

Ronak M. Patel, MD

Shoulder Arthroscopy (Repair)

Rotator Cuff Repair, SLAP & Labral Repairs, Capsulorrhaphy, Bicep Tenodesis

Post-Operative Instructions

Please bring all post-operative DME to the surgical facility the day of surgery (this includes all crutches, braces, slings, polar care machines, etc.)

Diet

- You may resume your regular diet. However, start slow with clear liquids and gradually work your way back to your normal diet. This will help prevent nausea and vomiting.

Wound Care

- Remove the dressing 72 hours after surgery. After that, you may shower.
- You will have 2 to 5 small incisions around the shoulder. After showering, you may leave the incisions open to air or cover the incisions with band-aids. Avoid occlusive or water-tight dressings.
- Do not submerge your surgical shoulder in water or soak in a hot tub, swimming pool, or bath until your incisions have completely healed in approximately 4 weeks.
- Do not put any lotions or antibiotic ointments over the incisions until they are completely closed.
- Sutures will be removed at your first post-op visit.

Drainage

- It is expected you may have a fair amount of drainage into your initial post-operative dressing. This is normal and should generally become minimal to no drainage after 48-72 hours.
- Observe the area for several days noting any unusual increased drainage, unusual increase in pain, or any foul odor.
- When wounds are dry, no dressing is required. Dressing can be applied per your comfort.

Activities

- Rest at home for the first 24 hours after surgery.
- Ultrasling to be worn at all times for the first 48 hours unless directed otherwise.
- After 48 hours, remove the sling for short periods 2-3 times per day to perform elbow range of motion, shoulder pendulums, and showering as instructed (see handout). Wear the ultrasling at all times, including sleep, when not performing these tasks
- Activity restrictions may be dependent on the specific type of surgery that is performed.
 - If biceps tenodesis - No elbow extension past 90 degrees x 3 weeks after surgery
 - If labral repair - Limit motion to the shoulder. No at home exercises.
 - If possible superior capsule reconstruction- Limit motion to the shoulder. No at home exercises
- Physical Therapy arrangements will be made at your first follow-up appointment. Typically, outpatient therapy begins 2 - 6 weeks after surgery.

- For rotator cuff repairs, if insurance allows, you may be set up with home health physical therapy during the initial post-operative period. This will be scheduled prior to your surgery date and will begin within 7 days after surgery.
- Do not drive. Instructions will be given at your first follow-up appointment.
- You may find you sleep better in a recliner although location and position is guided by your comfort.

Pain Medication

- Take your pain medication as prescribed. This usually means 1 tablet every for 4 hours for mild pain or 2 tablets every 4-6 hours for severe pain. Do not take any additional Tylenol.
- You can also use over-the-counter non-steroidal anti-inflammatory drugs (NSAIDS) once you are eating well. They will help reduce pain, swelling, and stiffness.
 - Recommended: Aleve, 1 to 2 tablets every 12 hours; or Ibuprofen, 400 to 800 mg every 6 to 8 hours. Eat something prior to taking the medication. If you develop stomach burning or severe GI upset, discontinue the medication.
 - *Do not take NSAIDS if you have a history of kidney, liver, or stomach ulcer disease, or bleeding disorders, or if you are taking Celebrex, Bextra, or blood thinners like Coumadin.
- The pain medication may also cause constipation if you take it regularly, so take the prescribed stool softener as needed. Over the counter treatments include: stool softener, fiber bar, Metamucil or prune juice to prevent constipation.
- No driving while taking any narcotic pain medication.
- The pain medication may cause some nausea so take it with some food.

Your prescriptions will be sent electronically to your pharmacy today. Please pick up prescriptions prior to the day of surgery.

Nerve Blocks for Anesthesia

If you had a nerve block this can last approximately 12-24 hours, sometimes longer. You may notice tingling on occasion after the block wears off. This usually resolves in several days, but if it persists please call the office. As you begin to regain your sensation, take your pain medication before the block wears completely off. This will help you prevent getting behind on pain control.

Cold Therapy

- Ice should be used to help reduce pain and swelling. Ice as often as possible the first 3 days after surgery, alternating 20 minutes on with 20 minutes off during the day. After that, you should apply ice at least 3 to 5 times a day for 20 minutes each session until pain and swelling have resolved.
- When icing after your surgical dressing has been removed, do not put ice directly over healing skin. Use of a thin cloth barrier between the skin and ice is recommended.
- If you have an ice therapy device, it can be used **continuously at night**. Usage of an ice therapy device is at your own risk. Please make sure to read all instructions prior to purchasing one or using one. If you would like to purchase one you may do so online at Amazon.com and search “Cryotherapy”.

DVT Prevention

- You must wear your white TED hose compressive stocking for 4 weeks after surgery or until cleared by Dr. Patel. This stocking reduces swelling which improves healing and helps prevent blood clots.
- Please perform ankle pumps as this will help prevent blood clots.
- **Sometimes we have to prescribe a blood thinner to help prevent blood clots. Given your medical history, surgery and activity level:**
 - **You are recommended to take one 325mg Aspirin once / twice daily by mouth. Do not take Aspirin at the same time as NSAID medications.**
STOP THE ASPIRIN: If you have any stomach irritation, bleeding in your stool or you start vomiting blood. Contact Dr. Patel's office.
 - **You are recommended to take Xarelto 10mg daily by mouth. Do not take NSAIDs at the same time as Xarelto.**
 - **Other:** _____

You do not need to take any additional medications

Start medication 12 hours after surgery.

Duration of anticoagulant medication: 2 4 6 (circle one) weeks

- If you are traveling after surgery, please let us know – we advise you to wait at least 1 week between travel and surgery. General tips for preventing blood clots when traveling after surgery:
 1. Get up on the plane to crutch/walk every hour or if driving stop every 1-2 hours to get up and walk
 2. Stay hydrated. Avoid alcohol and caffeine.
 3. Wear your leg stockings
 4. Take 325mg of Aspirin (unless allergic or have stomach or kidney problems) the day before travel, the day of travel and the day after travel
 5. Do your exercises during travel especially ankle pumps
 6. If you experience swelling in your calf or pain please call our office immediately or go to your local ED for evaluation

Notify the Office if you Experience the Following

- Flu-like symptoms, nausea/vomiting, temperature of 101.5 degrees or higher, severe chills; foul odor, redness, or increased tenderness or drainage from the incision. These are signs of a possible infection. You may need to report to an Emergency Room.
- Hot tender area or unusually large amounts of swelling in either calf or other area of the leg; chest pain, shortness of breath or coughing up blood. These are signs of a possible blood clot and you may need to report to an Emergency Room or call an ambulance.
- **For urgent problems** that occur during office hours (office hours, Monday - Friday, 8:00 am to 5:00 pm), call Dr. Patel's office directly (630) 920-2350 or report to an emergency room. After hours, call (630) 920-2350 or report to an emergency room.

Follow-up

- If you do not have a postoperative appointment set-up already, please call the office to schedule an appointment for 10-17 days after surgery at (630) 920-2350.

The previous instructions will help you know what to expect in the days following your surgery. However, do not hesitate to call if you have any questions or concerns.