

Post Op Shoulder Arthroscopy Instructions

Post Operative Pain:

We routinely use a nerve block with your surgery so your shoulder and arm may feel numb for up to 6 to 24 hours after surgery. It is extremely important to begin taking your pain medications before the block “wears off”. It is usually best to begin taking the pain medications as soon as you arrive at home.

Medications:

Take one 325 mg aspirin each day, beginning the day after surgery for 6 weeks to help prevent blood clots. If you are already taking a blood thinning medication like Coumadin (Warfarin) or clopidogrel (Plavix), you do not need to take the aspirin (unless otherwise instructed by your physician).

You can resume your regular medication unless directed otherwise. You may use Tylenol, Motrin or other over the counter medications to help with pain. Narcotic pain medication may have been prescribed. Please take these post-operative pain medications as prescribed on the bottle; DO NOT take on an empty stomach. Guard against constipation by taking a stool softener (see separate constipation protocol). If you are having difficulty controlling your pain, please see below.

IF YOU FEEL THE PAIN IS MORE THAN EXPECTED, here are some recommendations:

TYLENOL/ACETAMINOPHEN: We recommend Tylenol 650 mg 4 times a day for the first week after surgery. This will lower your pain tremendously. Please note: The following medications are combination drugs that contain TYLENOL (in addition to the narcotic): Percocet / Vicodin / Norco. If you were prescribed one of these combination medications (or another combination drug containing Tylenol), YOU CANNOT TAKE EXTRA TYLENOL. Tylenol, when taken in excessive doses, can cause liver damage. If you have questions, PLEASE CONTACT OUR OFFICE FOR INSTRUCTION.

ANTI-INFLAMMATORIES/NSAIDS: These will decrease pain and swelling after surgery as well. They can be hard on your stomach so you will need to take them with food. Motrin/Ibuprofen 800 mg three times a day OR Naproxen/Naprosyn 500 mg two times a day OR Mobic/Meloxicam once a day.

OTHER MEDICATIONS: In certain circumstances we may prescribe other non-narcotic medications to help with pain such as Tramadol/ Ultram, Gabapentin, and Atarax/Vistaril.

Icing your shoulder:

Ice is very helpful in controlling pain and inflammation although it is sometimes difficult to keep it on the shoulder. Bags of crushed ice or even frozen peas work fairly well. If you were given an Iceman or Polar Care ice machine then you should use the straps to secure the cooling pad. Ice should be applied for 20 minutes at a time, every one to two hours. To protect your skin from frostbite, put a thin towel or T-shirt next to your skin. Ice is most helpful in the first 3 days, but you can use it as long as necessary. Heat is not recommended for the first 2 weeks after surgery.

Dressings/Bandages:

The bulky dressing and bandages can be removed 3 days after surgery. It is normal to have some bloody drainage on the dressings. If the incisions are not dry, you should apply gauze and tape or Band-aids over the incisions. **DO NOT** put Neosporin or other ointments on the incisions. If the incisions are dry, you may leave the incisions uncovered. You may shower immediately with your wound covered. You may shower with your wound uncovered at 5 days unless your wound is not dry. **You should not submerge your wounds in water for 3-4 weeks.** You should stay away from ponds, rivers, lakes, and hot tubs for 1 month.

Sling:

The sling will be on your arm for 4 to 6 weeks depending on the surgery. It is **VERY IMPORTANT** that you do not use the arm muscles during that time. You will sleep in the sling. The sling should position the arm in a comfortable position. Your hand should be at about the middle portion of your stomach. You can use pillows or blankets to make yourself comfortable. Try to avoid lower furniture (couches, chairs) or deep recliners so you can refrain from using the arm muscles.

Exercises:

You may carefully remove the arm from the sling once or twice a day while doing your exercises only. Most patients begin with the PENDULUM, TABLE SLIDES, and SHOULDER SHRUG exercises the 2nd or 3rd day after surgery. Pendulums involve leaning over at the waist and letting the arm hang for a 20-30 seconds. Table slides allow you to place the palm of your hand on a table and slowly lean forward to gently stretch the shoulder (see the exercise handout). The shoulder shrugs are a GENTLE/PASSIVE motion that targets the trapezius

muscle in the back. Additional exercises will be discussed with you at your 10-14 day post operative appointment. Be sure to ask questions if you have them.

You should not use the muscles of the operative shoulder at any time in the first 6 weeks or you could disrupt the repair.

Physical Therapy:

Your therapy typically begins 3 weeks post op, unless otherwise instructed by your physician. Commitment to physical therapy and the home exercise program is very important for the long term rehabilitation of the shoulder.

If you had **shoulder manipulation under anesthesia**, your physical therapy begins the day of surgery, and continues for three consecutive days. Please follow instructions provided by your therapist.

Other information:

It is important to have a support system after your surgery. You will need to have people who can assist you during your recovery phase. It is very difficult to get dressed and replace the sling without assistance. You may need help with meals, bathing, driving, etc.

Plan to take at least 2-3 weeks off from work if you have an office job. It may take 4-6 months to return to a hard labor occupation.

Abstain from drinking alcoholic beverages and smoking. Smoking has a severe effect on the healing process and also increases the chance of infection and other complications. Drink plenty of water and eat a regular diet.

It is normal to feel some clicking or minor popping in the shoulder for up to a year after surgery. There is internal swelling and scar tissue that forms after surgery.

The rotator cuff and labrum heal back to the bone at a slow rate. If you push the limits too quickly the repair could fail. The tissue repairs at approximately 20% a month. That means that 3 months after surgery you only have 50-60% strength of the repair. The first 3 months are the most critical in the repair process. You cannot rely on pain only to be your guide. You must follow the protocol for a successful recovery.

Feel free to contact the office at 541 472-0603 if you have further questions or visit our website at www.paragonortho.net for detailed Physical Therapy Protocols.