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Post-Op Instructions for Pectoralis Major Tendon Repair

DIET

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

WOUND CARE

- Maintain your operative dressing until your first post-operative visit.
- If the outer dressing falls off or is removed keep surgical mesh/glue in place, do NOT peel off.
- The bandage is water resistant, and you may begin showering postoperative day 3.
- NO immersion in a bath until given approval by our office.

MEDICATIONS

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as directed on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We recommend a stool softener such as Colace (docusate) available over the counter and be sure to drink plenty of water.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Please avoid alcohol use while taking narcotic pain medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen (600 – 800mg) or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For 2 weeks following surgery take one aspirin 81mg tablet daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

ACTIVITY

- Begin exercises (active elbow extension/flexion without resistance) 24 hours after surgery unless otherwise instructed.

- While maintaining your elbow by the side, begin elbow, hand, and wrist exercises immediately.
- Formal physical therapy (PT) typically begins after you are seen at your first post-operative appointment 2 weeks after surgery. A prescription and protocol will be provided at your first post-op visit.
- When sleeping or resting, inclined positions (i.e., reclining chair) and a pillow under the forearm for support may provide better comfort.
- 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.

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

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) for 20-30 minutes every 2 hours daily until your first post-operative. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.

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 after your first post-operative visit.

EMERGENCIES - Contact Dr. Barnes' office at (239) 334-7000 if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain
- Fever (over 101° F – it is normal to have a low grade fever (<100°) for the first day or two following surgery) or chills.
- Redness around incisions
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

If you have an emergency that requires immediate attention proceed to the nearest emergency room.