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Preparing for Surgery

Thank you for entrusting me with your surgical care. The following pages will answer many of the questions that you may have regarding your surgery. Please read through these instructions carefully so that your road from surgery to recovery may be as smooth as possible.

Scheduling Surgery

Dr. Williams operates every Monday and Wednesday. Please call to schedule your surgery as soon as you have a date in mind. We make every effort to accommodate your schedule. We can request an early or late time but it can not be guaranteed. Procedure times can not be confirmed until 1 business day prior to surgery. You will receive a call, from the Ambulatory Surgery nurses not our office, between 2pm – 7pm.

Insurance Authorization

Once a date has been confirmed we will reach out to your insurance to obtain authorization. Check with your insurance to obtain any required referral. Please check with your insurance company and obtain any needed referral.

Medications

As of today, please be mindful of your medications. It is very important that you do not take any medication that contains ASPIRIN (Anacin, Bufferin), IBUPROFEN (Advil, Motrin, Nuprin) or NAPROXEN (Aleve) just prior to your surgery. These medications, along with all other Nonsteroidal Anti-Inflammatory (NSAID) drugs should be discontinued at least 3 days prior to your procedure. These drugs promote bleeding and may adversely affect your surgical outcome. Acetaminophen (Tylenol) is an acceptable alternative for pain relief just prior to surgery.

Please check the labels of all your medications to be sure that you are not taking any aspirin or aspirin-like substances, even those medications that you purchase without a doctor’s prescription. Please inform my staff if you are taking medications to treat chronic pain, cardiovascular conditions, neurological conditions or psychiatric conditions. Also, blood thinners such as Plavix and Coumadin (Warfarin) must be adjusted or discontinued well before your procedure is performed. My staff and I will aid you in cases where you are on these medications.

Multivitamins should be avoided at least two weeks prior to surgery. Such vitamins can be started again a week after your procedure. Vitamin C has been found to aid in preventing bruising, and aiding surgical recovery. Approximately 2 weeks prior to

surgery please begin taking 500 to 1000 mg of Vitamin C daily; this dosing should continue at least 2 weeks after surgery.
We will provide you with your prescriptions for surgery during your preoperative visit. Please make a good effort to have these medications filled prior to your surgery. In most circumstances you will receive two medications: a narcotic-based pain killer (Percocet, Vicodin, Norco) and an anti-inflammatory drug (Meloxicam, Indocin, Toradol, Naproxen). These medications are designed to work in concert to control postoperative pain. DO NOT TAKE THESE MEDS UNTIL AFTER SURGERY.

Antibiotics are not typically needed after surgery, except in rare circumstances. Please note that prior to all orthopedic procedures all patients do receive an intravenous dose of antibiotics as a prophylactic measure. Patients who are undergoing joint replacement procedures will receive 24 hours of IV antibiotics in the hospital as part of our standard protocol here at HSS. Most outpatient procedures, however, do not require the use of oral antibiotics by patients in the days following their surgery. Please be sure to remind us of any drug allergies that you have (especially antibiotics) prior to your procedure.

For those patients concerned about postoperative swelling, we suggest the use of Arnica Montana a natural herbal medication. This medication can be bought at most health food stores, online, and at some local pharmacies. The suggested dosing is three tablets under the tongue four times a day. This medication should be started three days prior to surgery and continue for a week postoperatively.

Please stop smoking! If you smoke, you must stop at least 2 weeks prior to your procedure, and 2 weeks following your surgery. Smoking drastically reduces the circulation in the small blood vessels by causing them to constrict. This constriction limits blood flow to needed areas, and can seriously impede healing, and increase the risk of infection, wound healing problems, and other postoperative complications.

Patients should also limit their alcohol intake prior to surgery. Alcohol causes blood vessels to dilate, which can cause increased bleeding during and after surgery. Postoperative swelling can also be exacerbated by alcohol intake. Do not drink alcoholic beverages at least one week prior to and following surgery.

Many patients are sensitive about scarring. Fortunately most of the procedures performed are done using minimally invasive surgical techniques. In all cases, please limit one's sun exposure after surgery. Sun exposure will cause scars to enlarge and become dark and pigmented. We recommend the use of high strength sun block on these areas for the first year following surgery to minimize this process.

Typically, during the 2 days prior to surgery, patients should start to monitor their diet. While it is not necessary to switch to a clear liquid or soft diet prior to surgery, we do recommend that you eat lightly over the two days prior to your procedure. It is required that patients do not eat or drink after midnight on the evening prior to his or her procedure. If you take medicines on a daily basis, please check with our staff as to whether or not these medicines should be taken on the morning of surgery.

