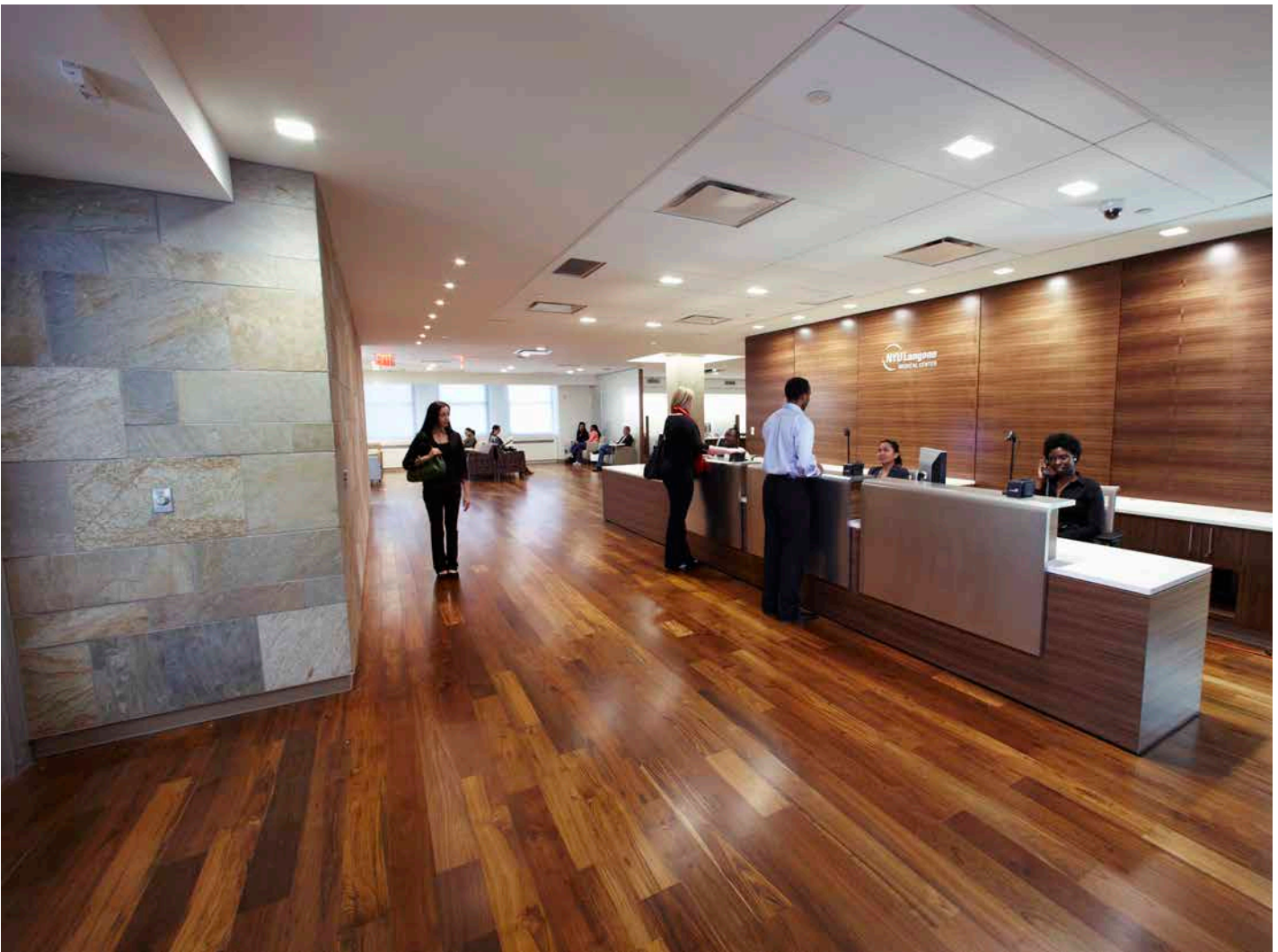


# Sports Medicine Patient Guide to Surgery

*From Preparation to Recovery*



## *Your Scheduled Surgery*

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**Date of Your Surgery:**

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**Your Surgeon:**

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**Date of Your First Follow-up Appointment:**

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## *Introduction*

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Inside this guide you will find information on how to get ready for your surgery here at **NYU Langone Medical Center**. It provides a description of what to expect before, during, and after surgery. It will also review how you and your doctor can work together to make the process run smoothly.

This information does not take the place of a conversation with your doctor. Rather, it is meant to answer some of your questions and be a valuable resource throughout your experience. We encourage you to ask your doctor all of your questions and share any concerns. Please bring this workbook with you to your appointments and to the hospital on the day of your surgery. It will continue to be a useful tool and is a good place to write down any questions or notes.

This guide was created and reviewed by doctors and staff here at NYU Langone Medical Center and explains what most patients can expect. Please keep in mind that every patient's experience will be slightly different. We make every effort to make sure we meet your individual needs and make your experience a positive one.

Thank you for choosing NYU Langone for your surgery and best wishes for a safe and quick recovery.

### **Sports Medicine Team**

Department of Orthopaedic Surgery

Center for Musculoskeletal Care | Hospital for Joint Diseases



# Important Contact Information

<b>Scheduling Phone Number</b> .....	646.501.7223
<b>Fax Number</b> .....	646.501.7234
<b>Doctor Telephone Numbers:</b>	
Michael J. Alaia, MD.....	646.501.7223
Joseph Bosco, MD.....	646.501.7042
Jason Brucker, MD.....	646.501.7223
Dennis A. Cardone, DO.....	646.501.7223
Jane S. Chung, MD.....	646.501.7223
Ramesh H. Gidumal, MD.....	646.501.7049
Guillem Gonzalez-Lomas, MD.....	646.501.7122
Laith M. Jazrawi, MD.....	646.501.7047
Young W. Kwon, MD, PhD.....	646.501.8504
Robert J. Meislin, MD.....	646.501.7045
Andrew S. Rokito, MD.....	646.501.7046
Mehul R. Shah, MD.....	516.357.8777
Eric Strauss, MD.....	646.501.7208
Warren K. Young, MD.....	646.501.7223

## Physician Assistants (PAs)/Nurse Practitioners (NPs):

Please contact the PAs/NPs with questions about your recovery, rehabilitation, and/or questions about when you can go back to work after surgery.

Amy Sheldon, PA-C (Dr. Rokito)  
[Amy.Sheldon@nyumc.org](mailto:Amy.Sheldon@nyumc.org)

David Phillips, PA-C (Dr. Meislin)  
[David.Phillips@nyumc.org](mailto:David.Phillips@nyumc.org)

Marisa Moyer, PA-C (Dr. Shah and Dr. Cardone)  
[Marisa.Moyer@nyumc.org](mailto:Marisa.Moyer@nyumc.org)

Dustin Baker, PA-C (Dr. Jazrawi)  
[Dustin.Baker@nyumc.org](mailto:Dustin.Baker@nyumc.org)

Jennifer Riviere, NP (Dr. Gidumal)  
[Jennifer.Riviere@nyumc.org](mailto:Jennifer.Riviere@nyumc.org)

Jazmyn Manzouri, PA-C (Dr. Strauss and Dr. Kwon)  
[Jazmyn.Manzouri@nyumc.org](mailto:Jazmyn.Manzouri@nyumc.org)

## HOW DO I REPORT AN EMERGENCY?

These are the numbers that should be called to report an emergency:

### During normal business hours:

Please call the office at **646.501.7223**.

