



Arthroscopic Shoulder Surgery Post-Operative Instructions

During the initial phase of healing (first 6-8 weeks), the shoulder must be protected. It is critical that you follow these instructions carefully to help avoid complications.

Precautions Until Cleared for Further Activity

- No pushing yourself from chair or bed with the operative arm.
- No jerking motion or reaching out for objects. No pushing, pulling, or lifting with operative arm.
- No reaching behind the back (reaching for the back pocket or for tucking in the shirt).
- No elbow movement against resistance (lifting heavy objects) until 6 weeks.
- Take it easy. The more you are up on your feet, the more swelling and pain you may experience

Activity

- Ok for gentle shoulder pendulum exercises 2-3 times per day
 - No other passive or active shoulder range of motion exercises until I instruct you to do so.
- Ok for active elbow, wrist, hand range of motion
- No lifting with the operative arm
- Sling at all times when not showering, changing clothes, or doing pendulum exercises.

Diet

- Begin with clear liquids and light foods (Jell-O, soups, clear liquids, etc.)
- Progress to your normal diet as tolerated if you are not nauseated.

Postoperative Ice Use

- Ice is most useful in the first few days following surgery. You can use ice packs for 20 minutes, four times a day. You can continue using ice as long as it is effective for you, which is usually the first 3-4 days.
- Be sure to place a towel or cloth in between your dressing and the ice pack to ensure the ice pack is not in direct contact with the skin as it can cause frost bite.

Anesthesia

- An anesthesiologist is a doctor who specializes in caring for patients during a surgery or procedure and they will:
 - Meet with you before your surgery to decide on a plan for anesthesia
 - Give you anesthesia and pain medication as needed during your surgery
 - Monitor your vital signs during your surgery (breathing, blood pressure, heart rate)

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- Help to manage your pain immediately after surgery while you are recovering in the hospital
- Typically, anesthesia for this surgery is in the form of a nerve block and light sedation or deeper sensation for certain procedures. The nerve block makes the entire area numb for a period ranging from 12-14 hours, and uncommonly up to 18-24 hours. If the anesthesiologist feels that you may need more than a nerve block and sedation, they will discuss this with you prior to surgery.

Pain Control and Discharge Medications

- After surgery, you will feel pain. This is a natural part of the healing process. We will work with you to minimize your pain, which can help you recover from surgery faster.
- A combination of NSAIDs, Tylenol, and narcotics are usually the best way to control postoperative pain.
 - Be aware that although opioids can help relieve pain after surgery, they can be highly addictive. Opioid dependence and overdose have become critical public health issues. It is important to use opioids only if necessary. As soon as your pain begins to improve, stop taking opioids. Constipation, nausea, and itching are also common side effects of opioids and stopping opioids once pain is controlled helps avoid these symptoms.
- When the nerve block wears off it happens rapidly and can result in excessive pain as it catches you unaware. This usually happens when you're asleep or overnight following your procedure. The key to avoiding this situation and achieving adequate pain control in the first 24-36 hours is to start oral pain medications before the block wears off.
- You may be provided with a prescription of some of the following medications for your procedure. If there is an infection, you may also need antibiotics and I will let you know if that is the case.
 - *Over the counter: Tylenol 500mg*: Take 1 tablet every 8 hours as needed for pain control. Do not exceed 3,000mg of Tylenol within a 24-hour time period. Norco also has Tylenol in them and count towards your daily total
 - *Ibuprofen 800mg (NSAID)*: Take 1 tablet as needed every 6 hours for pain control. **If you have kidney disease, stomach ulcers, heart disease, or are allergic to NSAIDs, please let us know as NSAIDs are contraindicated in these conditions.**
 - *Norco 5-325 mg (Opioid pain medication)*: You can take one tablet every 6 hours for pain control only if your pain is not controlled with other medications. However, we do recommend that you take at least one tablet every 6 hours for the first 24 hours so that when your nerve block wears off you have pain medication on board. After the first 24 hours, you may continue to take one tablet every 6 hours as needed. When the pain lessens, you should take less medication, spaced out at greater intervals (every 8 hours, every 12 hours, or only at night). **If you are allergic to opioids, are on an opioid addiction program, or are taking other medications that make you drowsy, please let us know.**

