

Frequently Asked Questions

Please read the following packet carefully. This outlines frequently asked questions. Please note it is separated into pre-operative and post-operative sections.

- Most patients require opioid pain medication for approximately 3 to 5 days after surgery.
- If you received a nerve block, it is normal to experience numbness and weakness for 24 to 36 hours after surgery. After the block has worn off, you will be able to use your hand with your arm against your side. You will be able to type, write, and use your phone based on comfort.
- You will be able to use your elbow to get your hand to your mouth. You should not lift anything heavier than your phone or a utensil.
- Most patients find that sleeping in a recliner is helpful for the first 4 to 6 weeks. You can, however, sleep whichever way you like as long as you follow the sling immobilization restrictions.
- Wound care and bandage instructions are specific to the type of surgery you had. Please refer to the post-operative section for further details.
- Our office will obtain your pharmacy information for post-operative medications. Nearly all prescriptions are now sent electronically. These prescriptions may be sent by a physician assistant or resident at HSS, so do not worry if you don't recognize the prescriber's name. As mandated by law, our office is required to screen your controlled substance prescription history through the state database for any recent history of opioid prescriptions. If you are under the care of a pain management physician, they should be made aware of your upcoming surgery and potential post-operative pain management needs.
- There is no need to do physical therapy exercises between now and your surgery date. If necessary, our office will set up a one-time pre-operative physical therapy consultation for you to review sling use and daily activities to prepare you for post-operative care. We will clearly outline your post-operative physical therapy protocol after surgery.
- Lastly, we are honored that you have chosen to undergo surgery with our team, and we do not take the trust that you have placed in us lightly. We believe in an equal partnership between yourself and our team in the common goal of maximizing your function and quality of life. We look forward to being a part of your recovery.

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Pre-Operative Information

Due to the nature of orthopaedic surgical practice, there is always the possibility of surgery dates being rescheduled due to surgical emergencies.

Insurance

- The authorization department of HSS will call your insurance carrier to obtain prior authorization for your surgery. Please call your insurance company with any questions regarding authorization.
- You are advised to call your insurance carrier to determine your benefits and responsibilities.
 - **Many plans may deny you benefits if not contacted by you prior to any elective procedure.**
- If you are staying overnight in the hospital, the hospital will obtain pre-certification for the hospitalization.
- You and your insurance carrier will be responsible for 3 separate fees:
 - Surgeon's fee
 - Anesthesiologist's fee
 - Hospital fee
- The bill for your surgery will be submitted to your insurance carrier. You will be responsible for the copayment, coinsurance, deductible, and the balance your insurance company does not pay. If we are in-network with your insurance, payment from your carrier will be accepted as payment in full.

Anesthesia Billing

- HSS has some of the best anesthesiologists in the world that specialize in the latest regional pain management techniques for patients undergoing orthopaedic surgery.
- The HSS anesthesiologists (East River Medical Anesthesiology, P.C.) have their own contracts with various insurance plans.
- If you have any questions regarding their billing policies or fees, please contact the anesthesia office directly at (212) 606-1206, or their billing service (Billing Services, Inc.) at (888) 877-3850.

Other Billing

- You may receive separate bills for the following (please contact them directly if you have any questions)
 - Post-operative brace – this will be submitted to your insurance directly by HSS-Eschen Prosthetic and Orthotic Laboratories, Inc. If you have any questions, they can be reached at (212) 606-1662.
 - HSS Department of Pathology (Orthopaedic Pathology Consultants) – for certain types of procedures where your own tissue is removed (excised), it is our standard practice to send samples to the pathology department to confirm the tissue type and to rule out any abnormalities on a microscopic level.
 - Hospital for Special Surgery, unless 100% covered by your insurance carrier. Please direct all HSS billing questions to Patient Accounting, at (212) 606-1772.

