

Post Operative Patient Instructions: Shoulder Surgery

Pain Management:

- Post operative pain is best controlled with multi-modal treatment. This typically involves a combination of some or all of the following medications/injections: Regional nerve blocks (interscalene nerve block), NSAID's, acetaminophen, narcotic medications, and/or gabapentin.
- Medication prescriptions will be provided at the time of your surgical procedure.
- Do not drink alcohol while taking pain medication.
- Icing the affected area can be very effective in controlling swelling and inflammation and can also be effective in helping to control pain.
- **Note: Exceeding the maximum amount of pain medicine, Tylenol/acetaminophen or taking alcohol with these medicines can lead to liver failure and death.**

Nerve Block:

- An anesthesiologist may perform an interscalene nerve block. The purpose of the nerve block is to numb the shoulder surgical site. As a result of the nerve block you will typically temporarily lose function of your arm. The nerve block typically lasts 12-24 hours.
- When the nerve block initially wears off patients may have a flare-up of pain that can last several hours. It is best to start taking the narcotic pain medication when you first notice the nerve block to be wearing off.

Ice:

- Ice can be very beneficial for pain management and controlling inflammation.
- You should have been provided with an option to rent an ice machine. This is most beneficial in the first week following surgery. If you did not rent an ice machine
- A simple bag of ice or bag of frozen peas can be very effective.
- It is recommended that you ice frequently during the first 72 hours following surgery.
- Keep a layer (shirt or dressing) between the ice and your skin to avoid frost bite.

Diet:

- Following surgery nausea is very common. Begin with clear liquids and
- Progress to your daily diet as tolerated.

Medications:

- Resume your pre-surgical medications unless instructed otherwise.

Wound Care:

- During shoulder arthroscopy fluid is used to distend the tissues and help in visualization. Drainage from the surgical wounds is common during the first day after surgery.
- Increasing pain, increasing redness around your incision, or yellow, thick drainage, more than 3 days following surgery, is concerning and should be reported to your surgeon.
- Change your dressing the day following surgery. Apply Band Aids or similar small dressings over incisions.

- Your sutures will be removed by your surgeon, his physician assistant, or nurse, at your first post-surgical office visit.
- Swelling and bruising in your shoulder and arm is common following surgery; don't be concerned.

Bathing:

- You may shower 24 hours after your surgery. Simply allow the water to run over the incisions and blot dry.
- Do not submerge the operative site in water such as a bath tub or hot tub until cleared by your physician.
- If you are unsteady following your surgery you should use a shower chair or stool.

Activity:

- Wear your sling or brace except for your home exercise program and general hygiene until your first post-operative appointment unless instructed otherwise.
- Start your phase 1 shoulder exercises the 1st day following surgery. These exercises are to be performed for 15 minute sessions three times per day. See attached exercise sheet.
- You are encouraged to walk in a controlled environment.
- Driving may be resumed when you are off narcotic pain medications and feel you can safely control your vehicle. Estimate time to drive is 14 days after surgery; however, this can vary from person to person.
- No physical therapy unless otherwise instructed by your surgeon. The exception to this rule is surgical treatment for a frozen shoulder in which case therapy is started a day or two following surgery.

Common Post--Surgical Issues:

Constipation:

- This means difficulty with bowel movements (pooping). This is very common following surgery and is related to decreased level of activity and narcotic pain medication.
- Some things that can be helpful in addressing this issue:
 - Minimize use of narcotic pain medicine
 - Fluids: Drink a lot of water or Gatorade
 - Walking
 - Foods high in fiber or prune juice.

Urinating:

- Trouble urinating (peeing) may develop temporarily following surgery, this is typically seen in men.
- If you are discharged home and unable to urinate (pee), you will need to go to the emergency room or contact your urologist.

Nausea:

- The feeling that you are going to throw up. This can occur after surgery and is typically related to general anesthesia and narcotic pain medication.
- The following can help with nausea:
 - Minimize narcotic pain meds
 - Avoid carbonated drinks
 - Avoid dairy
 - Start with bland foods such as chicken soup.

Itching:

- This generally represents an allergic reaction to either a new medication or the tape from your dressing.
- If the itching and rash is around your dressing you may take off your dressing
- Benadryl (over the counter) can be helpful. The dose is 25 50mg every 8 hours.
- If the rash does not improve notify your surgeon. If you develop a more severe reaction such as wheezing, chest tightness or shortness of breath go to the emergency room immediately.

Work:

- If you have a desk job you should be able to return to work 4-10 days after surgery. However, initial work restriction is no use of your operative arm.
- If you work in an occupation that requires more strenuous activity or light duty is not available your return to work will be delayed (Refer to return to work protocol).
- Maximal medical improvement (MMI) and full duty without restrictions is estimated at 6-9 months.

Questions:

- If you have any problems or concerns please contact IBJI and speak with a nurse or physician assistant. They will be in contact with your physician to make sure the issue is addressed.
- Don't hesitate to call. Problems are often simply addressed when caught early but can become more difficult to address at a later date.

Follow--up appointment:

- Your follow-up appointments should have been scheduled prior to your surgery (see attached page).
- Be sure to double check which office you are scheduled at for your follow-up appointment.

Shoulder Home Exercise Program

Phase 1: Weeks 0-2

General Guidelines: Be conscious and aware of your posture at all times. Avoid any exercise that elicits pain. "Tolerable discomfort is okay!" Make sure to perform exercises gently and slowly.

Exercise Prescription: Perform for 10 minutes, 3 times a day.

HAND - 1 Towel Roll Squeeze



With involved forearm resting on surface, gently squeeze towel.

ELBOW - 2 AROM: Elbow Flexion / Extension

With involved hand palm up, gently bend elbow as far as possible. Then straighten arm as far as possible. Your arm may be positioned at your side.



WRIST - 3 AROM: Wrist Extension/Flexion



With involved palm down, bend wrist up and down.

SHOULDER - 4 ROM: Pendulum (Circular)

Let involved arm move in circle clockwise, then counterclockwise. Make sure that the circle are performed GENTLY AND SLOWLY.



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