



Postoperative Instructions: Pectoralis Major Repair

Please read these instructions thoroughly. Most of your questions will be addressed here. The first page is a summary. You can find additional details on the following pages. Following these precautions will help minimize complications and address concerns about your surgery. Additional information can be found at www.bradleysmithmd.com.

SUMMARY PAGE

Lifting: Do not pick up any objects greater than 1-2 pounds

Range of Motion: Enclosed Exercises only

Sling: Wear it at all times except to remove for hygiene purposes or for exercises.

Medications:

Oxycodone 5 mg: 1-2 tabs by mouth every 4-6 hours as needed for severe pain.

Methocarbamol 750 mg (optional): 1 tab by mouth every 8-12 hours as needed for muscle spasms.

Tylenol 325 mg: we recommend 2 tabs (650 mg) every 6 hours until your pain is low enough for you to switch to taking this as needed.

Aleve 220 mg (Naproxen): we recommend 2 tabs every 12 hours for the first 5 days after surgery.

Aspirin 81 mg: 1 tab two times per day to reduce the risk of blood clots.

Pain control:

You likely received a nerve block for postoperative pain control. We recommend that you start your pain medication when you get home from the hospital. Continue the medication for the first 1-2 days until the block wears off and you have a better idea of how you will handle the pain.

Use **ice or a cryo-cuff** as much as possible to help with pain and swelling.

Dressing:

You may remove the tape/gauze dressing 2-3 days after surgery. If you have steri-strips or mesh tape underneath, leave them in place over the incisions until your first appointment.

Follow up: 10-14 days



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Pain Control and Medications

You may have received a nerve block or a local anesthetic injection to help with pain control. This will likely wear off 8-12 hours after surgery. You should start taking pain medication when you get home and before you go to sleep so that you have something working before the block wears off. Otherwise the pain can be difficult to control. Typically, pain is the worst during the first 2-3 days after surgery before starting to subside.

Medications:

Prescription:

- Oxycodone 5 mg: this is a strong narcotic medication. You may take up to 1-2 tablets every 4-6 hours AS NEEDED for the first few days after surgery. After 2-4 days, you should be able to space out or discontinue this medication. Do not drive or drink alcohol while taking this medication.
- Methocarbamol 750 mg: this is a muscle-relaxer that can help with muscle spasms and pain. Be careful taking this medication with narcotic pain medications, as they both can cause drowsiness. Do not drive or operate heavy machinery while taking.

Over-the-counter:

- Tylenol (Acetaminophen) 325 mg: this is a strong non-narcotic medication for pain. You should take 2 tablets (650 mg) every 6 hours. This can be taken with the oxycodone, and can reduce the amount of oxycodone that you need to reduce your pain.
- Aleve (Naproxen) 220 mg: this is a strong anti-inflammatory medication. We recommend that you take 2 tablets (440 mg) every 12 hours with meals for the first 5 days after surgery. Do **NOT** take this medication if you have a history of gastric ulcers or sensitivity to other anti-inflammatory medications.
- Aspirin 81 mg: this medication is to help prevent blood clots after surgery. Please take 81 mg two times daily for a total of 2 weeks after surgery.

If you have any side effects (i.e. nausea, rash, trouble breathing) from a medication, discontinue its use and call our office. Constipation is common after surgery and while you are taking narcotics for pain control. Drink plenty of clear liquids, and consider using an over-the-counter stool softener such as Docusate or Miralax.



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Wound Care and Showering

- Leave the surgical bandages on and do not shower for 48 HOURS.
- It is normal for the area around the incision to bleed and swell following surgery – if blood soaks into the dressing, simply reinforce with additional gauze bandages for the remainder of day and check again.
- After 48 hours, remove bandages and gauze. It is normal to see bloody fluid on the gauze sponges.
- If you have steri-strips or mesh tape/glue, leave them in place over the incisions until your first appointment.
- After removing the dressing, you may shower. You can get the incisions wet in the shower and gently clean with soap and water. Gently pat the incisions dry when done, and cover the incisions with a large bandaid or clean dressing.
- It is recommended to clean the incision and armpit area at least once per day
- Do NOT use Bacitracin, lotions, or other ointments to the incisions.
- Do NOT soak incisions in any pool/bathwater until 3 weeks postoperatively or until your incisions are completely closed.
- You may remove the sling to shower, but be careful to avoid any sudden movements or heavy lifting.