Pre-Admission Testing

- Pre-admission testing is usually required for anyone over the age of 40, and/or those with medical conditions. This needs to be done within 26 days prior to surgery. Testing consists of blood tests, urine tests, electrocardiogram, and possible imaging. This process must be done at an HSS facility with an HSS internal medicine physician.
- Please bring a complete list of all your medications, including prescriptions, over-the-counter medications, vitamins, supplements, and herbals.
- All pediatric patients under age 18 must provide a copy of their immunization record to our office as soon as possible.
- Please note – regardless of the type of surgery, if you have any conditions such as cardiac disease, hypertension, diabetes, lung disease, urinary problems, chronic pain issues, or any other serious health problems, you may be required to have additional testing at the discretion of your physician or Dr. Fu.

Medical Clearance/Medications

- On your pre-admission testing day, an internal medicine physician will see you to be medically cleared for surgery. They will perform a physical and review your lab results. Any patients that are on blood thinners such as Coumadin, Plavix, Lovenox, Eliquis, etc. must speak to their internist and/or cardiologist for specific instructions for discontinuing prior to surgery. All patients must be completely off these medications prior to surgery.
- Full-strength aspirin (325 mg), aspirin-derivatives, or NSAIDs (Advil, Motrin, Aleve, Naprosyn, Ibuprofen, Celebrex, Mobic, Diclofenac, etc.) must be discontinued 7 days prior to surgery. Baby aspirin (81 mg) may be continued up to the day of surgery.
- Opioid pain medications (Percocet, Norco, Vicodin, Dilaudid, Hydrocodone, Oxycodone, etc.) should be minimized or discontinued prior to surgery, as pre-operative tolerance to these medications will make them less effective for post-operative pain control.
- Patients taking hormone replacement therapy (HRT) should be off for 1 month prior to surgery, as it is associated with an increased risk of a blood clot (DVT – deep vein thrombosis).
- Patients taking fish oil or other supplements should be off these for 1 week prior to surgery.
- Any questions regarding medications will be addressed by the internist. Please remember to inform them of all medications you are taking.
- You must stop smoking 6 weeks prior to surgery, as it has a significant negative impact on post-operative tendon, bone, and wound healing.

Anesthesia

- All anesthesia questions will be answered by your anesthesiologist in the holding area prior to surgery. Regional anesthesia (selective nerve blocks) is used in the majority of cases. Post-operatively a small percentage of patients may experience muscle spasm that may cause some achiness. Applying a heating pad or warm cloth in combination with an anti-inflammatory usually relieves this.
- The HSS Department of Anesthesia website is a valuable resource regarding your anesthesia:
<http://www.hss.edu/anesthesiology-department.asp>

Post-Operative Shoulder Brace

- All post-operative patients require immobilization of the shoulder after surgery to protect the surgical repair and allow for optimal healing.

- The brace is provided through a vendor contracted through HSS. This vendor is not part of our medical practice, and their service is being made available as a convenience for our patients. You are under no obligation to obtain your brace from this vendor and may purchase from another vendor so long as it is arranged prior to surgery.

Cold Therapy (Cryotherapy)

- **Cold therapy after surgery is the single most effective method of post-operative pain control.** While opioid pain medications relieve pain temporarily by acting on pain receptors in your brain, ice actually reduces inflammation, which is the source of pain coming from the shoulder. Again, opioid pain medications act only on the brain, and not the shoulder. In fact, after a few days of being on opioids, your brain actually generates more pain receptors to create tolerance to the medication, which increases pain and pain sensitivity.
- Cold therapy can be done using ice packs or a cold therapy machine. This is a machine that continuously circulates cold water or air through a sleeve placed around the shoulder. It is generally more convenient and effective than using ice packs, but it is unfortunately not covered by insurance. You are not required to buy/rent an ice machine, and ice packs are fine so long as they are changed frequently. However, you are allowed to use HSA dollars for cold therapy.
- There are several cryotherapy machines on the market. The following options are recommended by our office and can be rented or purchased at <https://shop-recovery.net/fu>
 - NICE1 Cold + Compression system (*does not require ice*) – state of the art cold therapy system without ice, it is also the smallest and lightest cold + compression system on the market
 - Breg Polar Cube (requires ice) – automated cold therapy, provides 6-8 hours of cold therapy before requiring refill
 - Breg Polar Wave (requires ice) – automated cold therapy, provides 6-8 hours of cold therapy before requiring refill, with the option of active compression to reduce swelling after surgery

Private Duty Nursing

- Private duty nursing can be arranged through the Nursing Office at (212) 774-7187.

