



# Orthopedic & Fracture Clinic

ESTABLISHED 1933

## **POST-OPERATIVE SHOULDER INSTRUCTION SHEET**

**J. Brad V. Butler, M.D.**

### **SHOULDER ARTHROSCOPY AND ROTATOR CUFF REPAIR**

#### **CLOTHING FOR HOSPITAL SHOULD INCLUDE LOOSE FITTING UPPER APPAREL**

A loose fitting sleeveless undershirt followed by a loose button down shirt. Please do not wear a traditional bra for two weeks, but one with a T-back or racer back straps are okay.

#### **GENERAL INFORMATION**

Shoulder arthroscopy and arthroscopic rotator cuff repairs are generally done as an outpatient procedure, meaning you will go home from the hospital the same day as your surgery. If an open incision is required for the rotator cuff repair, then sometimes an overnight stay in the hospital is necessitated by your level of pain. In order to go home, you will need to demonstrate an ability to keep down food or fluids, go to the bathroom, and get up and move around a little bit.

#### **PAIN MANAGEMENT**

A long acting local anesthetic is generally administered in the shoulder at the end of surgery to decrease pain. The local anesthetic will last for an average of 8-12 hours, with a range of 6-36 hours. Somewhere during this time period, you should expect that your shoulder will begin to hurt more, indicating that the local anesthetic is wearing off. Additionally, sometimes a supplemental block is administered by the anesthesiologist. The anesthesiologist will discuss this option with you. Sometimes, a separate pump is used for running local anesthetic through the shoulder, and you will be instructed in appropriate use of this by the nursing staff prior to discharge. It is advisable to begin taking some of the pain medication as soon as the block is felt to wear off, and to try to stay ahead of the pain for the first 12 hours after the block wears off only. After that, pain medication should be taken only to treat pain, as opposed to prevent it. It is not safe to set an alarm to take pain medication at a specific interval, as this can result in overdosing of medication. The oxycodone is for more severe pain and Vicodin is for less severe. The ibuprofen should be taken every day for anti-inflammatory assistance. The interval for taking pain medication, noted on the bottle every 3, 4, or 6 hours, is a minimum interval only. Pain medication does not need to be used any more often than your pain requires. If you have not had any problems with stomach ulcers, kidney disease, liver disease or aspirin or anti-inflammatory allergies, an anti-inflammatory can be taken along with your pain medication. The medications should be taken with food. An average sized adult, for a period of less than 2 weeks, could take 3 Advil/Nuprin/ibuprofen 3 times a day, at the 200 mg over the counter strength. This must always be taken with food. Icing is beneficial, particularly for the first 4 days, and can be applied as often as 10-15 minutes out of the hour while awake. It should be applied a minimum of 4 times a day during the first 4 days. Care should be taken not to place the ice directly over the skin. The Ace wrap or dressing, or a towel should be placed between ice and the skin.

#### **REHABILITATION WORK**

Unless you are specifically instructed otherwise, it is okay to begin using your hand for light weight activities immediately. If your procedure was an arthroscopy or arthroscopic decompression (acromioplasty), you may remove the sling and use it only as needed for comfort. If you underwent a rotator cuff repair, you will need to wear the sling with the pad in place for 6 weeks after surgery. General restrictions for a surgery that did not include rotator cuff repair: No lifting of any object heavier than a magazine, and no use of the arm above horizontal, except as specifically instructed by a physical therapist, for the first 6 weeks post surgery. If you had a rotator cuff repair,

you may unbutton the sling and move your arm about freely as long as your elbow remains in contact with the pad.

## **INCISIONS**

Generally you will have a grey or black sling with a pad after rotator cuff repair and a blue sling with no pad after acromioplasty. Your shoulder will typically have three to six small incisions for the arthroscopic component of the surgery. The incision on the side of the shoulder will sometimes be extended, if need be, for an open rotator cuff repair. **Please remove dressing two days after surgery, and reapply sterile 4x4 and micropore tape.** Please see cleaning instruction sheet. The incision should be kept dry until after your sutures are removed. You may choose to either take a sponge bath or cover the area carefully with plastic and tape the edges securely and take a shower.

## **POST OPERATIVE FOLLOW UP**

Please call Barbara, or the medical assistant covering for her, the day after your surgery, to check in and troubleshoot any problems or questions that arise. Roughly a week from surgery should be your first follow up appointment in the office. At that time, the sutures will be removed. You will receive a P.T. prescription at this visit if needed.

## **REHABILITATION**

Depending on your particular surgery, formal physical therapy may or may not be required. You will need to be doing your rehab exercises essentially every day. The number of visits required with the physical therapist will vary, depending on the extent of your shoulder surgery and how things progress post operatively. A separate rehab protocol is available, which outlines the rehabilitation after surgery, but this is only an outline, and rehabilitation should be individualized based on your particular situation and particular issues inherent in your shoulder.

## **SIGNS OF TROUBLE**

If, at any point after surgery, you develop a fever higher than 101.5° F, or if you notice significant redness, swelling, or foul smelling drainage from the incision, please contact Barbara or the medical assistant for her during our regular office hours. If the problem occurs after office hours, please call the answering service at **503-214-5200**. If you experience significant calf pain or swelling, this would be another issue that would be best dealt with immediately. Other questions will generally arise; please feel free to address them to myself or Barbara as needed.