Preoperative Studies & Labs

All patients undergoing surgery will have routine laboratory work done (CBC, PT/PTT) within 10 days of the scheduled procedure. Some patients will also need other studies (i.e. Chest X-ray or EKG); a note from your personal physician that you are healthy enough for surgery may also be necessary. Our office staff will let you know which of these you will need to prepare for surgery. Please note that all patients are responsible for ensuring the office has received their preoperative laboratory work and test results. Once forwarded, please confirm that the office staff has received your information. Please do your best to provide us with the above results no less than 3 days prior to your procedure. If the office does not receive results and clearance 3 days prior to surgery the procedure may be delayed or cancelled. Please fax all documents to the office at: 212-774-2895

All surgical candidates who will require an inpatient hospital stay will need to be cleared medically by one of *our* hospital affiliated medical doctors. This is a requirement at the Hospital for Special Surgery, and by design, assures that an internist at HSS is familiar with your medical issues. This consult does NOT affect your current relationship with your own primary care physician.

The Day of Surgery

Most ambulatory procedures are carried out on the 9th floor of the Main Hospital building at HSS. Total joint and other larger inpatient surgeries are done on the 4th floor. Patients are asked to arrive at least 2 ½ hours prior to their scheduled surgical time. You will be advised about your surgery time on the day prior to your procedure. My office or a representative from HSS will call you with this information. Just prior to surgery, you and I will discuss any last minute issues or questions. Please do not make any extraneous markings on your body. I will mark the appropriate limb for surgery in the patient holding area just before surgery. As a note, all women must undergo a urine pregnancy test immediately prior to surgery; this is a required test that is carried out by our hospital preoperative area staff.

All surgical candidates will consult with their anesthesiologist immediately prior to surgery. This doctor will sit with you, and determine the best method of anesthesia for you based on the type of surgery that is planned, and your medical history. Overwhelmingly, the majority of upper and lower extremity procedures done at HSS are regional / local blocks (i.e. epidural blocks, spinal blocks, interscalene blocks). These regional blocks are very safe, and eliminate the need for general anesthesia and its associated risks. Please be ready to discuss your medical history with our anesthesiologists in the preoperative holding area.

Most ambulatory procedures take about an hour or so to perform; I will tell you the expected surgical time prior to your procedure. Remember that in addition to the surgical

time, you will be in the operating room for the administration of your anesthesia, surgical preparation and transfers. As such, the total amount of time that you spend in the operating room is roughly an hour or so longer than your actual surgery. Please make note of this to family and friend who accompany you to surgery so that they don't worry.

Please know that while HSS does train residents and fellows, I perform all surgical procedures on my patients.

Some procedures require the use of a postoperative brace or sling. We will arrangement for you to receive these devices the day of surgery.

I typically recommend the use of a motorized ice-machine (Game Ready, Ice-Man) for use following surgery. These devices are very helpful in minimizing pain and swelling after surgery.

Following surgery

Following your procedure you will recover in the postoperative recovery room. It is here where you will initially recuperate from your surgery. Most patients will spend an average of 2 to 4 hours in the recovery room. After you have awakened, our nurses typically titrate your pain medication appropriately for your comfort. Later, you will receive a light meal, crutch training and/or home exercise instruction from a physical therapist, and instructions for home care. We have a number of local pharmacies in the area that may fill your prescriptions. If you so wish, family members or friends may fill these prescriptions for you during your procedure to expedite a smooth transition from the recovery room to your home.

Each surgery has its own set of unique postoperative instructions that will be given to you immediately following your procedure. I strongly recommend the use of motorized compression / cryotherapy devices for the management of postoperative pain and swelling. These devices work very well in reducing pain and stiffness in the affected surgical area, and this in turn decreases the amount of pain medicine patients need during the postoperative period. The end result of this approach is that patients need less medication, and are less likely to experience postoperative nausea. Please consult with my office staff as to the device that would work best for your procedure. Please note that in most circumstances, insurance does NOT pay for these devices. However, as your surgeon, it has been my experience that the extra expense required to obtain a cryotherapy device is well worth the cost. One of our partner vendors will reach out to you a few days prior to surgery to review insurance and possible cost. They are also available postop to troubleshoot the devices.