Guest Lodging

- If you require lodging, the following facilities are nearby:
 - The Belaire Guest Facility, 525 E 71st St, (212) 606-1989
 - The Helmsley Medical Tower, 1420 York Ave at 70th St, (212) 472-8400
 - The Bentley Hotel, 500 E 62nd St at York Ave, (212) 644-6000
 - The Carlyle Hotel, 35 E 76th St at Madison Ave, (212) 744-1600
 - Additional accommodations can be found at www.hss.edu

Day Before Surgery Instructions

- A nurse from the call center will contact you the business day prior to surgery with instructions. They will inform you of the time to arrive at the hospital and where to go. You may call (212) 606-1630 at any time to hear a pre-recorded message giving pre-operative information.
- You may follow a regular diet the day before surgery. No solid food after midnight, clear fluids only.
- All jewelry and piercings must be removed. All rings must be removed prior to surgery as normal post-operative swelling may lead to loss of circulation to the finger. Your surgery will be canceled if rings are not removed.



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- Bring any radiology films/CDs still in your possession. Wear what you will go home in to the hospital on the day of surgery.

Day of Surgery Instructions

- Wear loose comfortable clothing and shoes that are easy to take on and off. Large loose-fitting shirts are recommended.
- **An adult must pick you up after surgery. Car services are not an option.** This is a HSS requirement, and you will not be discharged from the recovery room unless someone is there to escort you home and take responsibility for your care until you get there.

Instructions for Family Members and Friends

- Dr. Fu will call the designated family member or friend as soon as surgery is completed to give them an update. Please be patient when waiting for an update, as delays and changes do occur in the operating room that cannot be controlled or monitored by the office.
- We completely understand that having a loved one undergo surgery is a cause of significant anxiety. We will always strive to provide the highest quality care to our patients.
- If at all possible, please arrange for someone to stay with the patient at home, or to be readily available for at least the first 48 hours after surgery to assist with activities and daily living.

Post-Operative Information

Activity/Restrictions

- Wear the shoulder immobilizer or sling at all times, remove it only for shower, dress/undress, or prescribed exercises and physical therapy.
- You will be wearing your sling while you sleep. Patients often find sleeping in a recliner to be more comfortable than flat on a bed. Both the neck and waist straps on the brace must be secured. An airplane travel pillow may be helpful while sleeping sitting upright.
- The length of time you will wear your sling depends on your surgery. This will be reviewed with you after surgery, as it depends on findings during surgery as well.
- No active motion of the shoulder is allowed immediately after surgery.
- When getting dressed/undressed, gently assist your elbow into a hanging position and lean over with your arm hanging down if you need to access your armpit or slide on a shirt sleeve – do not raise your arm from your side against gravity.
- Move your fingers and wrist frequently to prevent swelling.
- Stay hydrated and walk frequently to avoid pneumonia, blood clots, and constipation.
- It is normal to have a low fever in the first 24 to 48 hours after surgery, as the body adjusts back to its equilibrium after undergoing an operation.

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- Please wait until your nerve block has worn off before starting cold therapy.

Medications

- **CAUTION:** opioid pain medications (i.e. oxycodone, Percocet, Norco, Dilaudid, tramadol, etc.) are habit forming, have multiple severe side effects – begin to taper your use as soon as possible.

- On average, patients require opioid pain medication for approximately 3 to 5 days after surgery. Around this time, transition to non-opioid medications such as Tylenol or acetaminophen.
- If you underwent an arthroscopic procedure, please do not take any anti-inflammatory medications (i.e. Advil, Motrin, Aleve, Naprosyn, Ibuprofen, Celebrex, Mobic, Diclofenac, etc.) for 6 weeks after surgery, as this may impair tendon healing.
- Stool softener for constipation – choice of Miralax, Colace, Dulcolax, Senakot, etc. along with plenty of water to stay hydrated.
- Blood thinner – take a baby Aspirin (81 mg) for 2 to 4 weeks unless you are already on a different blood thinner (Coumadin, Lovenox, Xarelto, etc.)
- Anti-nausea (Zofran) – use as needed if you experience nausea, usually as a side effect of opioids
- Stomach protection (Pantoprazole, Prilosec) – given to protect your stomach lining and GI system while taking Aspirin postoperatively