### After normal business hours or on the weekend:

Please contact the on-call service at **347.931.4292**.

You may also call the main sports medicine office line at **646.501.7223** and choose the option for the after-hours on-call service.\*

*\*For patients of Ramesh H. Gidumal, MD, or Mehul R. Shah, MD, please use the sports medicine office number after-hours.*

If you experience any **chest pain** or **difficulty breathing**, call **9-1-1** or go to the closest emergency room. Then contact your doctor's office.

## Other Important Numbers:

CMC Main Number.....	646.501.7123
Physiatry (Rehabilitation Medicine).....	646.501.7277
Pain Management.....	646.501.7246
Rheumatology.....	646.501.7400
Infusion.....	646.501.7177
Performance Center.....	646.501.7109
Physical Therapy/Occupational Therapy.....	646.501.7077
Radiology.....	646.501.7440
CMC Billing.....	646.501.7059
Hospital for Joint Diseases.....	212.598.6000
Nutritional Service.....	646.501.7243
Sports Psychology.....	646.501.7077

NYU Langone Medical Center offers MyChart ([mychart.nyulmc.org](http://mychart.nyulmc.org)), a secure, online patient portal for you to access your health information anytime. This confidential connection to your doctor's office allows you to schedule appointments, request prescription refills, and review your test results online. Any of our front desk staff at CMC can provide information about how to sign up and log in.

# *before your surgery*

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# Your Preoperative Appointment

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## YOUR PREOPERATIVE (BEFORE SURGERY) APPOINTMENT

The decision to have surgery is made after a discussion between you and your orthopaedic surgeon.

During your preoperative appointment, your orthopaedic surgeon will talk to you about:

- Your injury and why you are having surgery
- How your surgery is expected to help you
- The risks of surgery
- Where and when your surgery will be
- What other healthcare professionals will be involved in your surgery
- Rehabilitation after surgery

What should I bring to this appointment?:

- Any X-rays, MRI, ultrasound, etc., and reports showing the injury
- List of medications you take regularly and the dosages (how much)
- Medical equipment you use (crutches, wheelchair, etc.)
- Insurance card or information
- Name and contact information for primary care doctor
- Emergency contact information

Questions to ask your orthopaedic surgeon:

- What can I expect before and after surgery?*
- How much will I be able to do after surgery?*
- When will I feel back to normal?*
- Will I be in pain during my recovery?*
- Will I need to take medications after surgery?*
- How long will I need physical therapy?*
- How soon after surgery will I be able to return to work?*
- When will I be able to drive after surgery?*





# Preadmission Testing

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## PREADMISSION TESTING (PAT)

Preadmission testing includes a physical examination and a series of tests that need to be done before your surgery. During preadmission testing you will also meet with an anesthesiology staff member to discuss the type of anesthesia you will have.

You will be instructed to report to one of two sites for your preadmission testing:

1. If your surgery is at the **38th Street Outpatient Surgery Center**, your PAT will take place at:  
**Ambulatory Care Center**  
240 East 38th Street (between Second and Third Avenues) **Mezzanine Level**
2. If your surgery is at **NYU Langone's Hospital for Joint Diseases**, your PAT will take place at:  
**Hospital for Joint Diseases**  
301 East 17th Street, Room **#208B** (Room **#104** on weekends)

- ✓ You should plan to be there for two hours.
- ✓ You do not need to fast before testing, unless you are diabetic.

If you are a young patient with no prior medical problems, you may not need to come in for preadmission testing. You will be notified prior to your surgery if testing will be needed.

## Your preadmission testing may include:

### Lab Tests

A lab technician may take a blood sample and/or urine sample. This is to make sure that you don't have medical problems that could increase your risk of complications during surgery.

The blood tests you have will depend on your age and your medical history. Your doctor may ask for:

- **Complete Blood Count (CBC)** This test measures the number of red blood cells, white blood cells, and platelets in your blood. It is important that all three are at a healthy level before surgery.
- **Basic Metabolic Panel (BMP)** This test makes sure that electrolytes, including sodium and potassium, are balanced in your body. Electrolytes are important for your heart and other organs to function normally. It is very important that they are within acceptable levels before surgery.
- **PT/PTT/INR** This test measures the ability of your blood to clot.
- **Renal Function** Some medications, including anesthesia medications, are processed by your kidneys. This test makes sure your kidneys are working properly.
- **Blood Glucose** This test makes sure that your blood sugar levels are within an acceptable range. It is an important test for patients with diabetes.

### Imaging Studies

If you haven't already had imaging studies, you may need to have an X-ray, MRI, or ultrasound. If you are older than 50, have a history of lung disease, or are a smoker, you may also need to have a chest X-ray to check for lung infections or abnormalities, which can increase the chance of complications with anesthesia.

### Electrocardiogram (EKG or ECG)

An EKG (or ECG) helps your doctor see your normal heart rhythm and check for heart disease. Your surgeon will decide whether you need this test based on your age and general health.

# Getting Ready for Surgery

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*Preparing for surgery may start several weeks before your scheduled surgery date.*

## MEDICAL CLEARANCE FOR SURGERY

In addition to preadmission testing, your surgeon will need to review your medical record, or **clearance**, from your primary care doctor before surgery. Clearance is a shortened version of your medical record that includes only specific details about your health history that may affect your surgery.

Ask your primary care doctor to send a copy of your clearance to your surgeon's office. Your doctor may request an appointment to see you before giving you medical clearance.

If you do not have a primary care doctor, we can arrange for you to be examined by one of our doctors.

## PAYING FOR SURGERY

We know that medical care can be costly. If you have concerns about your surgery costs and ability to pay, you can contact us for help in managing your account. Please call our billing office at **877.648.2964**.

Note that certain medical services are billed separately, so you will receive separate bills from: the healthcare facility where your procedure takes place, your surgeon, your anesthesiologist, and the pathologist. If you have questions about a particular bill, please call the phone number noted on the bill.

Our billing policy and forms are available on our website at: **<http://cmc.med.nyu.edu/patients/new-patient-forms>**

## INFORMED CONSENT

Before your surgery, your surgeon will discuss informed consent. **Informed consent** is a process to make sure that you fully understand the details of your surgery.

An informed consent discussion includes:

- The reasons for your procedure and the expected benefits
- Alternative treatment options
- Possible complications of the surgery
- What will happen if there is a complication, or something unexpected is found
- The medical professionals who will be present during the procedure

If there is something you do not understand, be sure to ask questions. A detailed discussion of the consent form helps ensure that you fully understand the procedure, recovery, and results. It also helps prevent misunderstandings after a procedure.

After the discussion, you and the doctor will sign an informed consent form. This is a legal document to confirm that the discussion took place and that you understand the risks and benefits of the procedure. A nurse or other medical professional will review the document with you, witness your signature, and give you an opportunity to ask questions and share your concerns.

