



Peter D. McCann, M.D.
Director of Orthopaedic Surgery
Shoulder and Elbow Surgery

PRE-OPERATIVE INFORMATION

DATE OF SURGERY: _____

Surgery Location:

- | | | |
|--|---|---|
| <input type="checkbox"/> LHGV Ambulatory Surgery Center 200 West 13 th Street New York, NY 10011 (929) 292-3700 | <input type="checkbox"/> MEETH 210 E 64 th St New York, NY 10021 (212) 838-9200 | <input type="checkbox"/> Lenox Hill Hospital 100 E 77 th St New York, NY 10075 (212) 434-2000 |
|--|---|---|

Learn More About Your Surgery:

Visit Dr. McCann’s website to learn more about your procedure.
<https://shouldersurgerynyc.com>

One Month before Surgery:

New York State law requires that a Comprehensive Medical Evaluation be performed within 30 days of your scheduled surgery. This exam may be done by Dr. McCann if you are in good health and take no medications or by your medical doctor if you have a medical condition or take any prescription medications.

Alternatively, your pre-operative evaluation may be performed by the medical team at the hospital testing facility. Dr. McCann’s assistant will review these options with you.

The following routine **lab tests** are required:

- Males under 40 years: None
- Females 12 years and older: CBC, Pregnancy test (childbearing age)
- Patients 40 years and older: pending type of surgery and medical condition

If your pre-operative evaluation is performed by your medical doctor, this report must be faxed to our office within **(2) weeks** of your scheduled surgery. **FAILURE TO RECEIVE THIS INFORMATION MAY RESULT IN CANCELLATION OF YOUR SURGERY.**

For those patients requiring hospitalization, Lenox Hill Hospital offers private rooms for an additional fee. If you request such accommodations, please discuss with Dr. McCann’s assistant when you schedule your surgery. However, the regular semi-private rooms routinely offered will provide for all of your post-surgical medical needs.

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Two weeks before Surgery:

Herbal Supplements:

While some patients find herbal supplements beneficial, many of them interact with anesthesia medications or can cause other issues during surgery. *The Anesthesia Society of America recommends discontinuing all herbal supplements 2 weeks before surgery.* Below is a list that Dr. McCann considers especially important to stop with an absolute time cutoff and the reasoning:

- Arnica (1 week)- causes wound healing problems and may increase bleeding
- Black Cohosh (2 weeks)- increases bleeding risk, may cause unsafe drops in blood pressure
- Echinacea (2 weeks)- used regularly, may increase risk of infection and wound healing problems
- Ephedra (24 hrs)- with may cause abnormal heart rhythms, blood flow, or blood pressure
- Kava (24 hrs)- may dangerously increase depth and length of sedation with anesthesia
- Garlic (7 days)- increases bleeding risk, may resume 24 hrs after surgery
- Ginger (2 weeks)- increases bleeding risk, especially with spinal or epidural anesthesia; can be useful starting 12-24 hrs after surgery to decrease nausea and help prevent blood clots
- Ginkgo (36 hours)- increases risk of bleeding problems
- Ginseng (7 days)- increased bleeding risk, can cause low blood sugar when fasting preop
- St. John's Wort (5 days)- under anesthesia can cause brain hyperactivity, decrease the efficacy of anti-clotting treatments, and decrease the efficacy and duration of anesthetics and pain pills
- Turmeric (2 weeks)- can increase bleeding problems
- Valerian (taper off over 2 weeks beginning 1 month before surgery)- may unpredictably increase the strength and duration of sedatives, prolonging immediate recovery from surgery
- Reference: Wong A and Townley SA Br *J Anesth* 2010.

One Week before Surgery:

If you take a “baby aspirin” for heart disease, 81 mg once daily, continue this medication.

Stop taking any anti-inflammatory medicines (**Advil, Mobic, Aleve, etc.**) as these medications can increase bleeding. Substitute with Tylenol if you require pain medication during this time.

Stop taking any blood thinners (**Plavix, Coumadin**) **5 days** prior to your surgery date. Resume these medicines **24 hours** after surgery.

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Stop other blood thinners (**Xarelto, and Eliquis**) **3 days** prior to your surgery date.
Resume these medicines **24 hours** after surgery.

Plavix - **7 days** prior to surgery

Coumadin (Warfarin) – **5 days** prior to surgery

Eliquis or Xarelto – **3 days** prior to surgery

Two Days before Surgery (for Shoulder Replacement only):

1. *Prior to surgery, my office will give you a 1 oz. tube of 10% Benzoyl Peroxide (BPO). Also available over the counter at Walgreens*
2. *Apply to the operative shoulder and armpit for 3 mornings prior to surgery (preoperative day #2, preoperative day #1, and on the morning of surgery).*
3. *Apply the solution to the rinsed shoulder for 3 minutes and then wash away.*

Day before Surgery:

If you take a “baby aspirin” for heart disease, 81 mg once daily, continue this medication.

