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ORTHOPAEDIC SPORTS MEDICINE

POST-OPERATIVE INSTRUCTIONS

Arthroscopic Coracoclavicular Ligament Reconstruction

What to do, what to expect, and when to call — for the first two weeks after surgery.

At a glance

Dressing	Bulky shoulder dressing. Remove outer layers on day 3; small white tape strips stay on.
Sling	Worn at all times including sleep for 6 weeks.
Driving	No driving until discussed with Dr. Roth.
First post-op visit	5–10 days after surgery.

Diet

Begin with clear liquids — Jell-O, broth, Gatorade — along with light foods like crackers or toast. Once you tolerate these without nausea, gradually progress to your normal diet over the following day.

Wound care

You will leave the operating room with a bulky dressing over the shoulder. Arthroscopic surgery fills the joint with saline fluid, some of which drains through the incisions over the first 48 hours — the bulky dressing is there to catch this. Some blood staining on the dressing is normal.

Keep the dressing clean and dry for 3 days. On day 3, peel back the white paper tape and remove the gauze. Discard the gauze and any yellow strips beneath. **Leave the small white tape strips (Steri-Strips) on the skin** — they will lift off on their own over 1–2 weeks. If incisions are dry, cover with Band-Aids.

Once completely dry for 24 hours, you may shower. **No baths, pools, hot tubs, or ocean until cleared at follow-up.**

> **IF A BICEPS TENODESIS WAS PERFORMED**
> The small incision used for the subpectoral biceps tenodesis was closed with skin glue (Dermabond) under a clear waterproof dressing. This portion is showerable — leave it in place until your first post-op visit. Do not pick at the Dermabond.

Hygiene and clothing

When showering, bend forward at the waist and let the arm dangle — gravity opens the armpit so you can wash without using the shoulder muscles. Keep a gauze pad or small towel in your armpit while in the sling to prevent skin chafing.

Button-down shirts and hoodies are easiest — put the operative arm in first, then the other. Slip-on shoes and loose-fitting pants are simplest in the early weeks.

Sleeping upright in a recliner or propped up with 4–5 pillows is usually most comfortable. A pillow under the forearm to support the arm is also helpful.

Understanding your pain

Some pain after surgery is normal and expected. Pain in the 0–4 range is generally well-managed by the scheduled non-opioid regimen below. If your pain rises above a 4, the breakthrough oxycodone is available. If pain feels uncontrolled, unrelenting, or getting worse rather than better, call the office.

Multimodal pain regimen

Your post-operative pain plan is based on multiple recent randomized controlled trials.[1–5] These studies show that a scheduled regimen of non-opioid medications provides equal or better pain control than opioids, with fewer side effects. Take these medications even if you feel comfortable — they work best taken consistently. Take with food when possible.

DAYS 1–5

MEDICATION	MORNING	NOON	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	—	1 tab
Gabapentin 300 mg	1 tab	1 tab	1 tab	—
Methocarbamol 750 mg	1 tab	1 tab	1 tab	1 tab
Acetaminophen 1000 mg	1 tab	1 tab	1 tab	—

DAYS 6–7 · GABAPENTIN TAPER BEGINS

MEDICATION	MORNING	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	1 tab
Gabapentin 300 mg	1 tab	—	1 tab
Methocarbamol 750 mg	1 tab	1 tab	1 tab
Acetaminophen 1000 mg	1 tab	1 tab	1 tab

DAYS 8–9 · GABAPENTIN TAPER CONTINUES

MEDICATION	MORNING	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	1 tab
Gabapentin 300 mg	1 tab	—	—
Methocarbamol 750 mg	1 tab	1 tab	1 tab
Acetaminophen 1000 mg	1 tab	1 tab	1 tab

DAYS 10–14 · MAINTENANCE

MEDICATION	MORNING	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	1 tab
Methocarbamol 750 mg	1 tab	1 tab	1 tab

MEDICATION	MORNING	AFTERNOON	EVENING
Acetaminophen 1000 mg	1 tab	1 tab	1 tab

BREAKTHROUGH OXYCODONE — 10 TABLETS PRESCRIBED

Many patients do not need any oxycodone. If your pain rises above a 4, take 1 tablet of oxycodone 5 mg. Use only as needed, for as short a time as possible.

DRIVING AND OPERATING MACHINERY

Three medications in this regimen — **gabapentin** (days 1–9), **methocarbamol** (days 1–14), and **oxycodone** if taken for breakthrough pain — can cause drowsiness, dizziness, or impaired coordination. While taking any of these, do not drive, operate heavy machinery, or make important financial, legal, or major life decisions. Plan to have someone else drive for at least the first week, and do not drive until you have stopped gabapentin, are off oxycodone, and feel the methocarbamol is no longer affecting your alertness.

Journavx (suzetrigine) — optional

Journavx is a non-opioid FDA-approved analgesic (2025) comparable to hydrocodone/acetaminophen without addiction risk, sedation, or driving impairment.[6,7] Ask the office for a prescription if interested. **Cost:** ~$15/pill, often not insurance-covered. **First dose:** 100 mg on an empty stomach; then 50 mg every 12 hours with or without food. No grapefruit.

DRUG INTERACTIONS — READ BEFORE REQUESTING

Do not take with: ketoconazole, itraconazole (Sporanox), voriconazole (Vfend), posaconazole (Noxafil), clarithromycin (Biaxin), ritonavir/cobicistat medications (Paxlovid, Norvir, Kaletra, Stribild, Genvoya, Symtuza, Evotaz, Prezcobix), nefazodone, carbamazepine (Tegretol), phenytoin (Dilantin), phenobarbital, rifampin, rifabutin, or St. John's wort.