**Steps to Improve Your Health:** *Some tips to follow to get in shape for your upcoming surgery.*

- ✓ **Stop smoking** — This is a good idea at any time, but particularly before surgery in order to help reduce the risk of lung problems after surgery and to improve healing.
- ✓ **Reduce or stop drinking alcohol** — Similar to smoking, drinking too much alcohol has been shown to increase the risks of surgery.
- ✓ **Get plenty of rest** — Sleep helps you recover from your surgery and strengthens your immune system.
- ✓ **Exercise** — Exercise increases strength and range of motion of the joints. It also prepares the joint for rehabilitation (including physical therapy) after surgery.
- ✓ **Eat healthy** — Eat fruits, vegetables, lean meats, and foods that are rich in whole grains.
- ✓ **Lose weight** — Weight loss helps reduce stress on the joints after surgery. This is especially important for people who are obese because they have a higher risk of infection after joint surgery and an increased risk of blood loss.
- ✓ **Physical Therapy** — Consider meeting with your physical therapist before your surgery to begin building a relationship. (Keep in mind that physical therapy before your procedure may not be covered by your insurance plan).

**IMPORTANT NOTE:** If you happen to become sick within the weeks or days before your surgery, even with a common cold, please let us know. We may need to reschedule your surgery until you are healthy again.

**Medications:** *Which medications should I stop, and which should I continue to take?*

Your primary care doctor will review your current medication list and tell you which medications to stop before your surgery. Be sure to tell your doctor all the medications that you are taking, including over-the-counter medications.

*Medication Instructions Before Your Surgery:*

**14 days** before surgery, **STOP...**

NSAIDs: Ibuprofen, Aleve, Motrin, Advil, Mobic

**7 days** before surgery, **STOP...**

Aspirin, Plavix (unless otherwise stated by your surgeon)\*

**5 days** before surgery, **STOP...**

Warfarin (Coumadin)\*

**You may continue to take:**

Tylenol, narcotic pain medication, glucosamine chondroitin sulfate

*The morning of surgery...*

- ✓ If you use an inhaler, bring it with you.
- ✓ Take certain heart medications.\*
- ✓ Take certain diabetic medications.\*

**\*Consult your primary care doctor.**

*For medications not listed, please consult your primary care doctor.*

# “Countdown to Surgery” Checklist

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*A checklist to help you get ready for your surgery.*

## ONE TO TWO WEEKS BEFORE SURGERY:

### What else do I need to plan?

- ✓ Arrange for a family member or friend to come with you to the hospital the day of your surgery.
- ✓ Plan ahead for transportation home or to your hotel on the day of your surgery.
- ✓ Adjust your work/social schedule for your expected recovery time.

If needed, arrange transportation to your first follow-up visit. While taking narcotic pain medication, you will not be allowed to drive.

### Get your home ready.

- ✓ Arrange to have someone help you around the house when you return home.
- ✓ Organize your household — place items you use often in easy-to-reach places.
- ✓ Buy or make individual meals that can be frozen and reheated easily.
- ✓ Keep items off the floors and remove small area rugs to reduce the chance of tripping or falling.
- ✓ Consider making plans with friends or pet professionals to care for your pets for the first few weeks after you return home. You may have limited ability to care for your pets and they may cause you to trip and fall.
- ✓ Set up a “recovery center” in your home where you will spend most of your recovery time — make sure it has important things, such as phone, laptop computer, TV, wastebasket, books, and medications that you can reach.
- ✓ Make sure your shower is safe, with a nonslip shower mat. Have all shower items in an easy-to-reach place.

### Set up your physical therapy.

- ✓ Decide where you will do your physical therapy (at home or at a physical therapy center) after your surgery. If you will be going to a physical therapy center, arrange for transportation. You will not be able to drive for at least two weeks after the procedure.
- ✓ Call the therapist recommended by your surgeon to schedule your first appointment after surgery. Make sure that the therapist knows how to contact your surgeon for instructions about your care. You may want to visit a physical therapist to practice using crutches or learn the exercises you can do before and after surgery. Remember, preoperative (before surgery) physical therapy sessions may not be covered by your insurance.
- ✓ Call your insurance company and the hospital or outpatient surgical facility.
- ✓ Contact your insurance company to make sure that your surgery is covered. Ask whether you need authorization for the procedure. Find out if you will be responsible for a deductible, coinsurance, or co-pay. Keep in mind that you will be billed separately by the healthcare facility, your surgeon, pathologist, and your anesthesiologist. Your insurance plan may have different formulas for deciding cost and payments for these services.

### Collect your medical information.

- ✓ Create a list of all the medications and supplements you are taking.
- ✓ List any allergies you have to medications, foods, and materials (such as latex or the dye used for some X-ray procedures).
- ✓ Talk with family members to find out if there is a history of reactions to anesthesia.
- ✓ Talk with family members to find out if anyone has had clots or excessive bleeding after surgeries.
- ✓ If you do not have an advance directive or living will, consider creating one. It may also be helpful to choose a healthcare proxy. A living will is a legal document that details a person's desires regarding medical treatment in circumstances in which they are no longer able to express informed consent. Advance directives can give specific instruction should a person be unable to communicate with their doctor, such as a do not resuscitate (DNR) order. Resources for creating these documents are available through the American Bar Association ([www.americanbar.org](http://www.americanbar.org)) and other organizations.

Remember:

- ✓ Give your medication list, and allergy list, to the doctor.
- ✓ Bring or fill out your advance directive during your preoperative appointment.
- ✓ Bring a copy of the advance directive with you the day of surgery.
- ✓ Tell your anesthesiologist and your surgeon if you or family members have a history of excessive bleeding, blood clots, or reactions to anesthesia.

### Stop taking certain medications, if told to by your doctor.

- ✓ Remember, your doctor may tell you to stop taking a medication, change the dose, or change to a different medication. Review the list in the prior section and discuss your medications with your primary care doctor. He or she will tell you which medications are safe to be continued.

### ONE TO TWO DAYS BEFORE SURGERY:

- ✓ **Confirm your surgery.** The OR (operating room) scheduling department will call you the evening before your surgery (or Friday if your operation is on Monday). If you are not home someone will leave you a message. You will be notified:
- ✓ When to stop having anything to eat or drink (usually 12:00 a.m. [midnight])
- ✓ Which medications to take the morning of your surgery
- ✓ What time you should plan to come to the hospital

If you have not heard from us by **6:00 p.m.** the night before your surgery, you can call the surgery information line:

Center for Musculoskeletal Care: **212.263.1515**  
Hospital for Joint Diseases: **212.598.6577**

- ✓ You may eat normally on the day before your surgery, but do not drink alcohol. **DO NOT EAT OR DRINK ANYTHING OR CHEW GUM AFTER 12:00 a.m. (MIDNIGHT)**, unless specifically told otherwise. This is important when having anesthesia. The only exception is if your doctor specifically tells you to take medication with a sip of water.

- ✓ Shower either the night before or the morning of your surgery.
- ✓ Review directions to our facilities (see location information on page 8) and make sure your transportation is all set.
- ✓ Pack a bag containing important items (see “What to bring on the day of your surgery” in the following section).

### THE MORNING OF SURGERY

- ✓ You may brush your teeth and rinse out your mouth — try not to swallow any water.
- ✓ Wear comfortable, loose-fitting clothing that will fit over a brace.
- ✓ Wear flat, nonslip, walking or athletic shoes.
- ✓ Remove all jewelry, nail polish, and body piercings before coming to the hospital.
- ✓ Leave valuables (money, cell phone, etc.) at home or give them to a family member for safekeeping.