If you take an ANTICONVULSANT for SEIZURES, continue to take your medication

If you take a beta-blocker for heart disease, continue this medication. Below are common beta-blockers:

- Acebutolol (Sectral)
- Atenolol (Tenormin)
- Bisoprolol (Zebeta)
- Metoprolol (Lopressor, Toprol-XL)
- Nadolol (Corgard)
- Nebivolol (Bystolic)
- Propranolol (Inderal LA, InnoPran XL)

The hospital will call you the morning before surgery to tell you what time to arrive at the hospital, typically 90 minutes prior to the schedule start of your surgery.

TAKE NO FOOD OR WATER AFTER MIDNIGHT.

Do not take any of the following medications the night before or morning of surgery:

Accupril, Aceon, Altace, Amlodipine(Norvasc), Atacand (candesartan), Benazepril, Capoten, Captopril, Enalapril, Fosinopril, Irbesartan(Avapro), Lisinopril, Losartan(Cozaar), Lotensin, Lotrel, Mavik, Moexipril, Monopril, Olmesartan(Benicar),

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Perindopril, Prinivil, Quinapril, Ramapril, Tarka (Verapamil & Trandolapril),
Telmisartan (Micardis), Teveten (Esprosartan), Tradolapril (Mobic), Univas,
Valsartan (Diovan), Vasotec, Zestril

Dr. McCann will **E-prescribe pain medications** to your pharmacy several days before your surgery and confirm with you.

Remove any rings from the fingers of the hand of the operated shoulder. In the 2 weeks following surgery, there will be swelling in the hand of the operative side that may cause constriction of the finger if a ring is worn. If the rings cannot be removed, leave in place and inform Dr. McCann on the day of surgery.

Day of Surgery:

If you take a “baby aspirin” for heart disease, 81 mg once daily, continue this medication.

If you take an ANTICONVULSANT for SEIZURES, continue to take your medication

If you take a beta-blocker for heart disease, continue this medication.

Take any beta-blocker heart medication, anticonvulsant or baby aspirin first thing in the morning with a small sip of water. **DO NOT take diuretics (water pill), blood pressure, or diabetic medications.**

- Leave all valuables at home.
- Do not wear contact lenses or body jewelry.
- Bring eyeglasses, hearing aids or dentures as needed.
- Bring a list of your current medications, times taken, dosages, as well as a list of allergies to medications, foods, or other substances.
- Bring reading materials: delays are not uncommon in the operating room, and we appreciate your patience. If you wish, bring your cell phone which will be placed in a locked cabinet with your personal belongings during surgery.
- Wear casual, loose fitting clothes so that it will be easy to dress when you return home. **Best to wear a button-down shirt or zippered jacket, NOT a turtleneck.**

Dr. McCann, the Anesthesiologist, and the Operating Room Nurse will meet with you in the holding area before surgery where you will sign various consents for surgery and anesthesia.

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Going Home: Ambulatory Surgery:

If you are having **ambulatory surgery** and going home the same day of the procedure, you must designate an **adult escort** to bring you home. Your escort may wait in the waiting room or can stay at home/work and wait for Dr. McCann's call after surgery informing your escort that surgery went well and that you will be able to leave the ambulatory center in 60-90 minutes, depending on your condition. Your escort should be within one-hour comminuting distance from the ambulatory center.

You will be given **Ambulatory Discharge Instructions** upon leaving, and Dr. McCann will call you the following morning to check on your condition. At that time, you will make a follow up appointment in 10-14 days. **If you have any problems during the night, you should call Dr. McCann's office, 646-665-6784, and he will return your call promptly.**

Discharge from Hospital: In-Patient:

You will be evaluated by the Orthopedic Resident the night of surgery and Dr. McCann will evaluate you early the following morning. The majority of patients are ready to go home the day following surgery. Discharge time is 11 AM. You will be given detailed **Discharge Instructions** by your nurse upon leaving the hospital.

Dr. McCann's office manager will call you on the afternoon of discharge or the following morning to check on your condition and schedule a post-operative visit in 10 – 14 days. **If you have any problems at home, you should call Dr. McCann's office, 646-665-6784, and he will return your call promptly.**

Taking Care of Yourself at Home after Surgery:

If you are an **ambulatory patient** and go home on the day of surgery:

1. Remain in the sling until Dr. McCann calls you the morning after surgery. The duration of anesthesia is variable and may last 12-24 hours after discharge from hospital.
2. Place plastic bag full of ice on top of dressing for as long as you wish for comfort.
3. Sleep upright in bed with extra pillows and a firm pillow under your elbow for maximum support; lying down flat is usually more painful.
4. Resume any of your regular medications. Eat and drink if hungry and thirsty.
5. Take pain medication (SEE BELOW).

