NewYork-Presbyterian
Brooklyn Methodist Hospital

ColumbiaDoctors
Orthopedics

Surgical Booklet

Hasani Swindell, MD

Dear Valued Patient,

Thank you for allowing our team the opportunity to take care of you. It is of the utmost importance to provide an excellent, successful and unparalleled surgical experience for you. We have created with surgical packet as a guide for your upcoming procedure

Please thoroughly review all the necessary and applicable sections to prepare for your surgery day. I hope that you find this information helpful as you work to return to your desired level of activity. If you have any questions or concerns, please do not hesitate to call us at (718) 246-8700.

Sincerely,

Hasani Swindell, MD

Table of Contents

IMPORTANT CONTACT INFO
Keep this information close as you might need these numbers during your recovery

Orthopedic Service Line/General Questions

(718) 246 – 8700

Athletic Trainer/Physician Extender – Gary Jimenez

Contact: 646-306-5708 (M-F, 9a-5p)

Email: apv9012@nyp.org

Office Coordinator - Chinyere Mejia

Email: mim7039@nyp.org (preferred)

Fax: 718-246-8701

Surgical Coordinator – Maria Monteforte

Email: mam9773@nyp.org (preferred)

Medical Record Requests

718-780-3381

Evenings, nights and weekends, call Dr. Swindell's Team

At (718) 246 – 8700 OR go to your local or NYP emergency room for emergencies

IMPORTANT DATES

DATE OF SURGERY: _____

LOCATION OF SURGERY:

Center for Community Health
516 6th St
Brooklyn, NY 11215

New York Presbyterian – Brooklyn Methodist Hospital
506 6th St
Brooklyn, NY 11215

DATE OF INITIAL POSTOPERATIVE APPOINTMENT: _____

LOCATION OF INITIAL POSTOPERATIVE APPOINTMENT:

PARK SLOPE (preferred)
Center for Community Health
516 6th St
Brooklyn, NY 11215

PROSPECT HEIGHTS
NYP Brooklyn Medical Group
38 6th Ave
Brooklyn, NY 11217

MIDWOOD
Kings Highway
3417 Kings Highway, 3rd Fl
Brooklyn, NY 11234

CHECKLIST

Before Surgery

☐ Obtain Preoperative Clearance (if needed) and please have the results emailed/faxed to the office 1 week prior to surgery. Failure to do so, this may result in rescheduling your procedure

- ☐ Complete and submit Pre-Procedure Screening Tool at the time of receiving this packet

☐ Schedule your initial postoperative physical therapy session 4-7 days after surgery (knee surgery) or 2 weeks (shoulder surgery) unless instructed otherwise

☐ Set up initial postoperative appointment with our office/surgical coordinator

☐ **Medications** Stop taking medications, as instructed by your primary care doctor, prior to surgery

- ☐ **2 weeks before surgery –** Stop dietary supplements, narcotics and NSAIDs
- ☐ **7 days before surgery –** Stop blood thinners unless instructed otherwise by the prescribing provider
- ☐ **24 hours before surgery –** Stop any alcohol use

☐ **Durable Medical Equipment (braces, slings, etc)** Get fitted for braces, crutches and review cold therapy units, if indicated/applicable.

☐ **Midnight the night before surgery** Do not eat or drink between now and your surgery

CHECKLIST

On The Day Of Surgery

Arrive on time to the surgery center or hospital and contact our office (718-246-8700) or the appropriate center if unforeseeable delays arise

Please Bring

- [ ] This booklet!
- [ ] A legal picture identification
- [ ] Insurance Card
- [ ] Assistive devices/Braces/slings/cold therapy that you might have
- [ ] Medication list
- [ ] Non-slip, flat, closed toe, athletic or walking shoes
- [ ] One credit card if needed for the day
- [ ] A book, magazine or hobby item

Please Do Not Bring

- [ ] Jewelry and piercings
- [ ] Valuables
- [ ] Remove contacts and wear eyeglasses
- [ ] Remove acrylic nails

CHECKLIST

After Surgery

- [ ] **Pain** Please refer to the Pain Management section, then contact our office if pain is not well managed.
- [ ] **Wound Management** Please refer to wound management section
- [ ] **Diet** Resume normal diet the day of surgery
- [ ] **Preventing Blood Clots** Do the home exercises, take aspirin, lovenox or home anticoagulation as instructed
- [ ] **Exercises** Please start home based program as soon as possible (same day of surgery)
- [ ] **Physical Therapy** Confirm start date with your pre-selected PT center. Start date dependent on surgery performed