### What to bring on the day of your surgery:

1. Photo ID
2. Insurance card
3. List of medications and allergies
4. Telephone contact numbers
5. Friend or family member
6. Eyeglasses — **NOT** contact lenses
7. Hearing aids
8. Dental devices (retainers, dentures, etc.) — we can provide a storage container if you require one
9. This guide
10. Advance directive

### What NOT to bring:

1. Jewelry, money, and valuables\*
2. Medications—unless specifically instructed otherwise

*\*All hospital staff respect your property rights but we cannot promise that we can keep your things safe.*

# *what to expect on the day of your surgery*

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## Getting Here

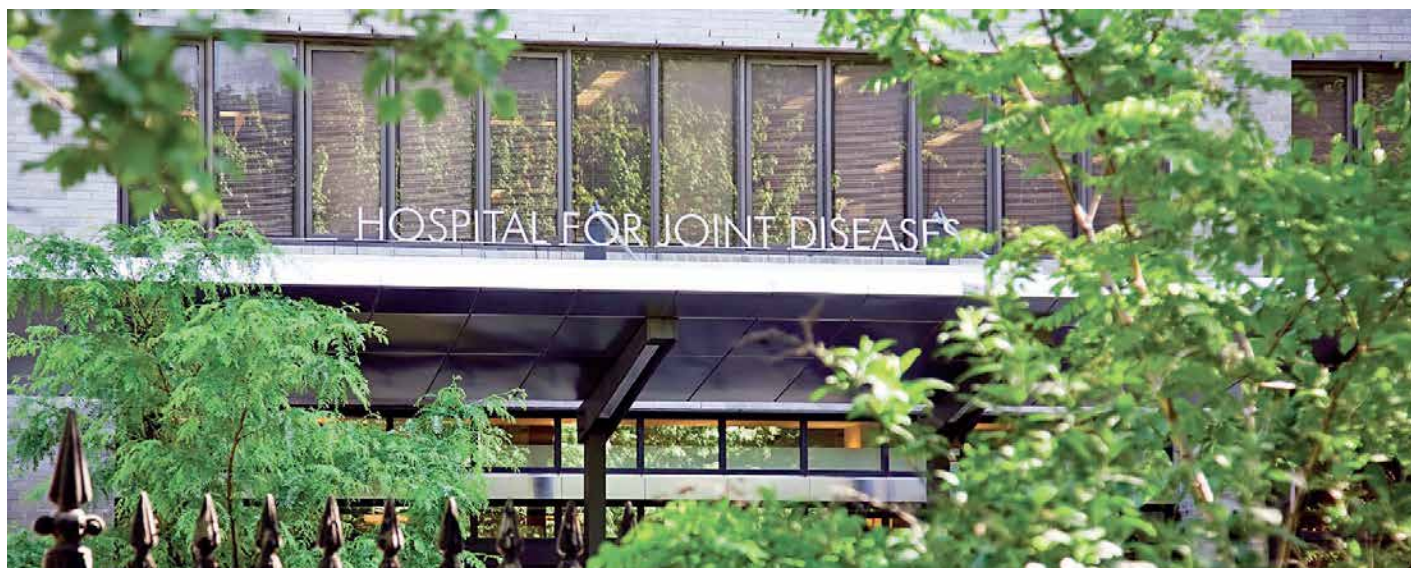
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You should plan to arrive at least **one hour** before your scheduled surgery time. Directions and location details are provided in the “Site Information” section.

For your safety, please arrange for a responsible adult to:

- Come with you on the day of your surgery
- Provide transportation home for you after your surgery
- Stay with you for at least 24 hours after your surgery

We will not be able to go ahead with your surgery until these arrangements are all made.





# What Happens Once I Arrive?

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## REGISTRATION

When you arrive, you will be welcomed by our friendly registration staff members, who will help you fill out any missing paperwork.

You will be given a wristband to wear while you are here. Wristbands usually show your name, date of birth, medical record number, and any allergies. A staff member will go over the information with you to make sure that all the information on your wristband is correct and tell the staff if there are any mistakes on it.

After you have registered, you will be asked to be seated in the waiting room.

## PREOPERATIVE HOLDING AREA

A nurse or assistant will take you from the waiting room to the preoperative (preop) area, where you will be asked to sit in a chair or lie on a stretcher. The nurse will ask you several basic questions, more than once, about your health history and the procedure you are going to have. The nurse will also review important patient safety information about anesthesia and your surgical procedure.

After you have finished answering the questions, you will be asked to remove:

- All jewelry
- Dentures, retainers, and partial plates
- Eyeglasses and contact lenses
- Make-up and nail polish (best to remove the night before)

You will then be provided with a hospital gown and given privacy to change. A nurse will take your personal belongings and keep them in a secure locker.

**TIP:** If you are cold, be sure to ask for a robe or blankets.

## MEETING YOUR MEDICAL TEAM

While in the preoperative holding area, you will meet with the medical team that will be with you during your surgery.

### Anesthesiologist

Your anesthesiologist will:

- explain the type of anesthesia you will have (see “Types of Anesthesia” on page 18)
- explain the possible risks — it is important to let the anesthesiologist know if you or family members have ever had a bad reaction to anesthesia
- ask you if you smoke
- ask you if you use dentures

### Orthopaedic Surgeon

Your orthopaedic surgeon will want to know how you are feeling and will answer any last-minute questions. He or she will mark the limb or joint to be operated on with a marker. If it has not yet been done, your surgeon will review your informed consent with you (see earlier section under “How Should I Plan for Surgery?”).

### Residents/Fellows/Physician Assistants (PAs)

You will be introduced to any residents, fellows, physician assistants or doctors who may be helping during your surgery.

### Operating Room Nurse

The operating room nurse will visit you to check your identification and make sure that you are ready for surgery.

# In the Operating Room

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## PREPARING FOR THE OPERATING ROOM

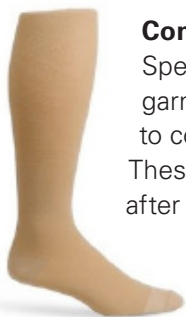
A preoperative nurse will check your vital signs, including your temperature, heart rate, respiratory (breathing) rate, and blood pressure. An intravenous (IV) catheter will be placed in your arm so that you can receive fluids, anesthesia, and antibiotics throughout the surgery. This will be removed before you leave the hospital.

To make sure the operating room remains a sterile environment, each member of your medical team will put on a facemask and cap before leaving the preoperative area or before entering the operating room. A cap will be placed on your head as well. Once you are ready for surgery, you will be brought to the operating room on a stretcher.

Once you are in the operating room, you will be introduced to the rest of the surgical staff. You will be helped onto the operating table and monitors will be placed to keep watch over your vital signs. You may also have compression stockings or compression sleeves put on your legs.

## COMPRESSION SYSTEMS

Compression systems (see examples below) work by squeezing your legs to help blood flow and circulation. This prevents blood from pooling and clots from developing.



### Compression Stockings:

Special elastic (stretchy) garments worn around the legs to constantly squeeze the limbs. These can be worn home after the procedure.

**Compression Sleeves:** These sleeves wrap around your lower legs and fill with air every so often to squeeze your legs. These are **only** used in the hospital.



