

POSTOPERATIVE INSTRUCTION SHEET - **SHOULDER**

Patient name \_\_\_\_\_

**Procedure:** \_\_\_\_\_

***Sling Instructions:*** Patient is to follow the instructions for # checked.

A sling or shoulder immobilizer has been placed on your shoulder to minimize discomfort and protect any rotator cuff or labral repair. To avoid developing stiffness remove your arm from the immobilizer 4 to 5 times per day to straighten your elbow, and move your wrist, and hand ONLY.

- #1** A sling is provided for your comfort. You may remove the sling and let your arm hang by your side if it is more comfortable. Use your arm and hand for regular, everyday activities (washing, dressing, eating, etc.)
- #2** Shoulder immobilizer may be removed for showering. Keep arm in the same position as if it were in the immobilizer or let the arm hang straight down when showering. Wear sling at all other times including sleeping.
- #3** A shoulder abduction pillow is provided for healing. **DO NOT** remove the immobilizer for any reason. Please **DO NOT** let your arm hang straight down for any reason. Please **DO NOT** try to hold it up without support. You may only take sponge baths.

***Ice (cryotherapy)***

Icing is most important in the first 72 hours to reduce postoperative pain and inflammation in the operative area. We recommend continuing to use ice liberally the first week, even at night for 20-30 minute time periods. During the 2<sup>nd</sup> and 3<sup>rd</sup> week use the ice machine 2 to 3 times a day for 20-30 minutes will help lessen the pain/inflammation.



### **How should I manage my surgical site, dressing and steri-strips?**

- **You can change your surgical dressings 3 days after surgery. Keep surgical dressings DRY the 1<sup>st</sup> 3 days!!**
- After that first time, change your dressing every other day as needed.
- Allow the steri-strips to fall off on their own (it usually takes 2-3 weeks). If necessary, sutures will be removed at your first post-operative visit.
- You may shower with a watertight bandage in 3 days, but keep the incisions dry until the sutures are removed in seven to ten days. Try not to let the direct spray of water from the showerhead hit the incision.

### **MEDICATIONS**

- A strong pain medication has been prescribed for you. Take as instructed and as needed.
  - Pain medication may cause constipation. You may take an over the counter stool softener (Colace, Senekot, etc) to help prevent this problem.
  - You should take these medicines with food or they may nauseate you.
  - You may not drive or operate heavy equipment while on narcotics
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 10-12 hours after your surgery). **DO NOT WAIT UNTIL THE BLOCK COMPLETELY WEARS OFF.**
  - Most patients find it helpful to take two pills 10-12 hours after surgery and another two, four hours later to help transition to oral pain medications.
  - The first 48 hours are typically the worst for pain and gradually improves.
- If prescribed Aspirin for prevention of blood clots, begin the day **AFTER** surgery.
  - Take one aspirin (81 mg) a day for 21 days unless otherwise instructed
  - Resume all home medications unless otherwise instructed.
- Call immediately to the office, (979) 776-0169, if you are having an



adverse reaction to the medicine or have any questions

**Activities:**

Many shoulder patients find that lying down increases their discomfort. You may find that it is easier to sleep in a recliner or propped up in bed with a pillow supporting your elbow in a comfortable position for a few days. A sling or shoulder immobilizer has been placed on your shoulder to minimize discomfort and protect any rotator cuff or labral repair. To avoid developing stiffness, remove your arm from the immobilizer 4 to 5 times per day to straighten your elbow, and move your wrist, and hand.

- a) Let pain be your guide to activity. (too much pain = too much activity)
- b) DO NOT use exercise machines unless specified.
- c) Squeeze a small ball as much as possible to help decrease swelling.
- d) Generally if you have a job with little physical activity, you may return to work on the third post-op day with no use of the affected arm.
- e) If your job requires excessive lifting or use of your arm, then discuss return to work date with your physician

**May I use my involved arm for dressing, bathing, driving, and other daily activities? How should I manage my arm in the shower?**

- You may use your wrist, hand, and elbow for daily activities. This includes eating, shaving, dressing, as long as you do not move your operated arm away from your body and it does not increase your pain.
- Do not use your arm to push up/off the bed or chair for 6 weeks after your surgery.
- When using your keyboard and mouse, do not move your arm away from your body.
- When showering, you may wash under the involved arm pit by bending forward to let the involved arm hang freely and reaching under with the opposite arm
- Do not actively move your arm away from your body.

**Elevation:**

Sleep in bed with shoulder elevated on several pillows or sleep in recliner, for maximum comfort. Initially, lying flat is less comfortable.



**If you had a rotator cuff, or labrum repair, or a shoulder stabilization procedure, you should NOT actively raise or externally rotate your arm until you are seen for your first post-operative visit.** A detailed rehabilitation protocol will be provided at the first post-operative visit specific to the type of surgery that was performed. You may bend and straighten your elbow to perform activities such as eating or using a computer. Do not lift anything heavier than a cup of coffee.

**If your surgery consisted of only bone spur removal and bursal tissue removal (clean up of the shoulder), and you did NOT have a repair of the rotator cuff or labrum/ligaments than you should do the following.**

Begin doing gentle pendulum exercises the day after surgery. Lean forward at the waist and allow the arm to gently rotate and swing in a circular motion both clockwise and counterclockwise. This exercise will help prevent stiffness and will become easier each day as the pain and swelling decrease.

Pain may take days to weeks to completely subside and varies depending upon the extent of the damage that needed to be repaired. Swelling will typically decrease over the first few days to first week, and saline fluid used during the arthroscopic procedure may drain onto the bandages...this is **NORMAL**. If you experience severe and worsening pain, redness, drainage of something other than water or watery bloody material, or fever over 101 (after the first day or two), this could indicate infection, and you should contact Dr. Luedke's office if you have any concerns.

**Are there any medications that I should not take during my recovery/rehabilitation?**

- You should not take any anti-inflammatory (aleve, ibuprofen, and naproxen) medications for at least 12 weeks after surgery as may interfere with tendon healing.

You can take Tylenol or any of the pain medications your surgeon prescribes. In addition, the use of frequent (3-4 times per day) icing of your shoulder will assist in pain management.

**Can I smoke following surgery?**

- You should not smoke after surgery as it interferes with tendon healing.

**EMERGENCIES** • If you have an emergency contact Dr. Luedke's office at (979) 776-0169 and he will be contacted.

- Contact the office if you notice any of the following:



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- Uncontrolled nausea or vomiting
  - reaction to medication
  - inability to urinate
  - fever greater than 101.5 (low grade fevers 1-2 days after surgery is normal)
  - severe pain not relieved by pain medication/ice/elevation of leg
  - redness or continued drainage around incisions (a small amount is normal for a few days)
  - calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**