BEFORE SURGERY

BEFORE SURGERY

1. Do I Need Preoperative Clearance?

All patients older than age 60 or with comorbidities are required to obtain preoperative medical clearance. If you do not currently have a primary care doctor, the following groups are more than happy to help you complete the pre-operative requirements. Once you have a surgical date, contact your primary care provider or one of the following practices to schedule your appointment within 30 days of your surgical procedure. Clearance must be completed and submitted to our office at least 4 business days before your procedure.

Jonathan Lagnese
340 4th Avenue
Brooklyn, NY 11215
718-643-0483

50 Court Street
Brooklyn, NY 11201
718-522-3131

please call your insurance company to have Dr. Lagnese's name documented in the insurance system as your PCP. If this is not done, he may not be able to see you

Mary Hanna
Center for Community Health
515 6th St
718-246-8600

**** Keep in mind that both blood work and PCP Clearance is time sensitive****

- **Blood Work: 30 days**
- **PCP Clearance 30 days**

The peri-operative process is time sensitive. If clearance is presurgical clearance by a PCP, hematologist or cardiologist is discussed with Dr.Swindell, do not wait until the last minute. Failure to obtain requested clearance will lead to delays in scheduling surgery.

Please provide this page to your primary care doctor when you see them for clearance

Labs Needed

- [ ] CBC
- [ ] CMP
- [ ] HgA1c
- [ ] PT/PTT

Documentation Needed

- [ ] History and Physical/Progress Note (from MD providing clearance/evaluating patient)
- [ ] Clearance: from PCP stating patient is cleared/optimized to proceed with surgery
- [ ] Most recent labs/blood work/EKG within 30 days. Chest XR within a year, if indicated
- [ ] List of patient medications within clearance note

If the primary care provider requires additional screening after the initial evaluation, it is the patient's responsibility to obtain further testing before proceeding with surgery.

If any specialists (such as a pulmonologist or endocrinologist) are involved in patient care, additional clearance from the respective specialist is required.

Medical clearance results may be either emailed to Maria Monteforte at mam9773@nyp.org (preferred) or faxed to 718-246-8701 Attn: Dr. Hasani Swindell office

Medical clearance is valid for 30 days prior to surgery and must be submitted at least 4 business days prior to surgery. Please ensure our office receives these documents in a timely fashion. Failure to obtain medical clearance may result in the cancellation of surgical procedures for the safety of the patients.

2. Postoperative Appointments

Office Visit

Make a postsurgical office appointment as directed by our team

Physical Therapy Appointment

You can make arrangements to attend physical therapy for the day after surgery unless instructed otherwise. If indicated, you will get the prescription at the time of surgery, but you can make the appointment before. Plan on attending outpatient physical therapy at least 1-2 days per week at the beginning of the recovery process and increasing to 2-3 days over time. Please remember to bring both the prescription and the protocol you received on the day of surgery to your initial physical therapy visit

BEFORE SURGERY

3. Medications To Stop Before Surgery

14 Days Before Surgery, You Need to Stop:

- [ ] Any Narcotics (such as Vicodin, Norco, Percocet, Dilauded or Oxycontin)
- [ ] Stop NSAIDs (Advil/ibuprofen, Aleve/naproxen, meloxicam)

  If pain is severe, Advil is allowed on an as-needed basis

7 Days Before Surgery, You Need to Stop:

- [ ] Blood thinners need to be discontinued, with written permission from your physician (example: Plavix, Xarelto, apixaban, warfarin, prescribed aspirin)

Medications That Are Okay to Take Prior To Surgery:

- [ ] Tylenol
- [ ] Celebrex
- [ ] Glucosamine Chondroitin Sulfate
- [ ] Daily Vitamins
- [ ] Protein Supplements

If you are taking any other medications that are not listed, please review them with your primary care physician or the preoperative anesthesia team

4. Medical Equipment

Durable Medical Equipment Information

Braces and slings, if required for recovery, will be provided postoperatively. A representative from East Coast Orthotics may reach out after surgery to complete the necessary paperwork.