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- *Colace 100mg*: Take one tablet in the morning and one tablet at night to treat constipation that can occur as a side effect of opioids. This should be taken the whole time you are on opioids, or until your bowel movements return to normal. It is a good idea to take this for 4 weeks.
- *Zofran 4mg*: Take up to 3 tablets a day (one every 8 hours) only if you have nausea or vomiting to treat nausea or vomiting.
- *Over the Counter: Prilosec 20mg*: Take 1 capsule a day for preventing and treating gastritis and acid reflux that can be a side effect of NSAIDs (Motrin, Aleve, Advil).
- **Common Side effects of pain medications and remedies include**
 - *Nausea and vomiting*- take Zofran as instructed
 - *Excessive Drowsiness*- space out the opioid medication (hydro or oxycodone) as far as possible without being in excessive pain. Be sure to have a responsible adult help you get around the house and restroom if needed during the first few days
 - *Acid Reflux*- take over the counter Prilosec while you are taking NSAIDs (Omeprazole 20mg dose once daily)
 - *Constipation*- high fiber diet, take Docusate, and also consider taking an over-the-counter laxative such as prune juice or Miralax
- **Precautions with pain medications**
 - ***Do not drink alcohol, drive, or operate machinery while taking opioids***
 - NSAIDs (Aleve or Advil) increase the risk of stomach ulcers, heart attacks and stroke and their prolonged use without medical supervision should be avoided
- **Refills**
 - *Please contact my office on a weekday during regular working hours for medication refills. Do not wait until the end of the day or the weekend to call.*

Therapy

- Physical Therapy will start after you see me back for your first postoperative visit, unless I instruct you differently.

Shoulder Sling

- Sling provides relative immobilization of the arm. Therefore, it is critical that you are compliant with the sling use
 - Continue to wear the sling including at night unless instructed otherwise.
 - You can come out of the sling for changing clothes and shower
 - Ok to come out of the sling 2-3 times per day for gentle pendulum exercises.
 - When you are coming out of the sling, you will need assistance to support your arm
 - Do not get the sling wet
 - Length of time in sling will depend on the procedure performed. I will instruct you on the amount of time the sling is required.

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- Ok to use hand in sling for typing and other daily tasks that do not place stress on shoulder.

Wound Care

- You will have multiple small incisions around your shoulder (3-5) depending upon the extent of the procedure performed.
 - You may have a small incision closer to the armpit if you had an open biceps tenodesis.
- The shoulder will have a bulky dressing on it which can be removed in 72 hours (3 days) after surgery. Place large waterproof band aids (or other waterproof bandage) over each incision after the bulky dressing is removed.
- It is normal for the shoulder to swell following surgery. If blood soaks onto the bandage, reinforce with additional dressing. However, if you have to keep changing dressing pads repeatedly because of bloody soakage call our office.
- Presence of mild redness (bruising) around arthroscopy portal sites is common and will clear in few days.
- You can shower (No bath, do not completely submerge incision sites) after 72 hours (3 days) but protect the incision with a waterproof bandage and do not scrub the incision site.
 - Many patients prefer to have a sponge bath (with wet towel) until their stitches are removed (usually 10-14 days after surgery)
 - To clean your armpit, put your elbow on the table and slide the elbow forward on the table enough to expose the arm pit (do not take the elbow outwards). Alternatively, you can lean forward and let your arm hang down with gravity and gain access to your arm pit.
- Don't apply any cream, lotion, or oil on the incision until it is healed.

Suture Removal

- I will instruct you if you have dissolvable sutures or if you will require suture removal. Sutures are removed at the first postoperative visit, around 2 weeks after surgery.

Sleeping

- Patients may have difficulty sleeping on a flat bed with the sling on. The majority of patients feel better sleeping on their back in a recliner. Some patients also find it comfortable making a wedge/ramp with pillows in bed (make your own recliner in bed). DO NOT sleep on your operative side unless cleared by us.

Return to Work

- Return to work will depend on:
 - What kind of work you do
 - If your employer can make adjustments to your work status
 - How you feel after the surgery

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- If your job requires a work status note we will be happy to provide one. The return-to-work status will be discussed before surgery and also at follow up visits after surgery.

Return to Driving

- We don't recommend driving in the first few weeks following surgery. For you to be eligible to return to your preoperative driving status you must fulfill ALL OF THE FOLLOWING CRITERIA:
 - You must be completely OFF opioid medications
 - You should be able to walk normally
 - You should not be in significant pain
 - You must be able to place both hands on the steering wheel and operate the controls of the vehicle comfortably and safely
 - You must be out of postoperative sling
- As a physician, I cannot determine or assess your driving skills and therefore your ability to drive safely. It is a decision that you must make when you feel comfortable driving after you have fulfilled the aforementioned criteria. I strongly recommend that you should first practice in an empty parking lot to ensure your abilities to return to driving solo on the road. Research studies have demonstrated that it can take anywhere from 6-12 weeks to return to safe driving on the road after surgery. I also recommend against long drives in the first few weeks of returning to driving following your surgery. Please contact my office if you have further questions.

When to Contact Our Office Immediately

- Excessive drainage/bleeding on the dressing 48 hours after surgery
- Redness, swelling or foul odor from your incision
- Fever (greater than 101.4) 48 hours after surgery
- You are in excruciating pain and medication is not helping at all
- You are having excessive nausea or vomiting with pain medications
- **If you have shortness of breath or chest pain, go the nearest ER** and contact me immediately (see contact information below)

How to Contact Our Office

- Call (816) 561-3003 to contact my office. If you are calling after hours, you may be routed to a call center and the on-call physician