

## BRACHIOPLASTY POST-OPERATIVE INSTRUCTIONS

### ACTIVITIES

- No strenuous activity. No heavy bending, lifting, twisting, pushing, or pulling >5-10 lbs. for 6 weeks.
- Driving may be resumed when you are no longer taking pain medications and can drive easily and rapidly, moving your foot from the gas to the brake. For the majority of patients, this window is usually one week.
- Do not smoke or be around a smoker. This can be the most significant cause of serious healing issues.
- Start walking as soon as possible. This helps to reduce swelling and lowers the chance of blood clots.
- Overactivity can cause bleeding, so be very careful and **LISTEN TO YOUR BODY! If it hurts, don't do it!**

### DIET

- Fluid intake is encouraged. It is important to make sure you are well hydrated and drink at least eight 8 oz. glasses of water daily after surgery.
- Follow a balanced diet. Avoid heavy, greasy, spicy foods for the first few days.
- No alcoholic beverages while you are taking pain medication. Even after pain medications are done, it is encouraged to avoid drinking alcohol for 3 weeks as it causes fluid retention
- Constipation after surgery is common from general anesthesia as well as narcotic pain medicine. An over-the-counter stool softener is recommended. Milk of Magnesia, Mag Citrate, or enemas can be used to help, or even adding raw fruit to your diet can aid in constipation relief. Remember to increase your fluids as well.

### WOUND CARE

- An ACE wrap is put on after surgery. It should be snug. The more support of compression you have, the better. Compression sleeves that athletes wear are a nice alternative after the first visit. You will be wearing a compression garment for 6 weeks post-operatively. It is extremely important that you wear these at all times except when showering. This bandage helps the healing process and makes moving easier.
- **When resting or sitting prop arms on pillows the elevation helps decrease swelling. Try not to keep your arms bent.**
- Leave the surgical glue and mesh intact. Please do not remove this.
- After surgery, you may shower in 24-48 hours; it is okay to shower once daily, which is encouraged for hygiene. Do not allow water from the shower to directly hit your incisions. The shower water may be directed to your back. You may shower with soap and water. After showering, pat dry all the incisions. Leave the surgical glue in place, and do not attempt to remove it if present. Do not soak in a tub or pool for up to two weeks or until the incisions are healed.
- Apply ice packs 24-48 hours or longer as this will help with swelling and pain. (20 min on and 20 min off when awake).
- Maxi pads work great for areas that may have discharge.

### MEDICATIONS

- Resume all home medications as directed by your primary care provider, and follow up with them if you have any questions about resuming the medication.
- The medications you will be prescribed after surgery are part of our Enhanced Recovery After Surgery (ERAS) program. This program is designed to make your recovery faster and easier on you and your body and to lower the chances of a problem after surgery.
- You have been prescribed several medications after surgery. Each medication should be taken as directed.
- Acetaminophen (Tylenol) 1000 mg by mouth three times daily (OVER-THE-COUNTER).  
You should take your Tylenol on a regular basis for the first two weeks after surgery. Tylenol is an excellent pain reliever that is non-addictive and has few side effects.
- Naproxen (Aleve) **OR** Ibuprofen (Advil) 800mg tablet by mouth twice daily (OVER-THE-COUNTER)  
You should take it on a regular basis for the first two weeks after surgery. Aleve/Advil is a pain reliever **AND** anti-inflammatory. This medication works differently than Tylenol. Do not take this medication if you have had gastric bypass surgery, have a history of kidney problems, or have been told not to take this medication by another doctor.
- Polyethylene Glycol (Miralax) one capful (17 grams) by mouth twice daily (OVER-THE-COUNTER)  
Miralax is a stool softener agent. You should take this medication twice daily after surgery to help with constipation. Constipation after surgery is from the general anesthesia as well as the narcotic pain medication you get during and after surgery. It is important to make sure you are well hydrated while taking this medication, so drink at least eight 8 oz. glasses of water daily after surgery.

## **MEDICATIONS, cont'd**

- Oxycodone (Roxicodone) one to two tablet(s) by mouth every 6 hours as needed after surgery (Prescription)  
Oxycodone is a narcotic pain medication. Most patients will feel nauseated and may vomit if this medication is taken on an empty stomach. This medication also causes constipation that worsens over time. Taking the prescribed stool softener and increasing your water and fiber intake is important to help with constipation. This medication can be addictive for some patients, and it is important to taper off this medication quickly after surgery. Narcotic pain medications should be used for short periods of time only and can be helpful for breakthrough pain after surgery. Once you have stopped taking this medication, turn the rest into your pharmacy so that it can be disposed of correctly. Every prescription of this medication is closely tracked and monitored by the Federal Drug Enforcement Agency (DEA).

## **CALL THE SURGEON:**

- Continuous bleeding that does not stop with pressure
- Fever more than 101.5 degrees
- Unable to empty bladder
- Difficulty breathing
- Nausea or vomiting not controlled with the anti-nausea medication
- Pain controlled with medications
- Lidocaine Toxicity

## **Signs & Symptoms of Lidocaine Toxicity**

- o Slurred or difficult speech
- o Paresthesia- "pins and needles" feeling of skin
- o Numbness of lips/mouth
- o Metallic taste in mouth
- o "Ringing" in Ears
- o Double Vision
- o Feeling hot or cold
- o Altered Cardiovascular System
- o Drowsiness
- o Dizziness
- o Dysrhythmias (irregular heartbeat)
- o Restlessness, Agitation, Nervousness
- o Hypotension (low blood pressure)
- o Bradycardia (low heart rate)
- o Loss of Consciousness
- o Muscle Twitching
- o Tremors or Shaking
- o Seizures
- o Respiratory Depression
- o Respiratory and Cardiac Arrest

## **RISKS**

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

- 1.Wound healing problems**
- 2.Fluid accumulation**
- 3.Unsatisfactory scars**
- 4.Recurrent loose skin of the arm**
- 5.Bleeding**
- 6.Infection**
- 7.Pain**
- 8.Loss of skin**
- 9.Need for additional procedures**
- 10.Lymphedema**
- 11.Nerve injury**
- 12. Asymmetry**
- 13.Lidocaine Toxicity**