If you are interested in an ice machine/cold-compression unit (~$300 out of pocket cost , we can help to connect you with the vendor to purchase/deliver to your home. *If financially able, ice machines are strongly recommended as research has they lead to a decrease in narcotic use and significant improvements in pain control after procedures such as rotator cuff repairs, ACL reconstructions, and ligament reconstructions of the knee.*

If you are undergoing a cartilage surgery, Dr. Swindell, may recommend rental of a Continuous Passive Motion (CPM) machine to help with knee range of motion after surgery. The contact information for this vendor is listed below but we can help facilitate this. Typically these machines are needed for at least the first 2 weeks after surgery

Additional helpful equipment may be discussed at the time of surgical consultation can be found via The Recovery Shop using the link (https://shop-recovery.net/Swindell) or QR code below

ON THE DAY OF SURGERY

ON THE DAY OF SURGERY

Instructions

- [ ] Do NOT eat or drink anything after midnight before your surgical date
- [ ] Do NOT drink alcohol or use recreational drugs for 48 hours prior to surgery
- [ ] If you use an inhaler on a regular basis, please bring it with you to your procedure
- [ ] If you have an illness such as a cold, sore throat, stomach or bowel upset, please notify the office as soon as you can
- [ ] Contact lenses, jewelry, piercings in and around the mouth, and dentures must be removed at the time of surgery. If you have acrylic nails, please remove one nail from any finger, as our oxygen monitoring sensors do not penetrate acrylic nails.
- [ ] Take only prescribed medications instructed to be continued by your PCP, such as for hypertension (high blood pressure) or arrhythmias (irregular heartbeat). Be sure to inform your anesthesiologist of these conditions the day of surgery. If you take any of the following medications for your blood pressure, it is important that you discuss taking them with the anesthesiologist: *Benzapril (Lotensin), Captopril (Capoten), Enalapril (Vasotec/Renitec), Fosinopril (Monopril), Lisinopril (Lisodur/Lopril/Novatec/Prinivil/Zestril), Perindopril (Coversy/Aceon), Quinapril (Accupril), Ramipril (Altace/Tritace/Ramace/Ramiwin), Zefenopril, Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan)*
- [ ] A responsible adult must be available to drive you home after the procedure. It is recommended that they stay with you at home for at least 24 hours after the procedure. **A taxi/Uber will not be allowed without a responsible adult accompanying you**

- [ ] If you are taking diabetic medications, you should check with your PCP to determine if you should take these medications on the morning of surgery

- [ ] While taking narcotic pain medication, you will not be permitted to drive. You may need to arrange for transportation to your initial follow-up visit

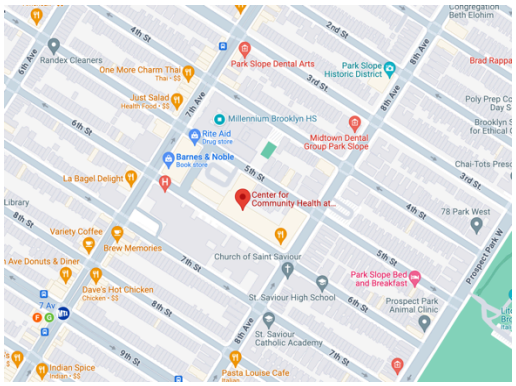
What Should I Bring To Surgery?

- [ ] Photo ID
- [ ] Insurance Card
- [ ] Friend or family member who will be available to take you home after surgery
- [ ] Wear comfortable, loose fitting clothing
  - Shoulder/elbow surgery: zip-up or button down shirt
  - Knee surgery: loose fitting pants or shorts
- [ ] If you have any durable medical equipment (ice machine, sling, knee brace) provided prior to surgical date, please bring to the surgical facility.

