



Sports Medicine Specialists  
of Charleston

**EAST COOPER MEDICAL GROUP**

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Office: (843) 971-9350

## **POSTOPERATIVE INSTRUCTIONS CAPITELLAR OSTEOCHONDRAL ALLOGRAFT TRANSPLANT**

### **DIET:**

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

### **WOUND CARE**

- Maintain your operative dressing.
- Do NOT remove splint, Do NOT get splint wet

### **MEDICATIONS**

- The nerve block that was placed prior to surgery will wear off in 12-24 hours. You should start taking oral pain medication prior to this.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
- Primary Medication = Percocet (Oxycodone/Acetaminophen)  
Take 1 – 2 tablets every 4 – 6 hours as needed
- Max of 12 pills per day
- Plan on using it for 2 to 5 days, depending on level of pain
- Do **NOT** take additional Tylenol (Acetaminophen) while taking Percocet  
Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.  
Zofran (Ondansetron) has already been called into your pharmacy for nausea if needed.  
If constipation occurs, consider taking an over-the-counter laxative such as Colace or Miralax.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed (843) 971-9350– ask for Nicole Fava, Dr. Haro’s PA)
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen 400-600mg (i.e-. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative ‘peaks and valleys’, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage

### **ACTIVITY**

- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort
- Do not engage in activities which increase pain/swelling (lifting or any repetitive above shoulder level activities) over the first 7-10 days following surgery

- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable and no use of operative arm.

### **SPLINT/SLING**

- Do NOT remove splint.
- Wear sling at all times, including sleep

### **\*\*Emergencies\*\***

- Contact Dr. Haro or Nicole Fava PA-C at (843) 971-9350 if any of the following are present:
  - Painful swelling or numbness
  - Unrelenting pain
  - Fever (over 101° – it is normal to have a low grade fever for the first day or two following surgery) or chills
  - Redness around incisions
  - Color change in wrist, hand or lower extremity
  - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
  - Difficulty breathing
  - Excessive nausea/vomiting
- **\*\*If you have an emergency after office hours or on the weekend, call (843) 971-9350 you will be connected to our on call service. Do NOT call East Cooper Hospital or the Surgery Center.**
- **\*\*If you have an emergency that requires immediate attention, proceed to the nearest emergency room.**

### **Follow-Up Care/Questions**

- Nicole Fava, PA-C (Dr. Haro's Physician Assistant) will call you on your first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please email [Nicole.fava@tenethealth.com](mailto:Nicole.fava@tenethealth.com) or call (843) 971-9350
- If you have additional questions that arise at any time, whether for Dr. Haro or Nicole, please send an email to [Nicole.fava@tenethealth.com](mailto:Nicole.fava@tenethealth.com) or call (843) 971-9350
- If you do not already have a postoperative appointment scheduled, please contact the scheduling office during normal office hours (843) 971-9350