



## **Pec Repair**

### Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off. This can be helped by oral pain medication. It is safe and normal.
- Cold therapy – This will greatly reduce pain and will help with swelling for the first three days. You may use it 20 minutes on, 20 minutes off, as often as you wish. Always keep a cloth barrier, such as a towel, between the cold and your skin.
- Medication
  - For anticoagulation – you **MUST** take one 81mg aspirin daily for two weeks to help prevent blood clots. This is the only mandatory medication.
  - For nausea – Zofran (ondansetron) as needed.
  - For constipation – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
  - For pain – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. Use only if needed. Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as stepdown medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

### Activity

- Please keep the arm in the sling at all times.
- Wear the sling while sleeping. You may find sleeping in a recliner to be more comfortable for the first month.
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
  - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins 2 weeks after surgery.

### Wound Care

- Your incisions are covered by several absorbent pads secured with foam tape. Please leave this in place for at least one week post-op.
  - Do not get the bandages wet—so this means using a bag over the arm for showering, holding it out of the shower, etc.
  - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 1 week, you can take off the bandages. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to [info@genesisortho.com](mailto:info@genesisortho.com)

### Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

### Call your physician if:

- You develop a temperature over 100.3 degrees.



- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

### *Physical Therapy Protocol*

- Weeks 0-2
  - Sling at all times
  - Keep incision clean, dry, and covered
  - Active/passive elbow, wrist, hand ROM
- Weeks 2-6
  - Continue sling
  - Active/passive elbow, wrist, hand ROM
  - Shoulder passive ROM only
    - No shoulder extension
    - Forward flexion to 90
    - ER to 30
  - Rotator cuff isometrics
- Weeks 6-12
  - Begin to d/c sling at 6 weeks
  - Restore full passive shoulder ROM without limits
  - Active/active assist shoulder motion
  - Cuff/scapular stabilizer
- Week 12 to 6 months
  - No immobilization
  - Progress with strengthening
  - Light bench press
- 6 months +
  - Resume full strengthening activities