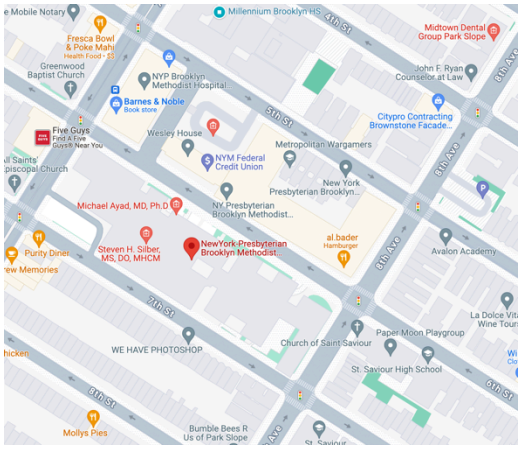
"Leave ALL valuables at home"

ON THE DAY OF SURGERY

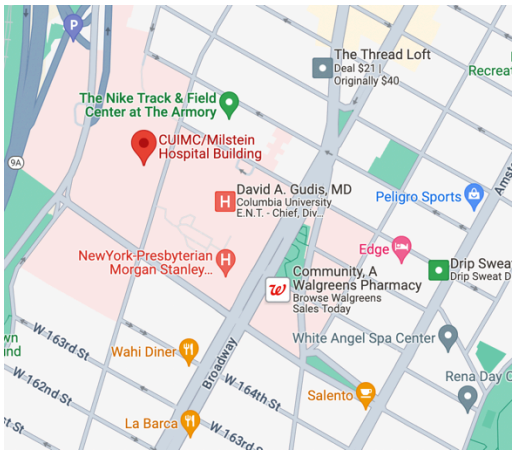
Surgical Locations and Parking



NYP Brooklyn
Center for Community Health
515 6th Street
Brooklyn, NY 11215
Parking: Valet parking available on site. Underground parking also available in the garage on 6th Street
Street parking limited



NYP Brooklyn Methodist Hospital - Main
506 6th Street
Brooklyn, NY 11215
Parking: Underground parking available in the garage on 6th Street
Street parking limited



CUIMC/Milstein Hospital Building
177 Fort Washington Ave,
New York, NY 10032
Parking: Valet parking available in the driveway of Milstein Hospital Building. Visitor parking available at the garage on Fort Washington Avenue between 166th and 168th streets

Arrival Time

The surgical facility will contact you the day before the surgery to notify you of the time for arrival/surgical time

Anesthesia

General

General anesthesia is used for many type of surgery. During general anesthesia, the entire body, including the brain is anesthetized. The patient will feel no pain, is not aware and remembers nothing of the surgical experience afterward. General anesthesia is administered by injecting a liquid anesthetic into a vein, or by breathing a gas anesthetic flowing from an anesthesia machine to the patient through a mask or tube. A plastic endotracheal tube or a mask placed over the airway is frequently used to administer gas anesthetics. With the tube in place, the airway is protected from aspiration of stomach fluids into the lungs. It is normal to have a slight sore throat after your surgery and sometimes nausea

Regional

Injection of anesthetic into the neck region for shoulder and elbow surgery and on the thigh for knee surgery blocks pain impulses before they reach the brain. With this anesthetic, mental alertness is unaffected. Sedation, or even sleep may be offered to make you comfortable throughout the surgical experience. To receive the injection, you lie down while the anesthetic is injected into the neck or shoulder region or the thigh. To make placement of the needle almost painless, your skin is first numbed local anesthetic. This anesthetic may last for 6 to 8 hours and sometimes longer. It is important to start taking your postoperative pain medicines (Tylenol and ibuprofen) upon returning home from surgery to reduce the risk of increased pain when the anesthetic/numbness begins to wear off.

Your anesthesiologist will speak with you directly prior to surgery to review your choice of anesthesia

What to Expect?

Once you have completed registration, you will be escorted to the preoperative area. Here you will meet the nurses, have your vitals taken, and change into a hospital. One family member may accompany you (or both parents if the patient is a minor) to the preoperative area. You will see Dr. Swindell or a member of his staff to complete any remaining paperwork and answer any last minute questions. Dr. Swindell or his Physician Extender/Athletic Trainer will contact the family when your surgery is completed and you are on your way to the recovery room. Once the nursing staff feels that you are comfortable, family will be contacted to come to the postoperative recovery area

Discharge Instructions

Your instructions will be reviewed with you and/or your family while you are in recovery. A folder will be given to you with physical therapy prescriptions (if applicable), postoperative instructions, Dr. Swindell's rehabilitation protocol and any surgical photos. Please bring this folder with you to your initial postoperative visit.