Once you are on the operating table, your anesthesiologist will begin to give you anesthesia. Anesthesia is the process of giving medication so that you are in a pain-free, tranquil, sleeplike state for your surgery. Your anesthesiologist has several techniques (see the following section) to keep you comfortable and without pain during your surgery. Some medical conditions may help the anesthesiologist decide which technique is best for you. You should discuss this with both your surgeon and your anesthesiologist. Whichever technique is chosen, it is important for you to know that your operating room experience will be a painless and tranquil one.

## TYPES OF ANESTHESIA

**General Anesthesia.** First you are given medication so that you will be in a sleeplike state. Then you will have an anesthetic given to you through a mask, which will be placed over your nose and mouth. During the operation, monitors will be connected to you that will show your heart rhythm and rate, oxygen level in your blood, body temperature, and blood pressure. Your anesthesiologist continually checks these monitors.

**Regional Anesthesia.** Some patients do not want regional anesthesia because they think that they will be awake during the procedure. This is not true. With regional anesthesia, you are also given medications that let you sleep peacefully throughout the operation. However, unlike general anesthesia, when regional anesthesia is no longer being given to you, you will wake up almost immediately and without pain (because the anesthesia is still working). Types of regional anesthesia include spinal anesthesia and peripheral nerve blocks. You are still watched carefully when this type of anesthesia is used.

It is not uncommon for patients to elect to have a combination of regional and general anesthesia.

# *after surgery: the road to recovery*

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Recovering at Home 24

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Durable Medical Equipment 27

# What Should I Expect after Surgery Is Over?

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## WAKING UP

After surgery, you will be taken to the recovery area, which is also called the Postanesthesia Care Unit (PACU). While you are recovering from anesthesia, your surgeon will talk with your family and friends to let them know that the surgery is over and how things went, but only if you have already given us permission to do so.

When you wake up from anesthesia, and the effects of the medication wear off, you will be in the recovery area. It is a large, open room that you will share with other patients recovering from surgery. You may wake up confused and you may not know where you are. A nurse will be close by to talk to you and watch you until you are fully awake.

## CONTROLLING YOUR PAIN

It is normal to be in pain after your surgery. Your nurse will ask you to rate your pain on a scale from 0 to 10 (0 means you have no pain and 10 means you have the worst pain you can imagine). Please be honest when describing your pain. Managing your pain is an important part of your recovery. If you are in too much pain it may make it difficult for you to exercise and participate in physical therapy.

If you had general anesthesia, you may have a sore throat from the tube that was placed to help you breathe. It is normal to be nauseous or even to throw up from the anesthesia. Your nurse will give you medication for pain or nausea if you need it.

**TIP:** Be sure to let your nurse know if your pain medication seems to stop working too quickly or if you feel nauseous. All patients react to medications differently, and the sooner the medical team can help, the better you will feel.

## WHAT AM I WEARING ON MY ARM/LEG?

You may also see that you are wearing a brace or a sling. It is used to protect your arm or leg and to stop it from moving. Please do not move the device yourself. If it is uncomfortable, ask the nurse for help. You should wear your brace or sling until your first follow-up appointment, when more instructions will be given to you. Before you leave, a member of your medical team will show you how to put the brace or sling on, and how to take it off.

Your arm or leg may be wrapped in ice or another method of cooling to help lessen the swelling. Let your nurse know if it is uncomfortable.

More information on our medical equipment and suppliers can be found in the Durable Medical Equipment section.

## STARTING TO MOVE AROUND

Your nurse will offer you a small amount of food and drink after your vital signs have returned to normal and your pain is controlled.

If you had general anesthesia, you will be asked to get out of bed as soon as you can eat and drink without feeling sick.

If you had regional anesthesia, your nurse will periodically check the feeling in your legs. As soon as your nurse decides that you have enough feeling in your legs to stand safely, you will be asked to get out of bed, with help.

If you are not allowed to stand without help, a set of crutches or a wheelchair will be provided.

**TIP:** If you have your own crutches or wheelchair at home, bring them with you to the hospital.

When you are ready, your nurse will show you how to use your crutches properly and safely.

## WHEN CAN I LEAVE THE HOSPITAL?

For many procedures, you can leave the hospital and return home on the same day as your surgery. You will be allowed to leave when:

- You can get to a bathroom on your own
- You have urinated
- Your vital signs are back to normal
- Your pain is controlled by oral medications
- You have been given postoperative instructions (for example, use of crutches, braces, ice, etc.)

Once your surgeon and medical team decide that it is safe for you to return home, your IV will be removed. You can then get dressed in private. A member of the staff will tell your family and/or friends where they can come to meet you and bring you home.

**TIP:** Be sure that you have all of your personal belongings before you leave the hospital.

If you are not able to go home on the same day as your surgery, you will be moved from the recovery room to a hospital room. Your family and friends will be allowed to visit you in your hospital room.



# Postoperative Instructions and Follow-Up

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## WHEN DO I GO FOR MY POSTOPERATIVE (AFTER SURGERY) APPOINTMENT?

You should go to your surgeon's office within the first **7 to 14 days** after surgery. Your appointment will be scheduled before your surgery. If you do not have a follow-up appointment scheduled for after your surgery, please call the scheduling office at **646.501.7223**.

During this appointment, your stitches and/or staples will be removed. Any braces, bandages, and dressings will also be removed.

Additional steps will be taken, as necessary. These will include:

- Examine you to check your circulation, wound condition, and muscle and nerve function.
- Apply a new dressing and bandage.
- Refit or resize your brace.

The staff will review general postoperative instructions and plan your rehabilitation program with you. The type of rehabilitation program you need will be decided by your surgeon. This will depend on your condition and the type of surgery you had. See the following section on "Physical Therapy" for more information about different programs.

This appointment is a good time to ask any questions that you may still have.

Depending on the type of surgery you had, more follow-up appointments may be scheduled at this time.

**TIP:** Use **MyChart** ([mychart.nyulmc.org](http://mychart.nyulmc.org)) to schedule follow-up appointments through our secure, online patient portal. CMC front desk staff can help you register an account and login.

## HOW DO I TAKE CARE OF MY WOUND?

After your surgery, your incision (cut) will be covered by a dressing (gauze) and/or tape. You should keep your incision clean and dry to prevent infection. This will also help prevent scarring. It is important to follow your surgeon's instructions.

For **arthroscopic procedures** (a procedure in which an examination and sometimes treatment of damage is performed with an instrument that is inserted into the joint through a small incision), you may take off the bandage and shower the **first** day after your surgery. Please use a bandage before showering. If the bandage gets wet, take it off and put on a dry bandage after your shower.

For **open procedures**, you may take off your surgical dressing, but leave on the small strips of tape (Steri-Strips™). Your wound may also be covered with a medical adhesive (Dermabond) that is used to help the wound heal without Steri-Strips. You can shower on the **third** day after your surgery. Use a waterproof dressing over the wound. You should put clean dressings over the Steri-Strips™ or Dermabond but only if the incision continues to drain. If there is swelling **before** the third day after your surgery, you may loosen the bandages. **DO NOT** take them off unless you are told to do so by your doctor.

**TIP:** When showering, use wound protectors, which can be bought from a pharmacy.

It is normal for the wound site to bleed and swell after surgery. If blood soaks onto the bandage, do not be scared or try to take off the dressing. Instead, you can use another bandage. For larger incisions, four inch by four inch gauze pads may be used and wrapped with an elastic bandage (such as an ACE Bandage™).

