

Rachel M. Frank, MD

Department of Orthopedic Surgery Sports Medicine
University of Colorado School of Medicine
www.RachelFrankMD.com

OFFICIAL HEALTH CARE PARTNER



UC Health Steadman Hawkins - Inverness

Orthopedics and Spine Surgery Center 175 Inverness Dr West,
Suite 400 Englewood, CO 80112
P: (720) 516-9863
P: (303) 694-3333

CU Sports Medicine Center

2000 S. Colorado Blvd. Colorado Ctr., Tower One, Suite 4500
Denver, CO 80222
P:(720)848-8200

Pectoralis Major Repair Post Operative Instructions

● Wound Care:

- After surgery, the wound is covered with gauze pads and tape(Tegaderm). Due to the large amount of fluid used during arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood soaks through the dressings, please call Dr. Frank's office.
- The dressing can be **removed after 3 days** and wounds covered with dry gauze or waterproof Band-Aids. **Do not remove the steri-strips or cut any of the visible sutures.** There may be some incisions that do not have steri-strips over them.
- **Showering:** Once bandages are removed, you may shower with water-proof band-aids overincision and steri-strips. Please take caution as to not pull off steri-strips when removing band-aids.

● Medications:

- **Pain Control:** Local pain medication is injected into the shoulder during surgery – this will wear off within 4-6 hours. Most patients will require some narcotic pain medication (i.e. hydrocodone, or other codeine-derivative) for a few days after surgery – please take as instructed. It is important not to drink alcohol or drive while taking narcotic medication. If your pain is minimal, you may discontinue the use of narcotics.
 - **Other Medications:**
 - **Anti-Inflammatory:** Multiple over the counter options → only use 1 of these options, and stop immediately if experiencing side effects (indigestion, heartburn, bloody stool)
 - Ibuprofen 600-800 mg (i.e. Advil, Motrin): Take every 8 hours as needed
 - Naproxen 220-440mg (i.e. Aleve): Take every 12 hours as needed with food
 - Meloxicam 15mg (i.e. Mobic): Take once daily as needed with food
 - **Anti-Nausea:** Zofran (Ondansetron): Take every 8 hours as needed for nausea
 - **Muscle relaxant:** Flexeril (Cyclobenzaprine): Take every 8 hours as needed for muscle spasms
 - **Constipation:** The use of narcotics can lead to constipation. Adequate hydration, over-the-counter stool softeners, and mobility can minimize constipation problems.
 - **Normal medications:** Resume the day after surgery unless otherwise instructed.
- ### ● Sling/Immobilizer: Unless otherwise instructed, you should wear your postoperative sling/immobilizer at all times, including while sleeping. The sling can be taken off for showering; however, care must be taken to protect the shoulder at all times.

Pectoralis Major Repair Post-Operative Instructions



- **Activity:** Unless otherwise instructed, you should begin the pendulum and gentle passive range-of motion exercises as demonstrated on the exercise handout on the first day after surgery. You may use your arm to assist with eating and personal hygiene unless specifically instructed not to by Dr. Frank. You may not bear any weight with your operative arm. Be sure to use and move your hand, wrist, and elbow in order to decrease swelling in your arm. Please refrain from external rotation past neutral.
- **Ice Therapy:** Icing is very important for the 2 weeks after surgery to decrease swelling and pain. Please ice in 20-30 minute sessions, unless instructed otherwise. Patients who have rented/purchased ice therapy may ice more continuously for 30-60 minute sessions. Care must be taken with icing to avoid frostbite to the skin.
- **Sleep:** Sleeping can be uncomfortable for the first 1-2 weeks after shoulder surgery. It can be helpful to sleep in a recliner-chair or in a semi-upright position using several pillows.
- **Diet:** The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. Following surgery, begin with clear liquids and light foods. You can progress to your normal diet if not nauseated. If nausea and vomiting become severe, or if you show signs of dehydration (lack of urination), please call Dr. Frank's office.
- **Driving:** No driving until permitted by surgical team.
- **Work/School:** May return to sedentary work or school 3-4 days after surgery, if pain is tolerable.

Follow-Up Care/Questions:

- Dr. Frank, Kati Schantz, PA-C or Kevin Shinsako, PA-C will call you after your surgery. If you have not been contacted within 48 hours of surgery, please reach out to Dr. Frank's office.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours. Appointments should be arranged 7-14 days from surgery.
- Please call **(720) 848-8200** with any questions or concerns at any time.

URGENT Information and Contacts:

- A low-grade fever (up to 100.5 degrees) is not uncommon in the first 48 hours. Please call the office with any temperature over 101 degrees.
- Please call the office if you have severe pain that your pain medication does not relieve, concerns of persistent numbness of the arm/hand(beyond expected duration of a nerve block), fever over 101 degrees, difficulty with the slint(if applicable) or surgical incisions, difficulty breathing, chest pain, excessive nausea/vomiting, or if you experience redness or swelling, including your calf.
- If unexpected problems occur and you need to speak to someone, please call our office (720-848-8200). **If calling after office hours or on the weekend, you may reach the resident or fellow on call.** The resident or fellow on call may not be on Dr. Frank's service and may not be familiar with your case.
- **If you have an emergency that requires immediate attention, proceed to the emergency room.**

Pectoralis Major Repair Post-Operative Instructions



Post-Operative Shoulder Exercises



Pendulum Circles: Shift your body weight in circles to allow your injured arm to swing in circles freely. Perform 3-4 times a day.



Pendulum Forward-Back: Shift your body weight forward then back to allow your injured arm to swing forward and back freely. Perform 3-4 times a day



Elbow Flexion Extension: Grasp your wrist and slowly straighten your elbow. Use your non-surgical hand to lift your hand and bend the arm.



Elbow Pronation/Supination: Place elbow on center of Dina Disc. Alternate pronation and supination "rotating your forearm." Rotator 10-15 times, 3-4 times per day