Physical Therapy

- You will need physical therapy after surgery. In general, physical therapy will be ordered to begin after your first postoperative appointment.
- There are home exercises on the last page for you to start as soon as you feel comfortable after surgery until your first physical therapy appointment

Activity

- Try and rest the first few days following surgery.
- Ice should be used as much as possible for the first 3-5 days to help decrease swelling.
- After the first 3-5 days, ice your shoulder 4-5 times per day as needed.
- Never place ice directly on skin. Use a thin towel or clothing between the ice and your skin.
- No reaching or raising up your arm until at least your first follow up appointment.
- Do not lift any objects greater than 1-2 pounds for the first 4-6 weeks.
- Driving is not recommended for the 1st 2 weeks following surgery and you should never drive when taking narcotic pain medication.
- You may return to (sedentary) work or school the day after surgery if pain is tolerable. Return to heavy labor will be determined by Dr. Smith.



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Follow-Up

- You have likely already been scheduled for your first postoperative visit.
- If you have not received an appointment please contact the office to schedule an appointment 7-10 days after your surgery.
- You will be seen by Dr. Smith for your first postoperative visit to review your intraoperative findings and to go over any questions you may have. Sutures will also be removed at that time.

When to call for help

Call 911 anytime you think you may need emergency care. For example, call if:

- You pass out (lose consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe nausea or vomiting.

Call the office if:

- You have pain that does not go away after you take pain pills.
- You have a fever over 100.4°F.
- You have loose stitches, or your incision comes open.
- Your incision keeps bleeding 3 days after your surgery.
- You have signs of infection, such as redness around the incision or pus draining from your incision.



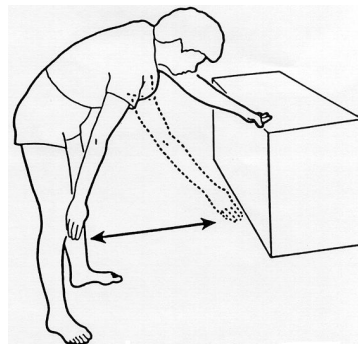
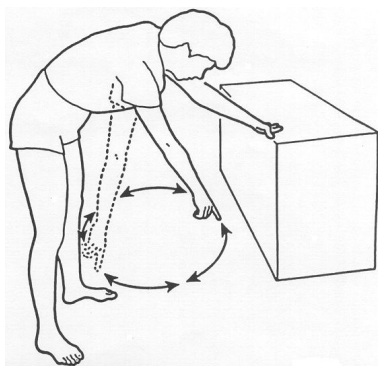
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Home Exercises

*** All exercises to be done for 5-10 minutes, 4-5 times a day as tolerated**



Pendulum's

Stand supporting yourself on a table with your good arm. Let your other arm hang down completely relaxed and slowly move it in a circular motion both clockwise and counterclockwise. Keep your circles within the width of your feet.

Codman's

Stand supporting yourself on a table with your good arm. Let your other arm hang down completely relaxed and slowly move it forward & back as well as side to side motion.

Elbow Curls:

Come out of your sling. Without any extra weight, use your good hand to help bring your other hand towards your shoulder by bending your elbow. Then slowly lower your arm back to a straight position. Then repeat.

Wrist Curls:

While in and out of your sling, make a light fist and move your operative wrist in an up and down movement slowly like you are knocking on a door.

Ball Squeezes:

While in and out of your sling, squeeze the foam ball to exercise the hand, fingers, and wrist muscles. This exercise can be very effective to help promote good circulation and prevent excessive swelling.