

### **Post-Operative Instructions - Shoulder Arthroscopy**

#### **Diet**

- Begin with clear liquids and light food (such as jello, soup, etc)
- Progress to normal diet as tolerated if not nauseated

#### **Wound Care**

- Keep your post-operative dressing on for 48 hours after surgery
- It is normal for the shoulder to bleed and swell following surgery. If blood soaks onto the dressing, this is not significant cause for concern. You may simply reinforce the dressing with another gauze.
- Remove your surgical dressing after 48 hours following surgery. You will see steri-strip white band-aids on the incisions. Do not remove the sutures that are now visible. Make sure the wound is dry. Pat-dry if necessary with a clean towel. Cover all incisions on the front and back of your shoulder with a waterproof band-aid.
- You may shower 48 hours after surgery, but keep the incisions covered with plastic so that the incisions stay dry. Do not get the incisions wet. Do not use lotions, creams, or antibiotic ointments on the incisions. Make sure the waterproof band-aids cover the entire incision(s) once the dressing is off. While showering, if necessary cover the waterproof band-aids to make sure the incisions stay dry. Do not immerse or soak the incision in water until 3 weeks after surgery.

#### **Sling Instructions**

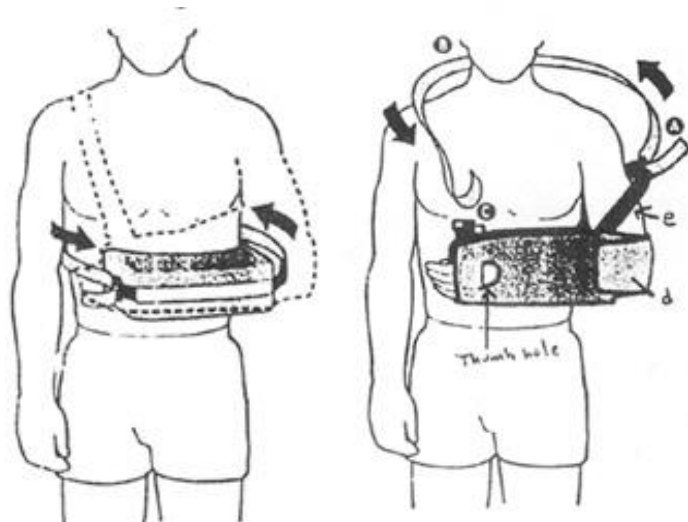
- You have been given a sling to wear during your recovery. It is critical that you wear this sling as directed to prevent injury to your arm during the time where your shoulder is most vulnerable. You will need to know how to remove your sling for bathing and exercising. Failure to wear the sling as described may result in irreparable damage to your arm.
- Most slings have 3 pieces: a strap (for around your neck), a pillow, and a sling to support your arm. While you are in your sling, your arm should be parallel with the ground. This pillow should rest just above your hip. Your wrist should be supported in the sling.

#### **Removing the Sling**

- You can remove your sling for showering and elbow/wrist/ hand exercises.
- First unfasten the neck strap.
- Next unfasten the strap around your waist. The strap unlocks like a seat belt.
- Lastly, open the top of the sling (Velcro) to remove your arm. Allow your elbow to straighten, but keep your arm at your side.

#### **Replacing the Sling**

- First replace the pillow and strap around your waist.
- Position the pillow at about 45 degrees over your waist (between your hip and your belly button) and fasten the buckle.
- Next, place your arm in the sling putting your elbow in first.
- Bring the strap behind your neck and put the strap through the loops in the front.



### Removing the Pillow

- Dr. Harris will instruct you when you can remove your pillow.
- Your pillow is attached to your sling with Velcro.
- After Dr. Harris has given you the OK, you can remove the pillow from the sling.
- After the pillow is removed, you will continue to wear your sling as instructed. We generally recommend that you do not throw the pillow away.