If small strips of tape (Steri-Strips™) were used to keep the wound closed, you can expect them to fall off on their own in 7 to 10 days. If not, staples or stitches will be taken out during your first follow-up appointment. Please do not try to take them out yourself.

Your wound may also itch as it heals. Please do not scratch it because it may cause an infection or scarring.

It is important that you do not submerge the wound site in water (for example, bathing, swimming, or hot tubs).

## MANAGING PAIN

Pain can slow down or limit activity, and slow down healing and recovery. It is important to manage your pain to make sure your recovery continues as smoothly and quickly as possible.

## PAIN MEDICATIONS

Some patients may only need to take over-the-counter pain medication after surgery. However, your doctor may give you a prescription for an extra-strength anti-inflammatory medication or a narcotic pain medication. When you take your pain medication, follow the instructions labeled on the bottle.

It is very important that you call the office **3 to 4 days** before your medication(s) run(s) out. Prescriptions for narcotic pain medications must be mailed to you or your pharmacy, so you need to allow enough time for this.

You may take acetaminophen (Tylenol®) **instead** of a narcotic pain medication. **DO NOT** take both, because the narcotic medication may already have acetaminophen (Tylenol®) in it. **DO NOT** take aspirin-like products unless your surgeon tells you to do so. Aspirin and aspirin-like products may lead to bleeding at the site of the wound or incision (cut).

If you are prescribed a narcotic pain medication, you need to watch for common side-effects. These may be nausea, drowsiness (feeling sleepy), and constipation (difficulty having a bowel movement). To lessen these side-effects, take the medication with food. For constipation, you can try taking an over-the-counter stool softener, such as docusate (Colace®, 100 mg, once or twice a day). If you feel nauseous or are vomiting, call your doctor's office. They can change your medication. Narcotic medications may make you sleepy, so it is important to not drive or use machinery while taking them.

Most people are able to reduce the amount of pain medication they take after a few days to a week and switch from narcotic medications to over-the-counter anti-inflammatory medications. If taken as prescribed, the medications should not cause narcotic addiction. If you are worried about addiction, please talk with your surgeon or primary care doctor about this.

## ICING

When you put ice on your arm or leg, follow these instructions:

- ✓ Put the ice pack on as often as your doctor recommends: usually **20 minutes** at a time, **2 to 3 times** a day, for up to **3 days**.
- ✓ If your brace has a place for ice packs, be sure to take out the ice after the recommended length of time.
- ✓ You may also take off your brace or sling before using ice.
- ✓ Do not put ice directly on your skin. Always use a thin layer (for example, a towel or a compression sleeve) between the ice and your skin.

# Recovering at Home

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*Most of your recovery will take place at home. It is important that you know what to expect and how to prepare for your recovery.*

## WHAT CAN I EXPECT FOR MY RECOVERY?

Surgery is a big event. It will take time to recover and get your strength and confidence back. You may feel frustrated, even weeks after your surgery. You will get better. Healing takes time, so be patient with yourself and the process.

It is normal to feel emotional after surgery. Many patients find that they become tired more easily after surgery, or that they feel tired most of the time. These feelings are a normal part of the healing and recovery process, and may take weeks or even months to go away.

It is important that you stay active — just don't overdo it! There are some important steps to follow for a safe and speedy recovery.

- ✓ Take your temperature twice a day. A low fever is normal after surgery. If your temperature is higher than 103° F, call your doctor.
- ✓ Take all medication as you are told.

## HOW DO I KNOW WHEN I SHOULD CALL MY DOCTOR?

If you experience any of the following symptoms, call your surgeon right away. If your surgeon is not available, call 911 or go straight to the closest emergency room. Important contact numbers are listed in the beginning of this guide.

- You cannot stop vomiting.
- You feel nauseous all of the time.
- You have a reaction to medication (severe itching, redness or spotting of the skin).
- You can't urinate.
- You have a fever of 103° F or higher.
- You have a cough or cold symptoms after surgery.
- Your pain is not managed by pain medication.
- Your incision is very red and there is a lot of yellow or green drainage (oozing).
- You have pain in your calf (the lower part of your leg) when you bring your foot up towards your knee.
- Severe (a lot of) swelling.

## WHEN CAN I GO BACK TO MY NORMAL ACTIVITIES?

It takes time to heal and recover from surgery. You should expect that returning to your normal activities will be a slow process. Each surgery is different and the healing and recovery time will vary. To stay on track, follow your doctor's instructions and avoid trying to "speed up" your recovery without specific direction from your doctor.



### **WHY DOES MY ARM/LEG STILL FEEL NUMB?**

Many people who have regional anesthesia may experience numbness or loss of feeling in their limb. This is normal and can often last 24 to 48 hours. If your arm/leg feels numb, your muscles may not work properly and may not be strong enough to support your weight. You will need to be careful moving around with crutches and may need help to make sure that you do not fall.

### **WHAT DO I NEED TO KNOW ABOUT MY DIET?**

You may not be hungry for some time after your surgery. On your first day home, start with clear liquids and light foods, such as soup or Jell-O. Slowly return to your regular diet. If you feel nauseous and the nausea does not stop, or if you are vomiting, contact your surgeon.

### **WHEN CAN I GO BACK TO PHYSICAL ACTIVITY?**

Exercise is important for your rehabilitation. Physical therapy may start as soon as the day after your surgery, and may continue for weeks or months afterwards. Rehabilitation should be done with the guidance of your surgeon and physical therapist. You should not try to return to independent sports or athletic activities without the permission of your surgeon. For more information on specific rehabilitation exercises and instructions, see the following section on "Physical Therapy," or the surgery guide for your specific procedure.

### **WHEN CAN I RETURN TO WORK?**

During your first follow-up visit, your surgeon will tell you if you can return to work. As long as your joint or limb is protected, you may be able to return to work, but do not overwork yourself. If your job is physically demanding, it may take longer to fully recover. Get back into work by slowly increasing your hours and responsibilities. Rushing back into work risks your recovery and safety.

### **WHEN CAN I START DRIVING?**

Driving is probably a regular part of your daily life and important for your independence. When you can go back to driving after surgery will depend on your surgery, how comfortable you are and your recovery progress. Your pain must be managed so that you no longer need any pain medication (for example, narcotic medications such as Vicodin® or Percocet®). These medications can affect your ability to drive. Generally, patients can drive again once their sling or brace is taken off. To be safe, talk with your surgeon about this issue and get your surgeon's permission before you start to drive again.

# Physical Therapy

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*After your surgery, physical therapy will be an important part of your recovery. Physical therapy can speed up and improve healing in a safe environment, under the supervision of trained physical therapists and rehabilitation staff.*

## HOW DO I FIND A PHYSICAL THERAPIST?

You should find a physical therapist before your surgery. This will give you a chance to get to know your physical therapist, tour the facility, and plan for your rehabilitation. There are often exercises that can be done before surgery (“prehabilitation”) to help with your recovery. If you do not already have a physical therapist, we can help you find one within the NYU Langone’s Rusk Rehabilitation network. Rusk Rehabilitation is the #1 rehabilitation program in New York, and one of the top ten in the country, according to *U.S. News & World Report*.