Gotham Surgical: 212-983-3755 (For questions or troubleshooting).

The day after Surgery

Typically a member of my staff or the hospital will call you on the day following surgery to check on your condition. However, should you have questions or concerns at any time, please feel free to call my office directly.

As a general rule, please keep all wounds DRY! Also, please do not use any special ointments or gels on your wounds without my explicit instructions during the first couple of weeks following surgery.

Postoperative Care

Specific postoperative instructions designed to help with your postoperative recovery will be given to you on the day of your procedure. Please read these documents (along with a family member or friend) in the days following your surgery. You will receive a call from our office and the hospital on the day following your surgery to go over instructions and routine postoperative issues.

Most patients will need to return to the office 6 weeks following their procedure. This visit can be scheduled when you confirm your surgery date or will be arranged during your postoperative check call on the day after your surgery. I recommend that most patients keep their wounds dry for 12 days following surgery to prevent any wound problems. In the weeks and months following surgery, please be careful not to expose your surgical wounds to prolonged sun exposure. This may cause scarring and darkening of wounds over time. I recommend that patients use a high SPF sunscreen for at 6 months after surgery to protect against this phenomenon.

You will receive your physical therapy prescription either on the day of surgery, or during the week following your procedure. My office will fax or email this document to you. Please note that while you are welcome to do your PT here at HSS, it is not required. Physical therapy can be done near your home or work. When possible, we will make recommendations on specific PT facilities or therapists for you. Compliance with your physical therapy after surgery is very important to your recovery. As a result, we put a high premium on matching you with a therapist who will maximize the likelihood of a successful return to function.

In most cases, I will ask that you return for a postoperative visit six to eight weeks after surgery. These longer-term postoperative visits are typically short focused appointments wherein we discuss your progress, therapy and continuing issues. At this visit, I will make a determination as to whether you should return for another visit. For simple surgeries (meniscus surgery, labrum repairs, elbow tendon repairs,) no further visits are usually needed. However for more involved procedures (i.e. rotator cuff repairs, ACL reconstruction, cartilage repair procedures, joint replacement), several longer term visits are usually needed prior to your recovering fully.

Paperwork: Disability Forms, Return to Work Letters

We understand that many of our patients will need us to fill out paperwork that is associated with their surgery. In general, the office staff addresses routine paperwork on FRIDAYS of a typical workweek. We will always do our best to get these documents back to you in a timely fashion.

Here are some general instructions if you are filing for disability, medical leave or need handicap parking after surgery:

a. On these documents, please fill out all of your personal information, and leave the medical sections blank.
b. Attach a note explaining job description, limitations, return to work date, etc.
c. Find out from your employer if a specific form is required for return to work.
d. Please understand that forms/letters require time to complete. We are not able to complete them during office visits, on patient days or operative days. Forms and letters will be completed on Fridays.
d. We highly recommend that forms are faxed/mailed/delivered as soon as possible. Same day requests will not be guaranteed or prioritized.
e. Please fax forms to 212-774-2895.

Frequently Asked Questions

1. **How likely is it that I can undo or ruin the surgical procedure performed?**
   This is very common question. Patients will often accidentally step on an operating leg or reached with an operated arm and worry that the surgery has been undone because of the noted increase in pain in the area. While it is possible that repaired tendons, ligaments, and cartilage may be damaged after surgery, this is VERY RARE. Stepping and reaching are low energy activities that are not likely to do permanent harm. In most cases, the pain from such activities will resolve over a few days.

2. **What is the clicking and popping in my shoulder or knee? Is this a problem?**
   This is perhaps one of the most commonly asked questions I receive postoperatively. For reasons unknown to us joint surgeons, clicking and popping increase greatly in the months following a procedure. In the knee this is typically due to maltracking of the knee-cap (patella) caused by a weak quadriceps muscle. This knee clicking tends to improve as quadriceps strength improves (over about 2-4 months). In the shoulder, small adhesions and bursal thickening above the rotator cuff can cause clicking and catching after any type of shoulder surgery. In either case, pain-free clicking is not a problem or a predictor of any trouble ahead.

3. **When can I return to work?**
   This questions really hinges on two issues: the type of work that you do and the type of surgery that you are having. For all procedures, you will be given specific activity instructions to follow. As long as these instructions are followed, there no empiric limits on one's ability to return to work. However, I would in all cases recommend at least 2-7 days off at a minimum. You will be a bit drowsy the day after surgery, and trying to be your feet too soon may result in the development of unnecessary swelling or pain in the operated limb. My general rule of thumb is to take as much time as is practical off from work so that you can recover fully without anxiety or undue pain. Also, please keep in mind your work commute as taking subways, buses and other modes of public transportation may be daunting during the first two weeks after surgery.

