

POST-OPERATIVE INSTRUCTIONS FOR SHOULDER SURGERY

GENERAL: You have had a surgical arthroscopic or open procedure performed on your shoulder. Incisions were created to identify and treat pathology, ie. remove “bone spurs”, repair a torn rotator cuff tendon(s), remove arthritic AC joint. Small incisions may have been employed to help with rotator cuff repair. It is normal to have some discomfort and/or pain in the first few days after this procedure. Everyone responds to and describes pain differently, but in general the pain medications prescribed should be adequate to control your pain. Severe pain, or pain that is increasing over the course of the first few days, is a reason to contact the office ahead of your scheduled appointment.

OTHER REASONS TO CALL:

FEVER greater than 101.5°F degrees. It is not unusual to have a low-grade fever (101 or less) in the first 24-48 hours after general anesthesia. However, fever that begins after, or lasts longer than 48 hours, is a reason to call.

NAUSEA is common in the first few hours after general anesthesia, and your physicians have taken steps to try and reduce the severity and duration. If severe nausea persists, or if it makes you unable to take your oral pain medications, please contact the office. It is recommended to eat a limited diet, with relatively bland food, for the first few days after surgery to reduce the chances of nausea.

SWELLING is related to accumulation of arthroscopic fluid in the soft tissues around the shoulder. It generally resolves over the first 24-48 hours. It may lead to saturation of the initial post-operative dressing. This dressing can be changed if needed and replaced with a dry dressing. Progressive swelling should be discussed with the office and may require a visit ahead of your scheduled appointment. Some bleeding in the shoulder is common for about 48 hours after bone spur removal. This bleeding will often not be evident until gravity has pulled it down into the upper arm. Once this bruising is seen (usually by 3-4 days) it is already dissipating and is not a cause for concern. Fracture surgery and rotator cuff surgeries also may have bruising.

CARE OF DRESSING/SHOWERING:

Your shoulder was dressed in the sterile environment in the operating room. The dressing can be removed on the **third day**. Dressings and coverings are no longer necessary after three days. At this point you can look for any signs of infection **ie. (fever, redness, drainage)**. You may take a **shower** after three days. The incisions do not need to be covered unless instructed by your doctor. Water may run over the area, but do not attempt to scrub or wash the area vigorously. Pat the area dry after the shower and apply a dry dressing if desired. **Avoid creams, salves or ointments unless instructed to do so by your physician.** **Soaking the incisions in a tub, pool or hot tub is not permitted until instructed by your physician, generally 10-14 days post-operatively.**

ICE is very useful in reducing pain, inflammation, and swelling in the shoulder. Ice can be applied twenty minutes on and twenty minutes off several times a day. Generally a break of an hour or more between icing is recommended.

SLING: Your arm may be placed in a sling for comfort after surgery. This sling can be removed or used only as needed for comfort after 12-24 hours. **IF YOU HAVE HAD A ROTATOR CUFF REPAIR, OR STABILIZATION OF FRACTURE DO NOT DISCONTINUE THE USE OF THE SLING UNTIL DIRECTED BY YOUR PHYSICIAN.** You will remain in a sling for approximately 4 weeks after rotator cuff repair or a stabilization procedure. Range of motion exercises can begin immediately. You can start wiggling the fingers and moving the wrist (clockwise and counter clock wise) to maintain adequate circulation. If you are in the sling greater than 24 hours please remove it several times a day to begin elbow and wrist range of motion to prevent stiffness. All patients may begin pendulum exercises as instructed prior to discharge on the post-operative day.

PHYSICAL THERAPY: You will be instructed to delay physical therapy for the first week.. Physical therapy will be discussed at your first post-operative visit. Therapy will be used to begin the recovery process and reduce stiffness. Rotator cuff repairs and Bankart procedures will delay the start of physical therapy until approximately 4 weeks.

DRIVING: Driving is not recommended until patients are off all narcotic medications (Percocet and Oxycontin). It is recommended that patients not drive until they have weaned from the sling, and have enough strength and mobility and the use of both hands to drive.

MEDICATIONS: Your physician has prescribed a combination of medications in an attempt to make you as comfortable as possible in the post-operative period. No medications can take away all the pain of surgery, but a combination regimen is effective in reducing pain and inflammation. The following Medications will be given to you at your History and Physical visit.

MOTRIN (IBUPROFEN) 800mg one tablet by mouth three times a day for approximately ten days to reduce swelling, inflammation and help with pain. This medication should be taken three times a day for the first few days and then as needed after that. This medication can cause stomach upset and should always be taken with food. Please inform your physician of any past ulcer or reflux history as it may alter this prescription.

PERCOCET (OXYCODONE) 5/325mg one to two tablets by mouth every 4-6 hours as needed for pain. This medication is designed for pain control and should only be used as needed. Use the lowest dose possible to control pain. This medication can cause **constipation and drowsiness** and should be stopped as soon as pain allows. If constipation occurs, try eating bran cereal (with 8-10 grams of fiber). If that doesn't stimulate a bowel movement consider using a laxative (over the counter) and make sure you drink plenty of fluids.

Morphine SR 30mg one tablet by mouth every 12 hours. Designed to be used regularly for pain. This is a time-released medication containing the same active ingredient as Percocet and should be weaned as quickly as possible. The duration of action may allow better sleep patterns at night.

*** Any further questions please contact Averil LPN at 785-4666**