

Post Operative Instructions

Shoulder Arthroscopy

(Subacromial Decompression, Internal Impingement, Debridement RTC)

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Bandages & Sling:

Your post-operative dressing has two layers you need to understand in order to properly care for your shoulder for the two weeks following surgery. Your two or three arthroscopic incisions were closed with a single stitch, and then covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place until your sutures are removed 10 to 12 days after surgery.

The second layer is a large white fluffy dressing that is loosely taped to your shoulder. Since arthroscopy is performed with water, this second layer can absorb some water that will leak from your shoulder incisions for the first couple hours after surgery. Occasionally, there will also be a small amount of blood mixed with this water, which is nothing to worry about. After your bulky gauze dressing has been removed, large Band-Aids can be placed over the Steri-Strips.

The sling is for comfort only. Feel free to remove it whenever you like, however if you go without it too much you will have increased discomfort around your shoulder and neck. Almost all patients are out of their sling within a week of surgery.

Washing & Bathing:

You should be careful to keep the wound clean and dry for the first 48 hours after surgery. Beginning on the third day after surgery it is okay to take a quick shower directly over your Steri-Strips (they won't come off). It is also okay to use soap on your shoulder and over the Steri-Strips. I would prefer that you do not take a bath until one week after surgery. It is okay to go into a swimming pool one week after surgery, and a lake or ocean two weeks after surgery.

The yellow discoloration you will find on your shoulder and arm is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water - instead you will need rubbing alcohol to remove it. This can be done the day after surgery unless it is causing your shoulder to itch, then it can be removed sooner.

Ice & Motion:

One important goal following surgery is to minimize swelling around your arm and shoulder. The best way to achieve this is with the frequent application of ice and gentle range of

motion exercises. This is most important the first 48 hours following surgery. The ice pack should be large (like a big zip-lock bag) and held firmly on the shoulder.

Immediate Post-Operative Exercises:

One of the advantages of arthroscopic surgery is a quick recovery. Remember that we did not perform any major repairs during surgery so there is nothing that can pull apart. We allow you to move your operative arm as soon after surgery as it feels comfortable. The day of surgery, while your pain block is working you may be able to fully elevate your arm over your head with assistance. Remember that there is nothing in your shoulder that you can permanently hurt by using your arm. In fact, the sooner your shoulder function returns to normal the faster your recovery will begin. Keep testing how you can do without your sling. Almost all patients are out of their sling within a week of surgery.

Physical Therapy

Your physical therapy appointment should have been made for you before your surgery day. It is important to start physical therapy two to three days after surgery. The first goal of physical therapy is to assess how your shoulder responded to the surgical procedure. The therapist will remove your dressing and look at your wound. Next your therapist will re-introduce you to your shoulder so that you feel comfortable with your surgery and are not afraid to start doing things. Your therapist will start range of motion and strength exercises on your first visit. If they find anything unexpected they will let me know right away.

Follow up appointment:

We try to give all of our patients a follow-up office visit at the time we schedule surgery. Sometimes I find things, or do things, I did not anticipate and I may want to see you in the office sooner than originally planned. Typically I want to see my patients in the office 10 to 12 days after surgery. You should call our office to confirm your appointment.

FOLLOW UP APPOINTMENT: _____

Medications:

During surgery either I will often inject your shoulder with a numbing medicine like novocaine or the anesthesiologist will give you a total shoulder pain block. Either treatment will give some pain relief for several hours after surgery. It is important to begin taking your pain pills before this medicine wears off. I will usually prescribe two medications for the control of your post-operative pain:

This first medication I use is Vicodin (hydrocodone) which is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one

to two hours. For some sensitive patients, when taking the first few doses of Vicodin you may experience nausea or an episode of vomiting. The best way to prevent this is to take the medicine with a little food, start with just one pill, and then be patient while the medicine begins to work. Usually, after the first few doses, the nausea will go away. If the nausea persists, it is possible that a similar response will occur with other narcotic pain pills; therefore we should try the Anaprox as the main medication to control your pain. If you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. Normally, Vicodin is taken every 6 hours but if the pain is severe, it can be used every 4 hours.

The second medication I prescribe is Anaprox, which is a non-narcotic painkiller of the NSAID class. The advantages of this medication is that nausea is an infrequent side effect and it can also be taken with the Vicodin for better pain control than any pain medication alone. This medication should be taken with food. Many patients end up taking the Vicodin at night and the Anaprox during the day. Whatever combination works best with you is fine with me.

DVT Prophylaxis – Prevention of Blood clot following surgery:

The risk of a leg blood clot following minor surgery is very rare. The majority of patients that suffer this complication usually have a prior history of a blood clot, or a positive family history of DVT. The medical literature is unclear what method of prevention is best, and you will find that each surgeon does this a little different. Upon my review of the medical literature I recommend for patients with no prior risk factors, over the age of 40, to take one baby aspirin (81mg) once a day for 45 days following surgery.

Sleeping After Your Surgery:

Many patients have difficulty sleeping after their shoulder surgery. There are several reasons for this: pain from the surgery, the difficulty wearing your sling, or simple restlessness. If the reason for your difficulty is pain, then I suggest that you take your pain medication about one hour before you go to bed. However, if your pain is well controlled, but you are still finding it difficult to sleep, then you should take the sleep medication I prescribed. **Ambien CR** is a prescription strength sleep aid that should last for 8-10 hours. Only take it if you have that allowed that much time for sleep. Do not combine with alcohol and do not operate machinery or drive a car after taking the medication. You can use it 4-5 days out of the week.

What to watch out for:

- Pain that is increasing every hour in spite of the pain medication
- Drainage from the wound more than 2 days after surgery
- Increasing redness around the shoulder
- Pain or swelling in your arm
- Fever greater than 101°
- Unable to keep food or water down for more than one day
- Locking or catching within the shoulder that is getting worse not better

Who to Call for Questions and Problems:

If you are having problems or there are questions you need answered then please call our office at 860-652-8883 and our nurse will help you. We are open between 8:30 and 4:30 pm, Monday through Friday.

We realize that after surgery some problems or questions are urgent and cannot wait until normal working hours. Under these circumstances please call 860-652-8883 anytime (24 hours a day, 7 days a week) and the doctor on-call, or I will return your call. If you do not receive an answer within 20 minutes there may be a problem with the beeper so please call again.

If an emergency were to occur you can always go straight to the emergency room for immediate attention.

*Wishing you - All the Best,
Michael Joyce, MD*