Day after surgery for **ambulatory patients:**

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1. Dr. McCann will call you the day after surgery. He will review with you how to manage your dressing and sling. Remain in the sling until he calls.
2. After Dr. McCann speaks with you, you may shower but place a hand towel over the operated area and keep direct flow of water off the incisions. Let the water fall on the opposite shoulder.
3. Use operated arm for regular, everyday activities below shoulder level; that is, washing, dressing, and eating moving your hand between your side pocket and nose. Avoid any lifting or raising the arm.
4. Use a button-down shirt, place the operated arm dangling down at your side first in the sleeve first, pull the sleeve fully on, then place the opposite arm in its sleeve. You may use the hand of the operated arm to assist buttoning a shirt and fastening a belt.
5. After dressing, place your arm in a sling.
6. It is normal to develop swelling and bruising (black and blue) in the arm, chest, and hand 2-5 days following surgery. If the swelling is uncomfortable, lie down and elevate the hand on a pillow above the level of your heart. Also, actively move your fingers and wrist to help decrease swelling. Swelling and bruising will resolve on their own at 2-3 weeks following surgery.

When you return home following an **in-patient hospital stay**:

1. Call Dr. McCann's office for a **follow-up appointment**.
2. **WEAR SLING AT ALL TIMES, EXCEPT:** while washing and dressing (see # 3 and 4 below). You may remove the sling when in a chair or bed and rest your arm in your lap or on a pillow, whichever is more comfortable. DO NOT use the operated arm to reach behind you and assist your rising from a bed or chair.
3. Remove your sling when upright for dressing and allow the arm to hang straight down at your side.
4. You may remove the sling to **shower**. Allow the arm to dangle at your side but cover the operated area with a hand towel in order to keep the direct flow of water off the incisions.
5. Best to wear a button-down shirt and place the operated arm in the sleeve first, off last.
6. **Use operated arm** below shoulder level as comfort permits for everyday activities such as washing hands, buttoning shirt buttons, and eating. Bend the elbow and allow fingers to touch your nose, but do not raise the arm any higher. Safe range of motion is to actively move the hand between your side pocket and nose. Within this limited range of motion, you can be independent in self-care: washing, dressing and feeding yourself.
7. Place a plastic bag full of **ice** on the operative site for 20 minutes every two hours as necessary to relieve pain. If not painful, no need to ice the operative site.
8. **Sleep** with sling on 45-60 degrees upright in bed with extra pillows and a firm pillow under your elbow for maximum comfort; lying down flat is usually more painful, but you may sleep in this position if comfortable.

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9. Take **pain medication** as needed (SEE BELOW).
10. It is normal to develop **swelling** and **bruising** (black and blue) in the arm, chest, and hand 2-5 days following surgery. If the swelling is uncomfortable, lie down and elevate the hand on a pillow above the level of your heart. Also, actively move your fingers and wrist to help decrease swelling. Swelling and bruising will resolve on their own at 2-3 weeks following surgery.

PAIN MEDICATIONS:

All pain medicines will be called into your pharmacy at least 48 hours prior to the day of surgery. You should pick up these medicines prior to surgery. My office will confirm with you via telephone when the prescriptions are sent.

1. **CELEBREX (200mg)** is a strong anti-inflammatory and a non-sedating pain reliever available with a prescription. Take one **CELEBREX (or the equivalent dose of any NSAID that you prefer)** with breakfast and one with dinner each day and continue for as long as you have pain. After several days you may stop the **CELEBREX** if you have no pain. **SIDE EFFECTS:** Patients with gastritis, peptic ulcer disease, or hiatal hernia should not take any **NSAID**. If stomach pain develops when taking **CELEBREX**, stop the medication.
2. **TYLENOL EXTRA STRENGTH (500mg)** is a non-sedating pain reliever that may be taken in addition to **CELEBREX**, as they do not interact with each other. Take 2 tablet every 6 hours as needed for pain. **SIDE EFFECTS:** There are minimal side effects from **TYLENOL**, but **DO NOT** exceed the maximum daily dose of 4000mg, or 8 tablets.
3. **OXYCODONE** is a narcotic and a potent pain reliever. **SIDE EFFECTS** of narcotics include nausea, sedation, fatigue, light-headedness, and constipation. Many patients find the side effects of narcotics worse than the post-op pain. For this reason, take the narcotics only if **CELEBREX** and **TYLENOL** do not give you adequate relief, i.e., a **pain score of 5/10 or less**. Take 1 or 2 tablets of **OXYCODONE** every 4 hours only **if your pain score is greater than 5/10**. Narcotics should not be required more than 2-5 days post-operatively. There is no cross-reaction of the **OXYCODONE** with **CELEBREX** or **TYLENOL**.
4. **COLACE** (stool softener; 1 tablet twice daily) and **SENOKOT** (gentle intestinal stimulant; 2 tablets taken at bedtime) will be ordered and should be taken if you develop symptomatic constipation because of narcotic use.



Physician Partners

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Sling Management: See attached instruction sheet on donning and doffing a sling.

Return to Work, Driving:

Ambulatory patients may return to office work and drive a car when narcotic pain medications are no longer required, usually 2-5 days after surgery.

Patients who have required hospitalization generally have more extensive operations and may require narcotics for a longer period of time, but rarely beyond 10 – 14 days. Driving and return to office work should not be considered prior to the first post-operative visit.