Wound Care

- If you received the thicker plastic dressing (Aquacel) typically with shoulder replacement procedures, leave that in place until your first postoperative visit 10-14 days after surgery. Although it is water resistant, please keep it clean and dry at all times.
- If you received regular white bulky dressings secured with tape (typically with arthroscopic procedures), you may remove them gently after 24 hours, while leaving any sutures, steri-strips, or Tegaderm dressings in place – these will be removed at your first postoperative appointment.
- You may shower 2 to 3 days after surgery, the incision(s) **cannot** get wet.
- When showering, you must keep the incisions dry. Cover the incision(s) with plastic saran wrap or a plastic bag taped to the side of your neck, allow water to wash over the plastic and pat dry. If you choose to apply waterproof dressings to the area, apply once and do not remove. Do not rub the incision(s) or apply any oils or ointment to the area. Do not soak the wound or dressing in water (i.e. no baths, swimming, or Jacuzzi).
- Keep incision out of direct sunlight to improve scar healing (months).
- If garments irritate incision, cover with band-aid or gauze.
- There may be bleeding and/or fluid leaking at the surgical site. **This is normal.** The shoulder is filled with fluid during surgery, and there will be leakage for 24 to 48 hours after surgery. You may reinforce the dressing as needed.
- It is normal to have more swelling and bruising on days 1 to 3 after surgery than you had on the day of surgery. This can be decreased with cold therapy.

Driving

- Do not drive while you are on opioid pain medication – it is illegal to operate a motor vehicle under the influence of any controlled substance, even if it is legally prescribed.
- You may return to driving when you are no longer requiring opioids for pain control and cleared from wearing a sling by Dr. Fu. For most patients, this will be approximately 4 to 6 weeks after surgery unless otherwise specified.

Dental Care

- If you had a shoulder replacement surgery, avoid going to the dentist for the first 3 months after surgery.



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- After 3 months, it is recommended to pre-medicate with antibiotics prior to going to the dentist, to prevent infection of your shoulder replacement.

Sleeping

- Most patients find that sleeping in a recliner is helpful for the first 4 to 6 weeks. You can, however, sleep whichever way you like as long as you follow the sling immobilization restrictions, and that you do not sleep on the operative shoulder.

Using Your Operative Hand

- If you received a nerve block, it is normal to experience numbness and weakness in your arm for 24 to 36 hours after surgery. After the block has worn off, you will be able to use your hand with your arm against your side. You will be able to type, write, and use your phone. This is based on your comfort level but there are no restrictions in doing so.

Other Restrictions

- You should not operate heavy machinery until cleared by Dr. Fu.
- You should remain in the sling immobilizer until cleared by Dr. Fu.
- You should not play any sport, perform any heavy lifting, or perform any activity that poses a significant risk of falling (i.e. skiing, climbing a ladder, etc.) until cleared by Dr. Fu.

Helpful Medical Equipment and Clothing

- Several kinds of medical equipment are helpful after surgery. However, these are all optional and unfortunately not covered by insurance. These include shower benches, post-surgical shirts that facilitate dressing with a shoulder brace, bandages, shower slings, mattress wedges, etc.
- HAS dollars can be used for postoperative equipment and clothing.
- For a list of items that have been vetted and tested by our office, please visit <https://shop-recovery.net/fu>

Physical Therapy

- We will clearly outline your postoperative rehabilitation protocol after surgery.
- For most surgeries, outpatient physical therapy begins after your first post-operative visit with Dr. Fu
- If you are undergoing a capsular release for stiffness, you will begin physical therapy immediately after surgery.

Concerning Findings

- Excessive redness around the incision, drainage for more than 4 days after surgery, fever of greater than 101.5° F).

If you have any questions or concerns, please call our office at (212) 606-1991.

For urgent questions after-hours or on weekends, please call our office at (212) 606-1991 and you will be directed to an on-call physician.

**You will see Dr. Fu or his PA Jillian 10 to 14 days after your surgery.
If you do not have an appointment, please call (212) 606-1991 to schedule.**