



Brian Waterman, MD

SPORTS MEDICINE & ORTHOPEDICS

PECTORALIS MAJOR TRANSFER FOR SCAPULAR WINGING POSTOPERATIVE INSTRUCTIONS

1. Diet

- Begin with clear liquids and light foods (Jell-O, soups, etc.)
- Progress to your normal diet if you are not nauseated.

2. WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the elbow, wrist, or hand occurs.
- It is normal for the shoulder to bleed and swell following surgery – if blood soaks through the bandage, do not become alarmed – reinforce with additional dressing.
- Remove surgical dressing on the **3rd** post-operative day – if minimal drainage is present, apply band-aids over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your sling starting the day after surgery.
- Once surgical dressings have been removed you may shower allowing soap and water to run over the incision site. Do not scrub the area and pat to dry– NO immersion of operative arm (i.e. bath).

3. MEDICATIONS

- Pain medication is injected into the wound and shoulder joint during surgery – this will wear off within 8-12 hours.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
 - Primary Medication = Norco (Hydrocodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Do NOT take additional Tylenol (Acetaminophen) while taking Norco
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
- If constipation occurs, consider taking an over-the-counter laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Ibuprofen 400-600mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative ‘peaks and valleys’, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.



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4. ACTIVITY

- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort.
- Do not engage in activities which increase pain/swelling (lifting or any repetitive above shoulder level activities) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

5. IMMOBILIZER

- Your immobilizer should be worn at all times except for hygiene and exercise.

6. ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep extremity elevated to level of chest while icing.
- Ice machines are not covered by insurance, but can be purchased in Dr. Waterman's clinic or through an online retailer of your choice.

7. EXERCISE

- No exercises or shoulder motion until after your first post-operative visit unless otherwise instructed.
- You may begin elbow, wrist, and hand range of motion on the first post-operative day about 2-3 times per day.
- Formal physical therapy (PT) will begin 7-10 days after surgery. Please contact your PT location of choice to schedule appointments.

8. EMERGENCIES

- Contact Dr. Waterman or his nurse at 336-716-8091 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist or hand



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- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- ****If you have an emergency after office hours or on the weekend, contact the same office number (336-716-8091) and you will be connected to our page service – they will contact Dr. Waterman or one of his fellows if he is unavailable. Do NOT call the hospital or surgical center.**
- ****If you have an emergency that requires immediate attention, proceed to the nearest emergency room.**

9. FOLLOW UP CARE + QUESTIONS

- A member of Dr. Waterman's team will call you 24 to 48 hours after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 336-716-8091.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (336-716-8091) and ask for appointment scheduling.
- The first post-operative appointment will be with one of the Physician Assistants. They will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.