AFTER SURGERY

Pain Management

Recovering from any surgery involves pain and discomfort and this is to be expected. The team's approach to pain management can help reduce your discomfort and thus speed your recovery. Pain management, however, begins with you, as the patient. There are no objective tests to measure what you're feeling so you must help the staff by describing the pain, locating the pain (ex. Use one finger to point) and judging its intensity, as well as reporting any changes. Pain may be constant vs sporadic, as well as sharp, burning, tingling or dull/achy. A pain scale is often used to help you and the staff gauge the level of pain and effectiveness of treatment

While some discomfort/pain is expected following surgery, several options are available to help, such as pain medication and cold therapy, that greatly reduce and help manage the level of pain. They can and should be used at the same time

Pain Management Tips

- Take pain medications as prescribed
    - Alternate taking Tylenol and ibuprofen every 4 hours
        - (ex. Take Tylenol, then 4 hours later ibuprofen, then Tylenol again 4 hours later, etc)
    - Narcotics are to be taken as needed for severe pain (7-10/10 on pain scale). Narcotic usage will decrease with increasing time from surgery
- Use your pain medication before the pain become severe
- Use cold therapy to reduce swelling and inflammation, the cause of pain, leaving you with less discomfort.
- Using cold therapy can help reduce the number of narcotic medications you have to take.

AFTER SURGERY

Wound Management

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs
- It is normal for the incisions to bleed, swell or bruise following surgery. If blood soaks onto the dressing, do not become alarmed. Reinforce with additional gauze or ACE wrap dressing
- To avoid infection, keep surgical incisions clean and dry according to the postoperative instructions given on the day of surgery.
- Please do not place any ointments, lotions or creams directly over the incisions.
- Once sutures are removed, you may shower and the incisions can get wet (water and soap lightly run over the incision and pat dry). NO immersion in bath until given approval by our office

Diet After Surgery

After surgery, you may resume a regular diet, unless instructed otherwise. We recommend starting with a light meal and progressing as tolerated. Protein shakes can also be good for muscle recovery

<u>Anti-inflammation foods:</u>
Fruits
Fatty Fish (Salmon, tuna, sardines)
Olive Oil
Leafy Greens (spinach, kale, collards, etc)
Nuts (almonds, walnuts, etc)

<u>Foods to avoid/limit:</u>
Fried foods
Sodas
Refined Carbs
Processed Meats

AFTER SURGERY

Preventing Blood Clots

After surgery, clots called deep vein thromboses (DVT) may form in the leg veins. In rare cases, these leg clots travel to the lungs where they may cause additional symptoms. To prevent and reduce the incidence of clot formation, mechanical devices (foot or calf pumps) are used in the hospital and during surgery to squeeze the leg muscles. This keeps blood flowing in the veins. Also, medications such as aspirin, Xarelto, or apixaban may be given after surgery to reduce clot formation

Leg Swelling

Swelling after knee surgery can be present for up to 3 months after surgery. Swelling can vary from patient to patient, but swelling itself (in knee, ankle or foot) is normal and bruising may also be seen. This will resolve over several weeks.

Sitting for a long time with your foot hanging down will worsen the swelling. You should not sit for more than 30-45 minutes at a time. Walking is HIGHLY encouraged and required. Walking should be alternated with periods of elevating the leg in bed with several pillows under the calf. The leg should be above the level of your chest.

To Prevent or Reduce Leg and Ankle Swelling

- Elevate operated leg in bed on 1-2 pillows while laying flat
- Avoid sitting for more than 30-45 minutes at a time
- Perform ankle pump exercises
- Apply ice to the surgical area for 20-30 mins every hour if possible

AFTER SURGERY

Physical Therapy and Post-Operative Rehabilitation

Physical therapy is CRITICAL to your recovery. Upon discharge from the surgical facility, if applicable, you will receive a physical therapy referral and Dr. Swindell's rehabilitation protocol. Physical therapy should begin within 4-7 days (knee ligament surgery) or 2-6 weeks (small rotator cuff repairs) after surgery. For certain surgeries, physical therapy will be discussed at the first postoperative visit to allow sufficient healing before PT is needed. If you do not have a specific physical therapy facility, Dr. Swindell recommend the following locations listed on the following page:

Physical / Occupational Therapy Preferred Locations

JAG ONE Physical Therapy
South Slope
9920 4th Avenue, Suite 103
Brooklyn, NY 11209
917-633-7614