### Nerve Block

- The anesthesia team may have placed a nerve block prior to surgery to help with post-operative pain control. Numbing medication is injected around the nerves that travel to that extremity. As a consequence, you may have significant numbness or inability to move your extremity after surgery.
- You will know the nerve block has worn off if you have increasing pain or are able to move your arm or leg. The nerve block usually wears off in about 8-12 hours, but sometimes can last up to 24 hours. While the nerve block is working, be sure to carefully pad your arm because you will not feel anything.
- It is a good idea to start taking pain medication as soon as you start feeling some soreness near your surgical site.
- It is not uncommon for the pain to be worst on the first or second day after surgery.
- Call the office if you are still unable to move your extremity after 24 hours.

### Ice Machines and Bags of Ice

- Ice your operative extremity at least 4 or 5 times a day for 20 minutes at a time.
- Make sure you have a towel or cloth between the ice and your skin to prevent frost bite. This is especially important if you have a nerve block.
- We recommend that you do this for at least for the first three days after surgery, but many patients continue to do this well after their surgery.

### Medications

- Most patients will require a short duration of narcotic pain medications.
- The goal of post-operative pain management is *pain control*, NOT *pain elimination*. You should expect some pain after surgery. This pain helps your body protect itself while it is healing.
- Common side effects of the narcotic pain medications include nausea, drowsiness, constipation. Take these medications with food to decrease side effects. To prevent and treat constipation, take an over-the-counter stool softener (like colace 100 mg twice per daily) or laxative (like dulcolax).
- If you have had problems with nausea in the past with surgery, you may have had a prescription written for you for an anti-nausea medication. Please take as directed.
- Do not drive a vehicle or operate heavy machinery while taking narcotic pain medication.
  - Generally speaking, after shoulder surgery, you will not be able to drive until 4-6 weeks after surgery.
- If your pain is not controlled with the narcotic pain medication, then you may take an over-the-counter anti-inflammatory medication like ibuprofen or naproxen in between doses of the narcotic pain medication. This will also help to decrease the pain and reduce the amount of narcotic pain medication required.
  - Please tell Dr Harris if you allergic to these medications.

### Travel

- Avoid long distance traveling after surgery. Please discuss any travel plans you have with Dr. Harris before scheduling your surgery. Special arrangements may need to be made with the airport and airline.

### Return to Work

- Your return to work will depend on what surgery was done and what type of work you do. Please note that these are general guidelines, and there may be modifications based on your unique situation.
- If your surgery involves a repair (Rotator cuff repair, labral repair), you will have a sling on for six weeks after surgery. As long as you can abide by the restrictions, you can return to work when you feel like you can do so safely. However, you will need to take into consideration driving and activities related to your job. If you have a sling, you will need to wear it all day. You may be able to safely loosen it if you are able to keep your arm supported. Please understand that you will NOT be able to work with your arm away from your body, above shoulder level, or use your arm against

gravity for approximately 8 weeks. For jobs that require physical labor, you may require four months or more to return to work.

- If your surgery does NOT involve a repair (subacromial decompression, distal clavicle resection, capsular release), then you will be in a sling for only a few days after surgery. When comfortable, you may return to work when ready to conduct normal activities of your job. Remember that you may be on narcotic pain medications and these should be discontinued prior to your return to work. For jobs that require physical labor, you may require 6 weeks or more to return to work.

### **Home Exercises**

- Dr. Harris will often give you home exercises for you to do at home after surgery but before you start formal physical therapy. Please perform only the exercises that he or your physical therapist give you.
- For the shoulder, this usually includes taking your arm out of your sling to move your elbow and wrist. Bend and straighten your elbow all the way. Move your wrist in a circular motion and make a fist 10-15 times each hour to help reduce swelling in your hand and arm.

### **Emergencies**

- Contact 713-441-8393 if any of the following are present:
  - Unrelenting pain
  - Temperature greater than 101.0 Fahrenheit
  - Redness or drainage around the surgical incision
  - Color change in foot or ankle
  - Painful calf swelling or numbness in foot, ankle, or calf
  - Continuous bleeding or drainage from incision (a small amount is normal and expected)
  - Difficulty breathing
  - Nausea and vomiting
- If you have an emergency after-hours or on the weekend, contact the office at 713-441-8393 and you will be connected to our answering service. This will connect you to either Dr. Harris or the physician on-call.
- If you have an emergency that requires immediate attention, call 9-1-1 or go to your local emergency room.