Along with our highly skilled Rusk therapy staff, the CMC has a 7,200-square-foot therapy gym, with equipment that is not available at any other center in New York City. To find a provider or to make an appointment, please call CMC physical therapy at 646.501.7077. Before your appointment, you should fill out new patient forms, which can be found at <http://cmc.med.nyu.edu/patients/new-patient-forms>. Bring the completed forms with you to your appointment to save time during the check-in and registration process.

NYU Langone also has a network of physical therapy practices throughout the tri-state area. To find a convenient location, go to [nyulmc.org/rehabnet](http://nyulmc.org/rehabnet) or call 877.782.8698.

## WHAT IS MY PHYSICAL THERAPY PLAN?

Exercise is the most important part of your recovery. Our sports medicine doctors and healthcare team will recommend an individual plan for your physical therapy schedule. Following the plan under the supervision of your surgeon and physical therapist will make sure that you have the safest and fastest rehabilitation process. You should bring the rehabilitation plan with you to your first physical therapy appointment, or give it to your therapist before your surgery. Each physical therapy plan can be found in the surgery guide for your specific procedure.



# Durable Medical Equipment

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*Your surgeon may prescribe durable medical equipment (DME) for use after your surgery. The medical equipment will depend on your surgery, and may include a brace, a continuous passive motion (CPM) machine, sling, or ice compression (cryotherapy) device. It is recommended that you use the equipment prescribed to help with your recovery and rehabilitation. When used as instructed, these devices help you heal safely and quickly.*

## WHICH DME IS RIGHT FOR ME?

Medical equipment will be given to you after your surgery. Someone from a medical equipment company will help you with sizing, fit, and instructions for use. It is important that you use your medical equipment as directed. For instructions on how to use your brace or sling, please see the surgery guide for your specific procedure.

## MEDICAL EQUIPMENT SUPPLIERS

Many medical equipment suppliers have rehabilitation products for our patients. We suggest that you research each supplier and decide which one will work best with your health insurance plan.

## CONTACT INFORMATION FOR EQUIPMENT SUPPLIERS

### **Gotham Surgical & Brace**

202 E. 39th Street, Suite #1

New York, NY 10016

Phone: 212.983.3755

For equipment inquiries, please contact:

Bracing Manager: Brian Hamill, Hamillbrian@gmail.com

### **Park Ave. Orthotics**

202 E. 39th Street

New York, NY 10016

Phone: 212.297.0362

Fax: 212.697.3697

### **BioDynamic Technologies**

523 E. 73rd Street

New York, NY 10021

Phone: 800.879.2276

Fax: 800.866.8011

[www.biodynamictech.com](http://www.biodynamictech.com)

### **Arimed Orthotics Prosthetics, Inc.**

218 E. 29th Street

New York, NY 10016

Phone: 212.972.1590

Fax: 212.972.1816

[www.arimed.com](http://www.arimed.com)

*Other locations in Brooklyn and Staten Island*

### **Medstar**

*Available onsite at the Center for Musculoskeletal Care*

Phone: (718) 460-2900

Toll Free: (800) 223-4486

[www.medstarsurgical.com](http://www.medstarsurgical.com)

## **WHO PAYS FOR MY MEDICAL EQUIPMENT? WHAT WILL MY INSURANCE AND BENEFITS COVER?**

Before your surgery, our office will submit your insurance and related medical information to the company you choose, so that they can see if your insurance plan will cover it. Their staff will contact you before your surgery to discuss your insurance coverage and any “out-of-pocket” costs. These costs will depend on your individual insurance policy.

After your surgery, if your insurance does not cover the prescribed equipment, the company will submit a letter of medical need to your insurance company to argue this decision. There is still no guarantee that your insurance company will pay. Some insurance policies will not cover equipment, even if it is medically needed and helpful to your recovery.

Please call your insurance company before your surgery to see what your benefits are for durable medical equipment. If you are unclear as to what equipment may be prescribed for you, please call your doctor’s office. Before surgery, we recommend that you contact the medical equipment company directly with any concerns about costs or payments.

# *site information*

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# Center for Musculoskeletal Care

The Center for Musculoskeletal Care is located at 333 East 38th Street between First and Second Avenues (closer to First Avenue). For questions, please call 646.501.7223.

## HOURS OF OPERATIONS

### Monday through Friday

Radiology: 7:00 a.m. to 7:00 p.m.

Sports Medicine: 8:30 a.m. to 5:00 p.m.

Joint Replacement: 8:30 a.m. to 5:00 p.m.

### Monday through Saturday

Rheumatology: 8:30 a.m. to 5:00 p.m.

## DIRECTIONS AND MAP

### From Airports

- **LaGuardia Airport:** Bus transport to Grand Central Terminal (\$10–\$12). A taxi will cost about \$30–\$35.
- **JFK Airport:** Bus transport to Port Authority Bus Terminal, three trips per day (\$10). A taxi currently costs a flat rate of \$45, plus tolls and tip.
- **Newark Airport:** Bus transport to Grand Central Terminal (\$12). A taxi currently costs a flat rate of \$45–\$50, plus tolls and tip.

### By Bus

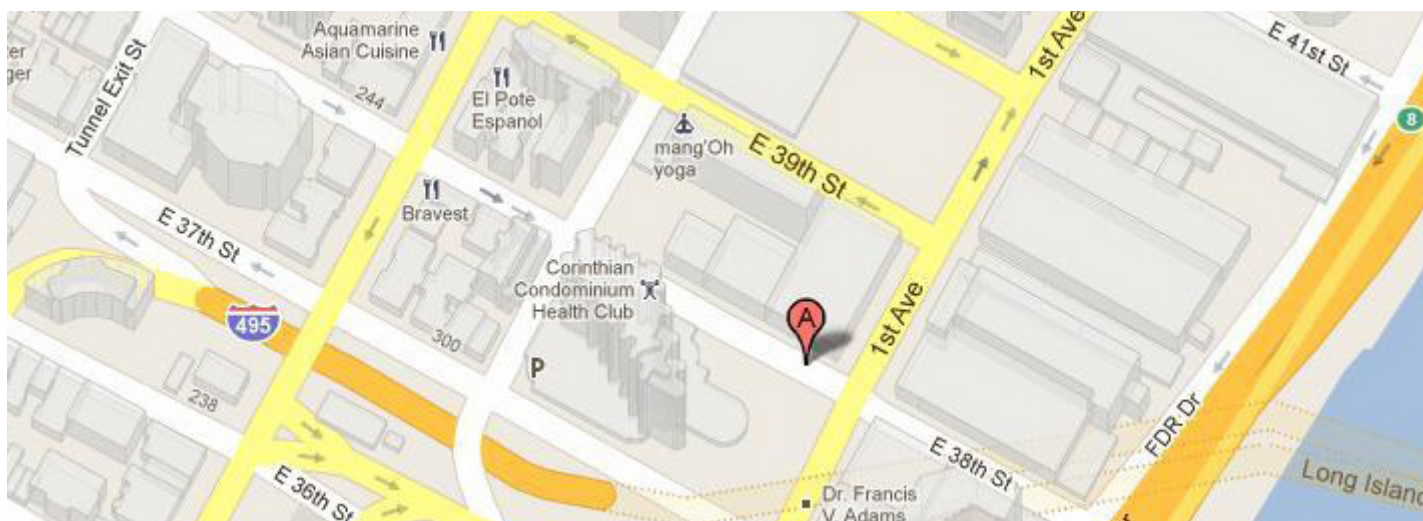
- The **M15 bus** runs northbound the length of First Avenue in Manhattan, and the local bus stops at 39th Street. The M15 bus runs southbound the length of Second Avenue in Manhattan, and the local bus stops at 38th Street.
- The **M34 bus** runs the length of 34th Street and stops in front of the main entrance to NYU Langone Medical Center at 34th Street and First Avenue. NYU Langone Outpatient Surgery is just a quick walk north to 38th Street.