Flatlands
2133 Ralph Avenue
Brooklyn, NY 11234
917-909-2028

Crown Heights
17 Eastern Parkway, 6th Fl
Brooklyn, NY 11238
917-310-2658

Prospect Heights
1 Hanson Place
Brooklyn, NY 11243
917-383-2598

Flatbush
1414 Newkirk Avenue
Brooklyn, NY 11226
917-810-6264

Canarsie
8727 Avenue D
Brookyln, NY 11236
516-550-3019

Cynergy Physical Therapy
Cobble Hill
165 Smith Street
Brooklyn, NY 11201
718-795-2744

SPEAR Physical Therapy
Park Slope
794 Union Street, 3rd floor
Brooklyn, NY 11215
646-841-1402

Williamsburg
71 N 7th St, Ground Floor
Brooklyn, NY 11249
646-829-2295

Cobble Hill
258 Court Street
Brooklyn, NY 11231
646-518-5566

South Slope
458 5th Ave
Brooklyn, NY 11215
646-847-1734

Barclays Center
18 6th Ave,
Brooklyn, NY 11217
646-222-8995

Downtown Brooklyn/City Point
445 Gold St
Brooklyn, NY 11201
646-790-7450

Park Sports Physical Therapy
Park Slope
142 Prospect Park West
Brooklyn, NY 11215
929-560-9005

Clinton Hill
973 Fulton Street
Brooklyn, NY 11238
718-230-1180

Williamsburg
490 Driggs Avenue
Brooklyn, NY 11211
347-329-4572

South Slope
670 6th Avenue
Brooklyn, NY 11215
347-252-6141

Long Island City
45-42 21st Street
Queens, NY 11101
347-589-8100

PEAK Physical Therapy
Midwood
3214 Kings Highway
Brooklyn, NY 11234
347-492-4335

Atlantic Physical Therapy
Brooklyn Heights
161 Atlantic Ave
Brooklyn, NY 11201
718-852-6030

Professional Physical Therapy
Marine Park
2048 Flatbush Avenue
Brooklyn, NY 11234
347-946-6672

Motion Sports Medicine
Flatbush/Ditmas Park
1818 Newkirk Avenue, Lobby D
Brooklyn, NY 11226
718-859-2626

Lefferts Garden
672 Parkside Ave, 4th Floor
Brooklyn, NY 11226
718-513-2475

New York Presbyterian Brooklyn Methodist
263 7th Avenue #2A
Brooklyn, NY 11215
718-369-8000

AFTER SURGERY

Return to Work Information

Return to Work After Knee Surgery

After a reconstruction or a repair (ie., ACL reconstruction, meniscus repair, cartilage surgery or larger procedure), you will likely be in a knee brace for at least 4-6 weeks. Your weight bearing will be adjusted based on the procedure performed. You may be asked to limit/not walk on the operated leg for up to 4-6 weeks. During this time, you will have 2 crutches in addition to the brace. You will also likely be on mild narcotic pain medications after surgery and these should be stopped before a return to work or driving. You will NOT be able to drive with the brace if your surgery is on the RIGHT leg. Some adjustments may be needed at work/school. Using a chair to elevate the leg, using cold/compression therapy may help. Cold therapy is very effective at reducing pain. It is reasonable to return to work safely when you feel you can do so, as long as you can work with the brace and potentially not putting weight on the leg. Please not there may be changes to these recommendations depending on the specifics of the procedure

After smaller procedures (knee arthroscopy, partial meniscectomy, cartilage debridement, etc), you may return to work and be full weightbearing when pain allows. You will only be limited by soreness, stiffness and discomfort. For activities such as squatting, kneeling, climbing, and heavy lifting, you should plan for four or more weeks or recovery before returning to them.

