

Postoperative Instructions for Shoulder Surgery**Your Surgery Included:****Arthroscopic:**

- q Diagnostic
- q Lysis of Adhesions / Manipulation
- q Debridement
 - q Labrum q Rotator Cuff q Cartilage
- q SLAP Repair
- q Instability Repair
- q Rotator Cuff Repair
- q Subacromial Decompression / Bursectomy
- q Biceps Tenotomy / Tenodesis
- q Distal Clavicle Resection

Open:

- q Instability Repair
- q Rotator Cuff Repair
- q Distal Clavicle Resection
- q Biceps Tenodesis
- q Contracture Release
- q Fracture Fixation
- q AC Joint Reconstruction
- q Joint Replacement
 - q Hemiarthroplasty q Total Shoulder
 - q Reverse Total Shoulder

Call our office (315-363-4651 immediately if you experience any of the following. If you are calling after business hours you will be connected to the Answering Service who will connect you to the on call provider for Oneida Orthopedics.

- Excessive bleeding or pus-like drainage at the incision site
- Uncontrollable pain not relieved by pain medication
- Excessive swelling or redness at the incision site.
- Fever above 101.5 degrees not controlled with Tylenol or Motrin
- Shortness of breath or severe calf pain
- Any foul odor or blistering from the surgery site
- Any “pop” with pain and/or deformity in the biceps muscle

FOR EMERGENCIES: Our office is the best way to contact us. If on the weekend, call 315-363-4651 and the Answering service will direct your call appropriately

1. **Pain Management:** A cold therapy cuff, pain medications, local injections, TENs unit, 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.

Medications: You were given one or more of the following medication prescriptions during your preoperative appointment. Follow the instructions on the bottles.

Narcotic Medication (usually Percocet, Roxicodone, or Norco): Begin taking the medication before your shoulder starts to hurt. Some patients do not like to take any medication, but if you wait until your pain is severe before taking, you will be very uncomfortable for several hours waiting for the narcotic to work. Always take with food.



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If no label write patient information in this box.

Nausea / Vomiting: For this issue, we prescribe Zofran or Phenergan, use this medication as directed as needed for nausea.

Cold Therapy: You may have been sent home with a Polar Care® cold therapy unit and wrap for your shoulder. Fill with ice and water to the indicated fill line. You can use 20-30 minutes on then off, several times a day. This will help relieve pain and control swelling. Do not sleep with on.

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

Do not use any of these medications with alcohol, while driving, nor take any additional acetaminophen (Tylenol). Long-term use of any narcotic pain medication can cause dependence, however if you hurt, don't hesitate to take it as prescribed and then gradually wean off the medication. You will know when you do not need it any longer.

All of these medicines will cause drowsiness. Tramadol does not contain Acetaminophen (Tylenol).

Avoid taking anti-inflammatories for 12 weeks following surgery including a repair, reconstruction, or replacement.

After 24-36 hours, you will feel more clear-headed and pain management will be easier. At this time, these medications may be tailored to your specific needs.

Pain medication should be weaned as soon as possible. You should first discontinue taking the Percocet or Norco and wean to Tramadol and Tylenol/Acetaminophen and then wean to Tylenol/Acetaminophen only. Do not take Tylenol/Acetaminophen while still taking Percocet or Norco as these medications have Tylenol/Acetaminophen in them as well. It is recommended that you not take more than 3,000mg of Tylenol/Acetaminophen in a 24 hour period.

2. **Diet:** Eat a bland diet for the first day after surgery. Progress your diet as tolerated. Constipation may occur with Narcotic usage. We recommend Colace 100mg twice a day while taking narcotics.
3. **Activity:** Spend 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. If a biceps tenodesis procedure was performed, avoid any aggressive lifting (over 5 lbs.) or "corkscrew" motion for 6 weeks.



ICE:

Ice your shoulder 5-6 times a day, 20-30 minutes at a time. This can be done using the cooling unit that was in place after your surgery or you can use regular ice packs. Please remove the unit completely 2-3 times daily to prevent impressions on your skin and to let your skin fully warm before the next application. Have a towel under the cooling unit to protect your skin from the cold when using the cooling unit. Ice is stronger than anti-inflammatory medication. Be diligent about icing! Be sure to ice down your shoulder for 20 minutes after therapy. Be careful to check your skin as there have been rare cases of cold induced damage to the skin. Do not sleep with the cooling unit on. (If you have a ThermoTek unit, you can leave this unit running continuously and do not need to stop it every 20-30 minutes as the machine will do this automatically in each one-hour cycle.)

