

Postoperative Instructions for Outpatient Shoulder Surgery

Your Surgery Included:

Arthroscopic

- Diagnostic
- Debridement
 - Labrum
 - Rotator Cuff
 - Cartilage
- SLAP Repair
- Instability Repair
- Rotator Cuff Repair
- Subacromial Decompression /Bursectomy
- Biceps Tenotomy / Tenodesis
- Distal Clavicle Resection
- Contracture Release

Open

- Instability Repair
- Rotator Cuff Repair
- Distal Clavicle Resection
- Biceps Tenodesis
- Contracture Release
- Fracture Fixation
- Joint Replacement

1. **Explanation:** Shoulder surgery is commonly done in an 'outpatient' setting allowing you to have surgery and return home both safely and comfortably the same day. On occasion, a patient will have nausea or pain severe enough to require overnight hospitalization.

2. **Pain Management:** A cold therapy cuff, pain medications, local injections, and in some cases, regional anesthesia injections are used to manage your post-operative pain. The decision to use each of these options is based on their risks and benefits.

Cold Therapy: You may have been sent home with a cold wrap for your shoulder. This wrap will help relieve pain and control swelling. Use the wrap throughout the day for the first several days and then as needed.

Regional Anesthesia Injections: You may have been given a regional nerve block either before or after surgery. This may make your entire arm numb for 24-36 hours.

3. **Medications:** You were given one or more of the following medication prescriptions before leaving the hospital. Have the prescriptions filled at a pharmacy on your way home and follow the instructions on the bottles. If you need a refill on your medication, please call your pharmacy.

Pain Medication (usually Norco or Percocet): Begin taking the opioid medication before your hip begins to hurt. Some patients do not like to take any medication, but if you wait until your pain is severe before you take this medication, you will be very uncomfortable for several hours waiting it to work. Always take opioid medications with food.

Zofran: If you have nausea at home, use this medication as directed.

Antibiotic (Keflex or Cleocin): Depending on the procedure, you may have been sent home with a 1 or 2 day course of an antibiotic. Take as directed.

4. **Diet:** Eat a bland diet for the first day after surgery.

5. **Activity:** After you arrive at home, spend most of the first 24 hours resting in bed, on the couch, or in a reclining chair. After the first 24 hours, slowly increase your activity level based on your symptoms. Do not drive until you are cleared to do so by our office.

6. **Dressing Change:** Remove the dressing on the 2nd or 3rd day after surgery. It is normal for some blood to be seen on the dressings. It is also normal for you to see apparent bruising on the skin around your shoulder when you remove the dressing. If present, leave the steri-strip tape across the incisions. If you are concerned by the drainage or the appearance of your shoulder, please call the office.

7. **Showering:** You may shower after the initial dressing change with waterproof dressings, but do not soak in water until sutures are removed.

8. **Temperature:** It is normal to have an elevated temperature during the first 2-3 days post-operatively. Please call our office if your temperature is above 101.5°F, if there is increased redness around the incision sites, or if there is increased drainage from the incision sites.

9. **Shoulder Abduction Pillow or Brace:** You may have been sent home with a pillow or brace holding your arm away from your body. You need to wear it ____ hours a day for ____ days / weeks. You may remove the brace or sling when getting dressed, bathing, meals, and exercises (below).

10. **Shoulder Exercises:** Begin shoulder exercises the first or second day after surgery in order to help you regain your shoulder motion. You may periodically remove the sling and do the following marked exercises:
 - Shoulder shrugs** – Shrug your shoulders up and down.
 - Pendulums** – Bend forward allowing your arm to hang down in front of you. Gently swing your arm side-to-side and front to back.
 - Passive abduction** – With your arm at your side, have a family member gently lift your arm away from your body bringing your elbow up to the level of your shoulder.
 - Shoulder rotation** – With your arm at your side and your elbow bent to 90 degrees, have a family member gently rotate your arm internally and externally.
 - Pulley exercises** – Put the pulley over the top of a door. Stand facing the door. Use your good arm to gently pull your operative arm up in front of you.
 - Elbow motion** – Straighten and bend your elbow, exercise your wrist/hand (squeeze ball)

Your ability to do these exercises will improve as you continue to do them. Do these exercises for 2-5 minutes five times a day.

11. **Physical Therapy**: Physical therapy is an essential component to your recovery from surgery. Unless other instructions are given, you will begin PT within 48 hours after surgery.

A nurse or medical assistant will be checking up with you following your surgery. Your first post-operative visit will be 10-14 days after surgery and is normally scheduled prior to your surgery day. If you have any problems, please contact my team at the office at (314) 380-9510 or e-mail us at teamnawas@orthomo.com.