### By Subway

- The stops closest to 38th Street Outpatient Surgery are:
  - 33rd Street** (at Park Avenue)
  - Grand Central Terminal** (at 42nd Street between Lexington and Park Avenues)

### PARKING

Valet parking is available at the front entrance on 38th Street.



# Hospital for Joint Diseases

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The Hospital for Joint Diseases is conveniently located at 301 East 17th Street at the corner of Second Avenue. For questions, please call 212.598.6000.

## HOURS OF OPERATIONS

Monday through Friday 6:30 a.m. to 7:00 p.m.

## DIRECTIONS AND MAP

### By Bus

- M15 running north on First Avenue or M15 running south on Second Avenue. Get off and walk to 17th Street and Second Avenue.

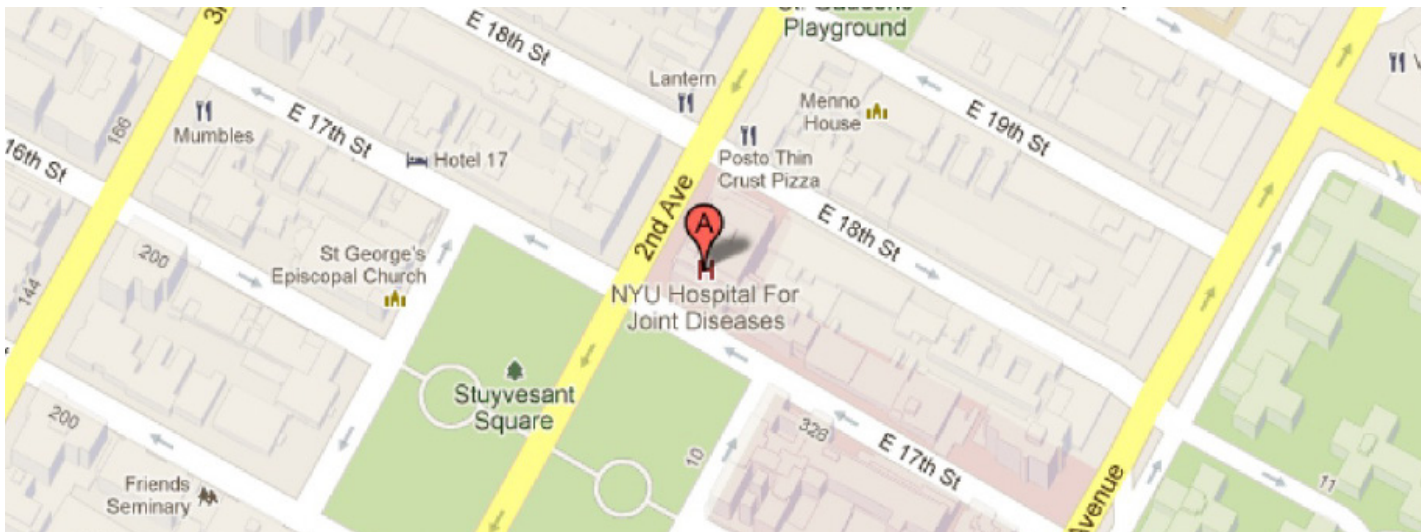
### By Subway

- The stops closest to NYU Langone Outpatient Surgery are:
  - 14th Street – Union Square (at Park Avenue)
  - Third Avenue (at 14th Street)

## PARKING

Icon Parking Systems provides patients and visitors of NYU Langone's Hospital for Joint Diseases with special discount parking. Locations, rates, and discounted parking coupons can be found at:

<http://www.weparknewyork.com/nyujd/>



# Housing and Dining Options

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## Near the Center for Musculoskeletal Care

### WHERE TO DINE

#### Estiatorio Rafina

630 First Avenue  
New York, NY 10016  
212.532.2234

#### Bravest

700 Second Avenue  
New York, NY 10016-3255  
212.683.3766

#### El Pote Espanol Restaurant

718 Second Avenue  
New York, NY 10016-2731  
212.889.6680

#### Best Wingers

711 Second Avenue  
New York, NY 10016  
212.973.0690

#### Aquamarine Asian Cuisine

713 Second Avenue  
New York, NY 10016  
212.297.1880

#### Abitino Pizzeria & Restaurant

733 Second Avenue  
New York, NY 10016  
212.661.1919

#### Villa

735 Second Avenue  
New York, NY 10016-2219  
212.983.9310

### WHERE TO STAY

#### Hilton Manhattan East

304 East 42nd Street  
New York, NY 10017  
212.986.1758

#### Eastgate Tower Hotel

222 East 39th Street  
New York, NY 10016-2754  
212.687.8000

#### The New York Helmsley Hotel

212 East 42nd Street  
New York, NY 10017-5857  
212.490.8900

#### ExecuStay by Marriott, The Aurora in NYC

556 Third Avenue  
New York, NY 10016  
800.877.2800

#### Affina Dumont Hotel

150 East 34th Street  
New York, NY 10016-4743  
212.481.7600

#### Envoy Club

377 East 33rd Street  
New York, NY 10016-9474  
212.481.4600

## Near the Hospital for Joint Diseases

### WHERE TO DINE

#### Lantern Thai

311 Second Avenue  
New York, NY 10003  
212.777.2770

#### Posto Thin Crust Pizza

310 Second Avenue  
New York, NY 10003-2724  
212.716.1200

#### Bruno's Gourmet Market

282 First Avenue  
New York, NY 10009  
212.254.2156

#### Quigley's NY Grill

313 First Avenue  
New York, NY 10003-2913  
212.253.9440

#### Louise's Cozy Kitchen

325 Second Avenue  
New York, NY 10003  
212.254.3606

#### Hane Sushi

346 First Avenue  
New York, NY 10009-1717  
212.598.9889

#### Artichoke Basille's Pizza & Brewery

328 East 14th Street  
New York, NY 10003  
212.228.2004

### WHERE TO STAY

#### Hotel 17 New York

225 East 17th Street  
New York, NY 10003  
212.475.2845

#### Jazz on the Town Hostel

307 East 14th Street  
New York, NY 10003  
212.228.2780

#### Union Square Inn

209 East 14th Street  
New York, NY 10003  
212.614.0500

#### The Inn at Irving Place

56 Irving Place  
New York, NY 10003-2314  
212.533.4600

#### Saint Marks Hotel

2 Saint Marks Place  
New York, NY 10003-8099  
212.674.2192

#### Gramercy Park Hotel

2 Lexington Avenue  
New York, NY 10010  
212.920.3300











Department of Orthopaedic Surgery  
Center for Musculoskeletal Care | Hospital for Joint Diseases  
[nyulmc.org/cmc](http://nyulmc.org/cmc)

Patient Surgery Handbook—Sports Medicine