

AC JOINT RECONSTRUCTION

Your Instructions After Surgery



Stanford
MEDICINE



Medications

MEDICATION	WHAT IT IS FOR	HOW TO TAKE IT
Acetaminophen (Tylenol)	Baseline pain control	1,000 mg every 8 hours , on a schedule. No more than 3,000 mg in 24 hours.
Oxycodone 5 mg	Breakthrough pain not managed by other medications. Most people need it for the first few days to week after surgery.	1 to 2 tablets as needed every 4 to 6 hours.
Ondansetron (Zofran)	Nausea	As needed, as directed on the label.
Docusate (Colace)	Stool softener	Take while you are taking oxycodone, as directed on the label.
Aspirin	Blood clot prevention	As directed for 2 weeks , starting the morning after surgery.
Anti-inflammatory	Pain and swelling	May be an option for some patients. Take one only if Dr. Tummala recommends it and you can tolerate it.

Your medications may vary slightly from this list based on your current medications and health history. Any changes will be reviewed with you before surgery.

Example of a day in the first week

TIME	ACETAMINOPHEN	OXYCODONE
8 am	1,000 mg	Take 1 to 2 tablets as needed every 4 to 6 hours
4 pm	1,000 mg	
12 am	1,000 mg	

- **Acetaminophen is the base of your pain control.** Oxycodone is only for pain that breaks through.
- Tell us if you have a history of stomach ulcers, GI bleeding, kidney problems, or an NSAID allergy.
- Do not drive or drink alcohol while taking oxycodone.
- All medications are sent to your pharmacy. Pick them up before your surgery date or after surgery.
- If you had a **nerve block**, your arm will feel heavy and numb for many hours, sometimes more than a day. **Start your pain medication before the numbing wears off**, because it usually goes from numb to painful quickly.

**Sling**

- Wear the **sling for 6 weeks** at all times, even when sleeping. Take it off only for your exercises and personal grooming.
- The sling comes off at **6 weeks**.

**Dressing and Showering****Your incision care at a glance****Days 0 to 3**

Keep the dressing **on and dry. No showering**; sponge bathe.

Day 3

Remove the dressing and **shower**. Put **clean, dry gauze** back on; change daily or when wet.

Day 5

Leave the incisions **open to air** if they are dry.

4 to 6 weeks

Once fully healed, you may **soak** in a bath, pool, or hot tub.

- Under the dressing you may see some old blood and small white strips (steri-strips) over the incisions. Leave the steri-strips in place.
- When you shower, let soapy water run over the incisions. Do not scrub, and pat them dry afterward.
- To wash under the arm, lean forward at the waist and let the arm hang down in front of you. Do not lean to the side. A washcloth under the arm can make it more comfortable.
- Clean around the incisions with a clean washcloth and soap and water only. Do not put alcohol, lotion, ointment, or Neosporin on the incisions.
- Some blood-tinged or clear drainage is normal. If you see thick, yellow, pus-like drainage, send us a photo through the patient portal.

**Icing**

- Ice at least **4 times a day for 20 minutes at a time**, especially for the **first 3 days**. Many patients continue beyond that if they find it helpful.
- Always keep a towel or cloth between the ice and your skin.
- Cold therapy unit: use as directed. If yours has compression, you may start the compression setting the day after surgery as pain allows.

**Physical Therapy**

- For the first week you do your home exercises only. Formal therapy begins **about 1 week after surgery**.
- You may go to any therapy clinic that is convenient for you. Book prior to surgery or as early as possible, and call to confirm your appointment.
- Bring the therapy protocol for your therapist.

**Motions to Avoid**

- No shoulder motion for the **first week**, other than your elbow, wrist, and hand exercises.
- From **1 to 8 weeks**, shoulder motion is assisted only and limited to about shoulder height (raising forward to **90 degrees**; out to the side **60 degrees** until 6 weeks, then **90 degrees**).
- No resistance bands until about **8 weeks**, and then light only.
- No contact activities until **at least 6 months** after surgery, and only once Dr. Tummala clears you.



Home Exercises

- For the **first week**, start the **day after surgery** and do the elbow, wrist, and hand exercises below several times a day. Keep doing them after that. The shoulder itself stays in the sling.

EXERCISE

PICTURE

HOW TO DO IT

Elbow bending and straightening



Sit with the arm supported at your side. With the palm up, then down, then thumb up, gently bend the elbow as far as you can, then straighten it as far as you can.

Wrist bending



Actively bend the wrist forward, then backward, as far as you can.

Hand and grip

Open and close the fingers fully. Squeeze a soft ball or rolled washcloth.

- Avoid any motion that causes a significant increase in pain.
- Gentle pendulums and assisted shoulder motion start at about **1 week**, with your therapist.



Sleep and Activity

- Sleep in a recliner or in bed with the arm supported on pillows **with the sling on**.
- A stationary bike is fine with the sling on from about **1 week**, treadmill walking from **6 weeks**, an elliptical with the legs only (no handlebars) from **8 weeks**, and running from about **3 months**.



Driving

- Not until you are out of the sling, off narcotic pain medication, and able to control the car comfortably with both hands. For most patients this is usually around **6 weeks or more**.
- If you are at all unsure whether you are safe to drive, do not for your safety.



Work

- You may return to work when you can do it within these restrictions including wearing the sling.
- Desk work is often possible within **2 to 3 weeks**.
- Physical or manual work often takes about **4 to 6 months**, depending on the labor involved (heavy overhead work closer to 6 months), and is cleared by Dr. Tummala.



Follow-Up

- Your first visit is **7 to 14 days after surgery** and should be scheduled before surgery. Stitches are removed and x-rays may be taken.
- Further visits are typically at about **6 weeks, 3 months, 4½ months, and 6 months**.



When to Call

- Clinic: **510-974-2800** (Stanford Orthopaedics and Sports Medicine, Emeryville).
- Fever above **101.5°F**, chills, or sweats. A low-grade temperature in the first 48 hours is common.
- Bleeding that has saturated the dressing twice.
- Excessive redness, a foul odor, or yellow or green drainage. Call the clinic if you are concerned.
- Pain that is severe and not controlled by your medication.
- A change in color of the hand or wrist.
- Constant cramping, tightness, or pain in either calf.
- Unable to eat, or unable to urinate for more than **1 to 2 days**.
- **Call 911** for chest pain, shortness of breath, or coughing up blood.

This handout is for education only and does not replace medical advice. Always follow the instructions Dr. Tummala and the care team give you for your specific situation.

NOTES AND QUESTIONS