

Thoracic Outlet Syndrome (TOS): After Surgery Instructions

The following instructions will be helpful during your recovery. They are designed to be general guidelines. Remember, everyone recovers differently.

What will my incision (the cut made during surgery) look like?

- You will have an incision under or near your arm pit (called a trans-axillary incision). Very rarely, your incision may be located above your collarbone (called a supraclavicular incision).
- Your doctor will close your incision with stitches under the skin that dissolve on their own. They will also use skin glue or adhesive strips (Steri-Strips™) to help close your incision on the surface of the skin.
 - **Do not pick at the skin glue.** The skin glue will dry and fall off within 5-10 days. Let the water from the shower trickle over your incision to loosen up the skin glue and help it fall off.
 - If you have adhesive strips (Steri-Strips™) covering your incision, they are designed to fall off on their own. They usually fall off when showering. If they are still on 7-10 days after your surgery, you may take them off yourself.
- It is common to have pain, numbness, tingling, color changes, and swelling around your incision after surgery. These symptoms may last for weeks or months after your surgery.

How do I take care of my incision?

- Keep the area with your surgical dressing (the bandage over your incision) clean and dry for 48 hours after your surgery.

- After 48 hours, you may remove the dressing and shower. Follow these steps as you take your first shower:
 1. Remove the dressing over your incision.
 2. Shower and wash your incision with mild soap. **Do not scrub your incision.**
 3. Pat your incision dry and leave it open to the air (do not cover it with another bandage).
 4. Use a clean washcloth and towel each time your shower.
- Wash your incision with soap and water every day.
- Do not put any creams, lotions, powders, ointments, or hydrogen peroxide on your incision unless your doctor tells you to.
- Do not soak in a bathtub, hot tub, or jacuzzi, or swim in a pool or lake for the next 4 weeks.
- Cover your incision when you are out in the sun.
- After your follow-up appointment 4 weeks after surgery, you can start using a scar-reducing product (like vitamin E oil, cocoa butter, or Mederma®) to improve the look of your incision.

What steps should I take to keep track of my health at home?

You will need to perform and record the following self-checks every day:

- Check you incision daily for signs of infection, including:
 - Increased redness
 - Tenderness
 - Swelling
 - Warmth or drainage (leaking fluid)
- Take your temperature by placing a thermometer under your tongue every morning before eating or drinking, and at any time you think you may have a fever.

Use a notebook or calendar to record your self-checks.
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How will I manage my pain and comfort at home?

- The best strategy for controlling your pain after surgery is **around-the-clock** pain control (following a set schedule of taking pain medications so you have pain relief all day and all night). You can use over-the-counter medications (medications you can buy without a prescription) such as acetaminophen (Tylenol®) and ibuprofen (Motrin® or Advil®).
 - You can use a stronger, non-steroidal anti-inflammatory medication called Toradol® if you need to.
- Many patients will need a short course of **opioid medications** (strong pain control medications) to reduce pain after surgery. You may receive a prescription for an opioid such as Percocet®, oxycodone, hydrocodone, or Vicodin®. Please go back and read the opioid agreement you signed before surgery for more specifics on opioid pain medication.

What are my medication instructions?

- Before leaving the hospital, we will give you a complete list of the medications you will take at home. Your medication list will include the following information:
 - Medication name(s)
 - Dose of the medication (how much you should take)
 - Number of times to take the medication each day
 - The last time you took each medication
 - The next time that you should take each medication
- Your doctor may give you these prescriptions before you leave the hospital:
 - Stool (poop) softener or gentle laxative to help with constipation
 - Non-steroidal anti-inflammatory (NSAID) medication
 - Muscle relaxer
 - Anti-nausea medication
 - Blood thinner (only for patients with venous and arterial disease)

- Your doctor will decide how long you will need to stay on a blood thinner.
 - Do not play any contact sports (sports where you may come into contact with others, like football or hockey) while you are on a blood thinner.
- If you are taking an opioid medication for pain:
 - Take a stool softener or gentle laxative if you have constipation (this is common when taking opioids).
 - **Do not drive** while taking opioids.
 - **Do not take opioids on an empty stomach.** This may give you nausea or cause you to vomit.
 - **Do not drink alcohol** while taking opioids.

