

Shoulder Arthroscopy – Patient Instructions

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Arthroscopic subacromial decompression is a minimally invasive shoulder procedure, typically performed in a day-surgery setting using general anesthesia. In this operation, a 4-millimeter arthroscope is inserted into the shoulder for visualization. Similarly small instruments are used to remove bone spurs and smooth, torn, or damaged tissue. Most patients have two or three small incisions (“portals”), each about 1/3 of an inch in length and requiring a single stitch to close. The entire procedure typically takes 30 to 40 minutes to complete. Patients are generally ready to be discharged from the surgery center within 2 to 2½ hours from the scheduled beginning of their procedure.

- 1. Wounds/Dressing:** Your surgical dressing will be changed prior to your departure from the surgery center. The procedure was performed using continuous fluid irrigation. As a result, it is extremely common to experience some degree of fluid leakage from the portals for up to 72 hours. A sterile dressing should be applied to cover each wound until no drainage occurs, after which the wounds may be left open to air. The portal sites should be kept dry until two days after the sutures have been removed, and the shoulder should not be soaked in a hot tub or Jacuzzi until 10 days after surgery. Increasing drainage, cloudy drainage, or increasing redness around the portal sites should be reported to your physician.
- 2. Physical Therapy/Sling Use:** You should schedule your first physical therapy appointment no more than four days after surgery. Specific instructions for the physical therapist will be written on your physical therapy prescription immediately after surgery, and the prescription will be given to you before you leave the surgery center. *It is critical that you bring this prescription with you to your first physical therapy appointment.* Patients awake from surgery wearing a sling on their operative arm, and are encouraged to begin using the arm as soon as they are able. It is important to understand that you cannot damage the shoulder with normal use in the postoperative period. Because this operation does not involve *repair* of damaged structures (using sutures) but only involves *removal* of spurs, bursa, and other damaged or worn tissue, protecting the shoulder is not necessary. Patients are therefore encouraged to use the extremity as pain allows in the postoperative period. Obviously, overuse will lead to increased discomfort and should be avoided.
- 3. Pain Management:** Patients undergoing arthroscopic shoulder surgery will usually have an interscalene nerve block performed by the anesthesiologist prior to surgery. This nerve block greatly reduces postoperative pain for eight to 16 hours after surgery and significantly reduces the amount of oral pain medication necessary. Patients will be given a prescription for Percocet to use after surgery, with the dosage printed on the bottle. Occasionally, an issue (such as an allergy or insurance issue) arises which mandates that we prescribe different medicines for postoperative pain control. These medicines should be taken as needed only for pain rather than at regular time intervals after surgery (but they *may* be used at regular time intervals if significant pain is present). Most patients use narcotic pain medicines for three to four weeks after surgery. All patients are tapered off medication by the six-week time point.
- 4. Driving:** Patients should not operate a motor vehicle until they are out of their sling and have good functional control of the extremity. This generally takes seven to 10 days from the time of surgery.
- 5. Return to Work:** The return-to-work date is obviously highly individualized depending on the patient’s specific work duties, availability of light duty, and particulars of his or her repair. At the conclusion of each postoperative office visit you will be given a work capacity note outlining which duties are safe for you to perform. Most patients have some work capacity, if only one-armed, by two to three weeks after surgery. Your physician will provide guidance regarding a safe level of activity. It is the responsibility of

your employer to provide a work environment that adheres to the restrictions outlined. If such a work environment is not available, it is our expectation that the employer will hold the patient out of work. If an employer is willing and able to accommodate reasonable restrictions outlined by our office, patients will be released to work.

6. **Questions:** Dr. Corsetti, his nurse, and clinical assistant can be reached at (413) 233-1233. Physician/physician assistant coverage is available 24 hours a day at (413) 785-4666.