first post-operative appointment is 10-14 days following surgery
- If you have any further questions please contact Dr. Kaplan through my chart, or call the call center at 929-455-2500.