Contact your prescribing physician before taking if you take: fluconazole (Diflucan), erythromycin, ciprofloxacin (Cipro), diltiazem (Cardizem/Tiazac), verapamil (Calan/Verelan), fluvoxamine (Luvox), or efavirenz (Sustiva).

Hormonal contraception: Use backup non-hormonal method if your contraceptive contains a progestin other than levonorgestrel or norethindrone — during treatment and 28 days after stopping.

Sling

Wear the sling at all times — including while sleeping — for **6 weeks.** You may remove only for: showering, exercises, eating, using a computer, or reading. The reconstructed coracoclavicular ligaments must be protected from any downward force through the arm during this healing period.

IMPORTANT — NO LIFTING OR REACHING

Do not let the operative arm hang freely at your side without sling support, and do not carry anything in the operative hand. The weight of the arm alone creates downward traction that can stress the repair.

Activity

Sleeping upright or with several pillows is usually most comfortable. A pillow under the forearm when resting reduces traction on the repair. You may return to sedentary work or school **3–4 days after surgery** if tolerable and not taking opioids. No driving until discussed with Dr. Roth.

Ice and cold therapy

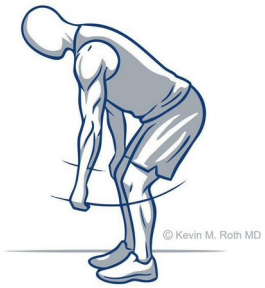
Begin icing immediately after surgery. **Bagged ice or gel packs:** 20 minutes at a time, no more than once per hour, with a cloth between ice and skin. **Cold-therapy devices (Game Ready, Polar Care, Breg, etc.):** use for 20–30 minutes at a time, up to 4 times per day, with a thin cloth between the pad and your skin — or follow the specific instructions for your device if different. If you had a nerve block, the arm or shoulder may be numb for up to 24 hours — watch the clock carefully.

Exercises

Unless instructed otherwise by Dr. Roth, begin exercises 24 hours after surgery, at least **3 times per day.** Try to perform 3 sets of 10 repetitions initially; you may increase to 15 repetitions if tolerated. Formal physical therapy begins approximately 2 weeks after surgery. At one week, you may begin gentle conditioning — stationary bike, walking.

Pendulums

Bend forward at the waist, arm dangling. Rock your body gently in circles and side-to-side — let the arm swing from the body's motion, not from the shoulder muscles.



Shoulder shrugs

Shrug both shoulders upward, hold briefly, relax.

Shoulder blade pinches

Gently pinch shoulder blades together, hold briefly, relax.

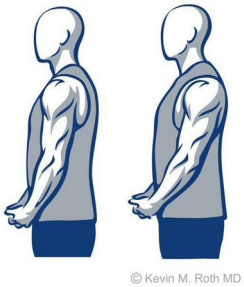
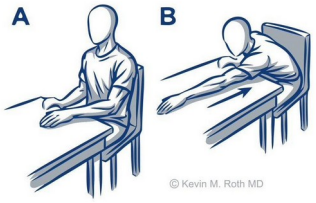


Table slides

Sit at a table with hand resting on the surface. Slowly slide the hand forward — let gravity and the table do the work to move the shoulder passively.

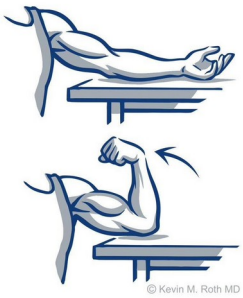


Wrist and finger movements

Bend and straighten fingers and wrist to keep blood circulating and prevent stiffness in the hand.

Elbow bends

Bend and straighten the elbow through its full range as comfort allows.



No tobacco or nicotine

Do not use tobacco or nicotine products for at least 3 months after surgery. Nicotine significantly increases the risk of infection, wound healing problems, and failure of the repair. For help quitting, call **1-800-QUIT-NOW**.

When to call

Call **(650) 853-2943** for any concern, day or night.

- Pain not controlled by the regimen above, or getting worse rather than better
- Numbness lasting more than 24 hours, or longer than expected from your nerve block
- Fever above 101 °F
- Increasing redness, warmth, or tenderness around the incisions
- Persistent or increasing drainage or bleeding from the incision
- Color change in the operative limb
- Blistering of the skin
- Any other concern

GO TO THE NEAREST EMERGENCY ROOM IMMEDIATELY FOR

- Difficulty breathing
- Severe chest pain
- Loss of consciousness
- Pain that is completely uncontrollable

Follow-up

If you do not already have a follow-up appointment, call **(650) 853-2943** to schedule. Most follow-up visits are 5–10 days after surgery.

REFERENCES

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3. Jildeh TR, et al. Multimodal nonopioid pain protocol following meniscus surgery. *Arthroscopy.* 2021;37(7):2237–2245.
4. Jildeh TR, et al. Multimodal nonopioid protocol following arthroscopic rotator cuff surgery. *Arthroscopy.* 2022;38(6):1077–1085.
5. Syed UAM, et al. Effect of preoperative education on opioid consumption. *J Shoulder Elbow Surg.* 2018;27(6):962–967.
6. Bertoch T, et al. Suzetrigine, a nonopioid NaV1.8 inhibitor: two phase 3 trials. *Anesthesiology.* 2025;142(6):1085–1099.
7. Alvarez-Aguilar P, Picado-Loaiza S. Suzetrigine versus placebo for acute postoperative pain. *Medicine.* 2026;105(10):e47877.

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