Andrew J. Pastor, M.D.

Coracoclavicular & Acromioclavicular Ligament Repair/Reconstruction Post Op Instructions

Activity level- You have been placed in a sling post-operatively and this will most likely be the most comfortable and give you the most protection for the following six weeks. This is critical due to the fact that if one tries to "push the envelope" or do too much, one could potentially tear or stretch out their repair. That would not be beneficial to either you or your surgeon. The more you are able to allow your body to rest and recover initially, the better and faster your recovery. Sleeping may be difficult the first few days after surgery and comfortable positioning is important. Sleeping in an inclined position with the shoulder higher than the heart is usually the most comfortable and can be done best in a recliner or lying propped up by pillows.

Precautions/activities to avoid- You may use your affected arm to do activities which require putting your hand to your face such as eating as long as your elbow is supported. You should not perform any active motion with your arm. One should not lift anything heavier than a fork or spoon for six weeks. Stationary bike and elliptical trainer use, (without the arms), is fine as tolerated two-three days after surgery. Running is better tolerated after 12 weeks.

Sling- The sling that you have been placed in is to support the weight of your arm to allow the new ligaments to heal at the right tension, and for comfort. It should be worn to bed at night and should be worn at all times during the day for the first 6 weeks. You may extend your elbow outside of the sling frequently to avoid stiffness of the elbow. Desktop level activities close to your body such as typing are fine a few days after surgery as tolerated, but the weight of the arm must remain supported.

Dressings- Dressings can be removed after 3 days. At this point, you may get incisions wet in the shower if they are completely dry. Clean with simple soap and water and pat dry. Do not soak the wounds for the 2 weeks following surgery! No baths or hot tubs in which your shoulder would be submerged. You may use skin lotion in all places except over the incisions. Do not apply any special ointments or creams to the incision until the skin is

completely healed, typically 3 weeks after surgery. The small white steri-strips covering the incision should not be removed and will fall off on their own.

Home exercises- You may begin doing modified pendulum exercises (in your sling) immediately after surgery as long as this is comfortable. These exercises will keep the shoulder joint mobile and prevent stiffness. You may also squeeze a soft ball, and move your fingers, wrist and elbow as much as you like. Physical therapy may be prescribed when you return for follow up. This will consist primarily of a home exercise program.

Pain medication- See Multimodal Post-Operative Pain Protocol

Return to work- You may return to work, depending upon your job description, as early as 3 to 4 days after your surgery. You will need to be off all narcotic pain medication for your brain to function normally. Jobs that have more physical requirements may require longer time away. Driving requires being off all narcotic pain medications and being comfortable using the shoulder.

Report any of the following symptoms immediately: Fever greater than 101^{o} F, calf pain, pain not controlled by pain medications, redness swelling specific to the incision site, excessive bleeding, problems with pain medication, numbness and tingling of the arm that was operated on. You may call our office and speak with a member of our office staff. The number is **(425-412-1875).**

Follow up- Follow up with Dr. Pastor will be within two weeks following surgery. This appointment should have been pre-arranged prior to surgery. You will follow up again at 6 and 12 weeks after surgery.

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Based on protocols established by Winston J. Warme, M.D. - Chief of Shoulder surgery at the University of Washington Medical Center