Follow these guidelines to keep yourself safe while taking medication:

- Keep a current list of your medications, doses, and times when you're supposed to take your medication in your wallet or purse.
- Read the medication label to make sure you are taking your medicine exactly as prescribed by your doctor.
- It is important to have your insurance cards with you to help speed up the process of filling and refilling your prescriptions.
- **Do not take other medications without telling your doctor.**

What lifestyle changes do I need to make before and after surgery?

Stop smoking! Smoking increases your risk of having issues during surgery or not having a successful surgery. It can also cause your body to take longer to heal after surgery.

- Get expert help from the MHealthy Tobacco Consultation Service by calling (734) 998-6222, e-mailing quitsmoking@med.umich.edu, or asking your nurse to place a consult with them.
- Other useful quitting resources include:

- The Michigan Tobacco Quitline: 1-800-QUIT-NOW
- The Truth Initiative: BecomeAnEx.org
- US Department of Health and Human Services: SmokeFree.gov

What kinds of activities can I do, and what activities should I avoid, after surgery?

- If possible, have someone stay with you during the first 24 hours after your surgery.
- Listen to your body and rest when you are tired.

What are my restrictions (activities to avoid)?

- **Do not lift anything heavier than 15-20 pounds** for the first month after surgery. After 1 month, your physical therapist will tell you how much you can safely lift.
- **Do not lift anything heavier than 5 pounds over your head** for 2 weeks after surgery.
 - If you had surgery on your arm, you may clean and brush your hair with that arm if you can handle the discomfort.
- Your doctor will talk with you about when you can drive again. Do not drive until your doctor tells you it's okay.
- Your doctor will talk with you about when you can go back to work, depending on your job.
- **Do not travel by air** (airplanes, jet aircraft, helicopters, etc.) for the first month after surgery.
 - We want to make sure no air gets into the space around your lungs, which is something that can happen with pressurized cabins on airplanes.
 - After surgery, you have an increased risk of developing a blood clot. Sitting for long periods of time during air travel increases that risk even more.

When can I drive again?

You may drive when:

- You can reach your arms out from your body without them getting tired from the effort.
- You have gotten back your full range of motion in your neck.

Do not drive if you are still taking opioids.

What kind of physical activities can I do?

- When you are ready to go back to physical activity, it is important to build back up slowly over several weeks. To start, we want you to do half of your normal activity level. See some examples below:
 - If you usually lift 40 pounds of weight with your arms, start at 20 pounds of weight.
 - If you typically run 2 miles on the treadmill, start by only running 1 mile.
- Do your physical therapy (PT) stretches 2-3 times a day for the first month after surgery.
- You may start outpatient PT 3 weeks after your surgery.
- Walk every day (find an indoor space to walk in if the weather is bad).
- For the first week after you leave the hospital, use your incentive spirometer (a device that helps you improve your breathing and lung function) 10 times an hour during every hour you are awake.

When should I get emergency help?

Call 911 immediately if you have any of these signs or symptoms of stroke:

- Sudden confusion or trouble speaking or understanding speech
- Sudden trouble seeing in one or both eyes
- Sudden numbness or weakness of your face, arm, or leg, especially on one side of your body

- Sudden trouble walking, dizziness, or loss of balance or coordination
- Sudden or severe headache with no known cause

Call 911 immediately if you have any of these symptoms:

- Sudden chest pain
- Shortness of breath or trouble breathing
- Sudden arm swelling
- Severe bleeding from your incision
 - Put direct pressure on the area while you are calling 911 for help.
- You think you are experiencing any signs or symptoms of a serious emergency. Don't wait to call for help!

When do I need to call my doctor?

Call us if you develop any of the following signs or symptoms:

- Temperature of 100.5° F or higher
 - It is common to have a low-grade fever (between 98.6-100.4° F) after surgery.
- Bleeding, redness, swelling, increased pain, or bad-smelling drainage (leaking fluid) near your incision site
- Your incision opens up after you leave the hospital
- Severe stomach pain or vomiting that is not easily controlled

What number do I call?

- **Monday through Friday from 8:00 AM - 4:30 PM:** call (888) 287-1082
 - Ask to speak with the Vascular Surgery nurse.
- **After 4:30 PM or on weekends or holidays:** call (734) 936-6267
 - Ask to speak with the Vascular Surgery resident on call.

What follow-up care will I receive?

You will have 2 follow-up visits in the Vascular Surgery Clinic after your surgery. Some patients (with venous TOS) will need an in-person clinic visit within 1 month, while others (with neurogenic or arterial TOS) will need a virtual visit within 2 weeks. We will give you your appointment information before you leave the hospital.

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