4. **When can I drive?**
   You may drive only when you do not require the use of narcotic based pain relievers (oxycodone, hydroxycodone, Vicodin, Norco, Percocet) during the day. Most patients are able to drive approximately 2 weeks after surgery; this figure varies greatly from procedure to procedure.

5. **When can I go back to my activities?**
   This answer depends on the type of surgery that you are undergoing. Please check with Dr. Williams regarding specific types of activities and the proper timing after your surgery.

6. **How long must I keep my wound dry?**
   Typically for simple knee arthroscopy and shoulder arthroscopy, wounds should be kept dry for 12-14 days after surgery. Cover all portal wounds with tape, plastic-wrap, tegaderm dressings, or other water barrier coverings during showers after your procedure. If you have had a procedure where a cut was made, plan on keeping the area dry for at least 72 hours after the sutures have been removed in my office. Sutures are usually removed 7-10 days after surgery.

7. **Who does my surgery?**
   While Dr. Williams does teach residents and fellows as part of his academic duties at the Hospital for Special Surgery, he is the primary operating surgeon for all of his surgical cases.

8. **What type of anesthesia will I receive?**
   Most of the procedures done at HSS are done using regional anesthesia. In other words, most procedures are done using local anesthesia blocks of nerves that innervate the part of the body that is being treated. For knee procedures, epidural blocks are used commonly. For shoulder and elbow procedures, local nerve blocks to the upper extremity are usually employed. General anesthesia (where

there patient is intubated and paralyzed using medicines) is seldom used at our institution. Regional anesthesia is usually accompanied by intravenous drugs that will relax you and make you drowsy. However, you will breath on your own throughout the entire case.

9. **Do I need to do my physical therapy at HSS?**
   In a word, NO. While we do regard our therapists at HSS as some of the best in the area, it is not feasible to ask most of our patients to commute to the East Side of Manhattan for PT. As such, my staff will engage you in finding a therapist near where you live or work who can help you in your postoperative recovery program.

10. **Where are the surgeries done?**
    The surgeries are done on the 9th floor of the main hospital building at HSS. This is the ambulatory surgery center at HSS. You will be notified by the hospital staff, on the day before surgery, as to what time you should report to HSS for your preoperative workup. Typically, the surgical case times are posted around noon the day before the procedure is to be done.

11. **What time should I stop eating before surgery?**
    We typically recommend that all patients stop eating by midnight the night before the surgery is to be done. Patients should take nothing by mouth after midnight. Special exceptions to this rule can be arranged, however, please note that eating after midnight (even taking medicines) can put you in jeopardy of having your case canceled.

12. **Does Dr. Williams need the MRI disc that I brought to the initial consultation?**
    Yes, please bring all imaging materials that you may have taken with you after the first consult in my office, to the hospital on the day of your surgery. Dr. Williams needs these images to direct his attention to the proper place during the surgery. Remember, he needs the actual images, NOT the report.

13. **Do I really need the icing machines that Dr. Williams recommend for me?**
    Dr. Williams has no financial interest in any cold therapy device that he recommends for your recovery. Cold therapy machines (Game-Ready, Ice-Man, Cor-flex, Polar Care) are designed to limit swelling and inflammation in the postoperative joint. The use of the devices can decrease swelling, decrease pain and speed recovery after surgery. As such, if these devices are within your reach, I strongly recommend their use following any procedure done on the knee, shoulder or elbow.

14. **Can I see what is going to be done during my surgery?**
    Please note that videos for this and other types of surgeries done can be viewed online at www.hss.edu or www.rileywilliamsmd.com.

Shoulder Surgery (Impingement, Rotator Cuff)

1. What is the rotator cuff?
   The rotator cuff is a tendon that connects the four rotator cuff muscles to the ball of the shoulder (humeral head). The cuff is a fibrous structure that covers the entire head of the humerus in normal circumstances. The supraspinatus, infraspinatus, teres minor and subscapularis are the muscle of the rotator cuff, and listed in typical order of injury.

