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Orthopedic Sports Medicine

Postoperative SHOULDER instructions

Your surgery involved the following:

- Bankart labral repair: Anterior Posterior
- SLAP repair
- Latarjet Glenoid bone block
- Rotator cuff debridement
- Rotator cuff repair: Subscapularis Supraspinatus Infraspinatus
- Subacromial Decompression
- Distal clavicle resection
- Biceps: Tenodesis Tenotomy
- Capsular Release
- AC Joint Reconstruction
- Manipulation Under Anesthesia Lysis of Adhesions
- Open reduction internal fixation (ORIF): Clavicle Proximal humerus Humerus shaft
- Shoulder replacement: Anatomic Reverse
- Other:

Brace

- You do not require a sling.

- You have been placed in a sling. Remain in the sling including while asleep. No active shoulder motion is permitted. If resting and awake you may loosen the sling and perform the post-operative exercises provided. You may also rest out of the sling when awake and sitting in a chair. Use a pillow to support your arm when resting out of the sling. Further discussion of the length of time in sling/bolster use are included in your physical therapy instructions.
 - Sling for 6 weeks
 - Sling for 4 weeks
 - Sling for 3 weeks
 - Sling until sensation is fully regained

- No Active Elbow movement

- Other:

Physical therapy

- Do not begin physical therapy until your first postoperative visit.

- Begin physical therapy immediately. You will be given a protocol to give to your therapist.

Activity

Ice: Apply ice to the shoulder in a waterproof bag for 30 minutes each hour while awake. You may also elect to purchase a cryotherapy cooling unit from the clinic. This is essential to help limit swelling and help with pain relief!

Sleeping: Keep your arm in the sling even while sleeping. Some patients prefer to sleep in a recliner or propped up in bed with several pillows.

Activities: Do not use your operative arm or hand for *any* lifting. Avoid long distance traveling for 2 weeks.

Driving: NO driving until first postoperative visit, unless instructed otherwise

Incision care

Keep the incision clean and dry after surgery. Do NOT use *any* ointments/creams/lotions on your incisions, unless otherwise directed. It is normal for there to be minor leakage for the first day or two after surgery. There is typically bruising that may develop within a few days after surgery about the shoulder and chest-wall.

Nerve block

A peripheral nerve block is routinely given as part of your anesthesia. This typically lasts anywhere from 12-18 hours and provides numbing and pain relief to your surgical site. For some shoulder replacement patients a longer acting medication is given; this can last a few days. If you begin to experience pain as the block wears off consider taking one of your prescribed pain medications.

Dressing changes

Your shoulder is dressed in sterile bandages. It may be closed with sutures, staples, or dissolvable sutures and steri-strips depending on your surgical procedure. If steri-strips (small white stickers) are in place, do not remove them when taking off your dressing. They will peel off on their own after a couple of weeks.

Do not change your dressings until post-op day 2**. For example, if you had surgery on Wednesday, you would change your dressings on Friday. Change your dressings daily afterwards. You may find some minor leakage, this is normal. Use clean gauze and tape for larger incisions and bandaids for arthroscopy portals.

** For Shoulder Replacement patients** change your dressing on post-operative day 5.

Bathing

Showering may be resumed as soon as 2 days after surgery. Let soapy water pass over the incision. **Do not scrub the incisions.**

NO water submersion, ie baths, swimming, hot tubs, or soaking activity for at least 4 weeks after surgery.

Steri-strips may fall off gradually with showering. When in the shower, have a chair or stool to sit on to prevent slips or falls.

You may choose to purchase a simple sling to use in the shower. Alternatively you can allow your arm to dangle freely at your side.

Medication

Pain medications: Postoperative pain is normal, as long as it is bearable and controlled with your prescribed medications. Generally, a short-acting narcotic pain medication (oxycodone, percocet, etc.) is prescribed for all patients following surgery. This should be taken **only as needed** for pain every 4-6 hours. If you are not experiencing pain you should not take the medicine and may opt to take Tylenol instead to see if that helps with your pain. If you find that you are not experiencing significant pain, you can discontinue the pain medication as soon as comfortable. If you have further questions contact Dr. Elkin's office.

Take this medicine only as prescribed. Narcotic medicines may make you drowsy and/or dizzy, therefore driving a car or operating machinery is NOT ALLOWED UNDER ANY CIRCUMSTANCES while taking narcotics.

Please take note of the prescription refill protocol:

- **You MUST give your surgeon's office at least 48 hours notice for any refill**
- **Prescriptions will NOT be filled over the weekend or past 5pm**

Nausea: Zofran (Ondansetron 4mg) Take 1 tablet every 6 hours as needed for nausea or vomiting. The anesthesia or pain medications can make some individuals nauseous. If you experience moderate nausea or vomiting, take as directed.

Constipation: Senokot tablets (purchase over the counter): Take 2 tablets nightly while taking pain medications.

The pain medications we provide can result in mild-to-moderate constipation. It is important to take a stool softener to prevent constipation. If no bowel movement by day 3 take 2 tablets at mealtimes and 2 tablets at night up to a maximum of 8 tablets.

Deep Vein Thrombosis (DVT) Prophylaxis: Aspirin 81mg or 325mg (purchase over the counter): Take 1 tablet daily for 30 days.

Surgery places you at risk for forming a blood clot. The risk is believed to be low, but not insignificant. Patients with no history of blood clots are prescribed an aspirin daily for the first month to further reduce the likelihood of forming a blood clot. If you have had a blood clot in the past **ALERT your provider before surgery**, you may be given a stronger alternate medication. If you have an allergy to aspirin speak to Dr. Elkin about an alternate treatment strategy.

Anti-inflammatory: Naproxen 500mg twice a day for 2 weeks or Ketorolac 10mg every 6 hours for 5 days.

To help with post-operative swelling and inflammation you will be prescribed a non-steroidal anti-inflammatory medication. Take this as directed. If you have a history of kidney disease, bleeding issues, and/or gastric disease please alert Dr. Elkin. Take this medication with food. If you have any stomach upset please stop this medication

Follow-up care

You should have an appointment with the Physician Assistant 7-10 days after your surgery. You will then have further follow-up appointments typically 8 weeks and 14 weeks after surgery. To check your appointment, call 503-540-6300. If you have a problem after regular business hours call 503-540-6300 and you will be directed to the on call provider.

Diet

Begin with clear liquids and light foods (jello, soups, etc.), and progress to your normal diet if you are not nauseated.

SPECIAL INSTRUCTIONS

Please follow these instructions:

When to call your surgeon

Complications after shoulder surgery are fortunately very rare.

Call the office at 503-540-6300 if any of the following occur. If after hours and you are unable to reach your physician call 911 or go to the ER.

- Fever > 101.5°F
- Chills
- Increasing severe calf or leg pain
- Increasing swelling in calf or foot
- Numbness or tingling that does not return after nerve block wears off
- Hives, itching, rashes
- Shortness of breath or chest pain
- Vomiting that lasts more than 8 to 12 hours following surgery
- Drainage from incision sites that continues for more than 5 days follow surgery.