4. **Dressing Change:** Proper dressing changes are key to your success after surgery. Remove the dressing on the 3rd day after surgery. Place waterproof bandages on at this time. Keep the wound as dry as possible for the first 2 weeks. It is normal for some blood to be seen on the dressings. It is also normal for you to see apparent bruising



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on the skin around your shoulder when you remove the dressing. If you are concerned by the drainage or the appearance of your shoulder, call the office at 315-363-4651 for further direction. After hours, you will be connected to the Doctor on call.

To minimize skin irritation, rotate bandage orientation by 90 degrees daily.

Do NOT use ointments on your incisions. Keep wounds as dry as possible for first 2 weeks.



5. **Showering:** You may shower on the 3rd day after surgery. Place waterproof bandages prior to shower. It is recommended to cover the surgical area (dressing) with plastic wrap before showering to avoid it getting wet. Do not submerge limb in any water for 4 weeks or until incisions are completely healed.
6. **Shoulder Sling (with / without pillow attachment):** You may have been sent home with a sling / pillow attachment holding your arm away from your body. You may remove the sling when changing clothes or bathing. Make sure to wear the sling while sleeping unless instructed otherwise. You may remove at rest or for exercises.

- ☐ You need to wear the sling WITH pillow for ____ hours a day for ____ days / weeks
- ☐ You need to wear the sling WITHOUT pillow for ____ hours a day for ____ days / weeks

7. **Weight Bearing** Please follow the following weight-bearing precautions:

- ☐ Non-weight bearing for ____ weeks
- ☐ Partial weight bearing for ____ weeks
- ☐ Full weight bearing after ____ weeks

8. **Shoulder Exercises:** Begin these exercises the first day after surgery in order to help you regain your shoulder motion and strength. You may do the following marked exercises for 2-5 minutes five times a day:

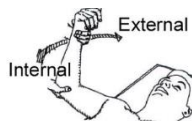
- ☐ Shoulder shrugs – Shrug your shoulders up and down
- ☐ Pendulums – Bend forward allowing your arm to hang down in front of you. Gently swing your arm side-to-side and front to back.



- ☐ Passive abduction – 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, have a family member gently rotate your arm internally and externally



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- ☐ Scapular retractions – (Squeeze shoulder blades together): Squeeze shoulder blades together while slightly pulling them down (do not shrug your shoulders upward); You can perform 10-15 reps, several times throughout the day, when seated at your desk, driving in the car, etc



- ☐ Pulley exercises – Put a towel or long sleeve shirt 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.



- ☐ Ball squeezes - use ball attached to sling/pillow or soft (nerf) ball for grip strengthening



9. **Physical Therapy:** Physical therapy is an essential component to your recovery from surgery. Your physical therapy will start in _____ days / weeks.
10. **TENS UNIT:** You may be supplied with a TENS unit before or after surgery. Be sure to inquire if you are purchasing or renting the unit and how much it will cost out of pocket after your insurance company provides or does not provide coverage. This unit hooks up to the 4 wire patches that were placed strategically on your skin, close to your surgical site. This helps with pain management along with your ice unit and your prescriptions.
11. **Other:**
- **DRIVING:** Following surgery, you are not able to drive during the time you are instructed to be in a sling.
 - **URINARY RETENTION:** Should you experience a decrease in your urine output or are unable to urinate following surgery, this can be due to the medications given for anesthesia during surgery. We recommend contacting the emergency line for a urology department appointment for a same day or next day appointment. Ask to schedule an appointment for the next day. If unable to, please contact us to facilitate.
 - **EMERGENCIES:** If you experience any of the following:
 - Fever over 101°, chills or sweats
 - Non-clear drainage around the incision or increased redness/swelling
 - Calf pain and swelling, redness and warmth on either leg
 - Chest pain or difficulty breathing
 - For any emergencies or concerns after office hours, contact the on call line at 315-363-4651 or go to the nearest emergency room and have the admitting physician contact Dr. Khalid.
 - **FIRST POSTOPERATIVE VISIT:** As scheduled.