2. Why does the rotator cuff tear? What is impingement?
   Tears in the rotator cuff occur as a result of trauma or as a part of the aging process. Bones around the shoulder tend to thicken as we all get older. This bone thickening phenomena (acromial spurring) results in there being less room for the rotator cuff to function, especially with overhead type activities. Pain associated with thickening of the bone without a tear of the rotator cuff is called impingement.

   Tears of the of rotator cuff result in there being a gap in the attachment of the rotator cuff tendon to the ball of the shoulder. This results in focal weakness of the shoulder and pain.

2. Will impingement and rotator cuff injuries heal themselves over time?
   Unfortunately, these types of injuries do NOT heal. While rehabilitation and exercise may make your shoulder feel better, rotator cuff tears persist indefinitely without surgical intervention. In fact, these tears and spurs usually will increase in size over time.

3. What does rehabilitation do for this shoulder condition?
   Rehabilitation to strengthen the intact rotator cuff and other muscles around the shoulder is often prescribed. Strengthening these muscles is a good way to help decrease pain and increase function by compensation. However, shoulder muscle strengthening does NOT fully return normal functions. This varies from person to person.

4. What is done to my shoulder during a rotator cuff or impingement surgery?

   Impingement procedures are called subacromial decompressions. In this arthroscopic procedure, Dr. Williams removes the thickened bone and bursa tissue that is interfering with your shoulder movement. In effect, he is creating space for you rotator cuff to move and function. A subacromial decompression is a routine party of most rotator cuff procedures. Alone, a subacromial decompression takes about 20-25 minutes or actual operative time.

   During rotator cuff repair procedures, the rotator cuff is reattached to the ball of the shoulder using sutures. Small devices called anchors are inserted into the ball

of the shoulder where the tear or detachment of the cuff has occurred. These devices are typically NOT metallic, and are very small (less than 4.5 mm in diameter). Once inserted into the humerus, the sutures are used to sew the rotator cuff back to its attachment site. The body then heals the injury, making the suture unnecessary over time. Rotator cuff repairs are typically arthroscopic (minimally invasive procedures) that take about an hour of actual operative time. In some cases, Dr. Williams may need to make a small incision to further enhance the repair and increase the likelihood of clinical success following your procedure. He will discuss these issues with your during your surgical consultation.

(Please note that videos for this and other types of surgeries done can be viewed online at www.hss.edu or www.rileywilliamsmd.com).

5. What type of anesthesia is administered?
   Typically, a regional anesthetic is administered that numbs the operative limb. These blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during your surgery. You and the anesthesiologist will discuss these issue in detail immediately prior to your surgery.

6. How long do I wear a sling after surgery?
   Patients undergoing subacromial decompression surgery alone should wear the sling for up to 1 week. Patients undergoing typical rotator cuff surgery should wear the sling for 2 weeks.

   Some patients may need up to 3 weeks (biceps tenodesis, AC joint surgery); in these cases we will let you know immediately after the procedure is completed.

7. How long is the recovery?
   The typical recovery for subacromial decompression is about 8-10 weeks. The typical recovery from rotator cuff repair surgery approximately is four months.

   Patients will usually wear a sling for two weeks. Physical therapy begins around 10-14 days after surgery. We will let you know which time point is best for your individual recovery. Initially, we will limit your activities to allow for healing of your labrum and capsule. After six weeks, Dr. Williams encourages you to get back to your normal activity and exercise schedule.

   Sample schedule of activities following shoulder surgery:

   a. Weeks 1-2: No excessive sweating. Walking OK. Take it easy
   b. Weeks 2-6: Exercise bike, walking a treadmill OK.
   c. Week 6+: Running, elliptical, light weight work OK. Get moving.

   Note: Operative limb exercises are based on PT limitations at any given time.

8. What are the risks of shoulder surgery?
While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 2 weeks after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff. Again, smoking interferes with wound healing, so discontinuing smoking 2 weeks prior and following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, doing leg lifts etc. all contribute to keeping the blood moving in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area, or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to go onto a blood thinner (Warfarin, Coumadin) until the clot disappears.

There are many nerves around the shoulder. Fortunately, the majority of these nerves do NOT exist in the surgical field during a typical labrum repair and shoulder stabilization procedure. Nevertheless, though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient.

9. Is there anything else that I need to do following surgery?
Subacromial decompression patients should plan to return to the office at 6 weeks following surgery. Rotator cuff repair patients should plan to return to the office at 6 weeks and 12 weeks following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. Please call to make these appointments as soon as possible, the schedule fills up quickly.

Please note that Dr. Williams expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your shoulder procedure.