****For any documents/letters/forms that need to be completed for Workers Compensation, FMLA/disability, please send to Chinyere Mejia (mim7039@nyp.org) BEFORE surgery. Please speak to your employer so you know which forms are necessary. Please allow 5-7 business days for forms to be completed and returned. Will be unable to complete urgent requests****

Return to Work After Shoulder Surgery

If your shoulder surgery involves a repair (ie., labrum, rotator cuff, etc) or a replacement (shoulder replacement), you will have a sling on for 4-6 weeks. The operated arm is not to be used. As long as you can abide by the restrictions, you can return to work when you feel you can do so safely. You will NOT be able to drive while wearing the sling. The sling will need to be worn all day to protect the surgery but you can loosen the sling or take it off to move you elbow, wrist and fingers to prevent stiffness. The arm must remain by the side of your body when you do this. You may do activities such as keyboarding, writing with the elbow close to the side, typing. You WILL NOT be able to work or do any activities where the arm is away from the body, above shoulder level for at least 6-8 weeks, minimum. For pain management while at work, cold therapy is helpful. Please not there may be changes to these recommendations depending on the specifics of the procedure.

If your surgery does NOT involve a repair (ie., subacromial decompression, distal clavicle excision, biceps release, capsular release, etc), you will be in a sling for only a few days after surgery and, when comfortable, you can return to work and perform normal activities of your job. You will still likely be on mild narcotic pain medications after surgery and these should be discontinued before your return to work or driving. You will be limited by your level discomfort and what is required by your job. Please allow four or more weeks for heavier lifting and physical labor, etc. To decrease discomfort at work, cold therapy is effective.

****For any documents/letters/forms that need to be completed for Workers Compensation, FMLA/disability, please send to Chinyere Mejia (mim7039@nyp.org) BEFORE surgery. Please speak to your employer so you know which forms are necessary. Please allow 5-7 business days for forms to be completed and returned. Will be unable to complete urgent requests****

FREQUENTLY ASKED QUESTIONS

When Do I Get My Stitches Removed?

Your sutures should be removed 10-14 days after surgery. This appointment can be set up before surgery, just contact the scheduling office at 718-246-8700 to schedule. If you come from a great distance (out of state), you may have your sutures removed by a local physician (primary care doctor or surgeon) if they are willing to do so. Please let us know if this is the case

How Long Do I Have to Wear The Brace or Sling

This depends on the procedure Dr. Swindell is doing on your knee or shoulder. The amount of time you are to remain in brace/sling will be discussed with you and your family while you are in recovery. It will also be included in your discharge instructions and on your physical therapy prescription. If you have any questions regarding this, please contact the office.

What Positions Can I Sleep In?

After shoulder surgery, you may be more comfortable sleeping upright in a recliner or with pillows supporting your upper back. Sleeping flat might be uncomfortable. You are to sleep in your sling for at least 4-6 weeks.

After knee surgery, you may sleep on your back with you leg in your brace.

When Can I Restart The Meds I Was Told To Stop Prior To Surgery?

Please check with your primary care physician. Most medications can be started the day after surgery.

What About Using a Hot Tub, Steam Room, Sauna or Whirlpool?

Because of the heat and bacteria in the water, we do not want you to use the hot tub, whirlpool, steam room or sauna for at least 6 weeks after surgery when the incisions should be completely healed

How Long Will I Be On Narcotic Medication For?

You can stop taking the narcotic medication when you are no longer experiencing moderate/severe pain. At that point, your pain will be managed on ibuprofen/Tylenol (as needed). You can always contact the office and ask for a less strong medication. Also, try using cold therapy more consistently to reduce pain. Cold therapy is a proven and highly effective pain reliever.

How Long Should I Use Cold Therapy?

Cold therapy is a proven, safe and highly effective method of pain management. As long as you are experiencing pain, you can use cold therapy to reduce swelling and inflammation, which are the root causes of pain.

When Do I Need To Call The Doctor?

If you have a fever above 101.5 F, chills, sweats, excessive bleeding (example: you had to change the dressing twice in 12 hours), foul odor, excessive redness, excruciating pain, yellow or green discharge.

In an emergency, please contact one of the physician extenders/ATCs or the office or if immediate attention is required, please call 911. For all non-emergency questions, email/phone is the preferred method of contact for fastest response.

Evenings, nights and weekends, call Dr. Swindell's Team
(718) 246-8700 OR, for EMERGENCIES ONLY, go to your local emergency room for emerge

What Should I Do To Avoid Constipation?

Drink plenty of fluids and eat fruits and fiber. If you continue to have symptoms of constipation you can take Milk of Magnesia, which is a mild oral laxative, or use Magnesium Citrate, which is much stronger. To try and prevent problems, you can also take an over the counter stool softener while taking the narcotic pain medication.