

Post Operative Instructions

Shoulder Arthroscopy

Repair of Posterior Labrum or SLAP Lesion

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Surgery to make your shoulder stable:

At the time of your surgery I found a large torn cartilage at the superior aspect of the joint, this is called a “SLAP Tear”. Each patient has individual goals with their surgery; some will require lots of mobility while others require lots of stability. To accomplish these varied goals at surgery your shoulder will have specific post-operative restrictions. Any motion beyond these restrictions could put too much tension on your repair and could cause it to fail, however, some motion is necessary to prevent shoulder stiffness. Your physical therapist will want to know this safe range of motion. In addition, the SLAP is part of your biceps tendon, therefore excessive use of the biceps could also over-stress the repair.

Your shoulder is: Abduction = _____ External Rotation = _____

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, which were 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. If you had an open repair you will also have a small incision that is also closed with stitches and covered with Steri-Strips.

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. You can remove this layer of dressing 2 days after surgery. (If there is a lot of itching, then it would be OK to remove it the day after surgery.)

The sling is for both comfort and more importantly to protect your surgical repair. It should be worn in the proper position (your physical therapist will teach you how to do this), during the day and at night. You can not go without the sling until I give you permission. Most patients wear this sling for about 4 weeks.

Washing & Bathing:

You should be careful to keep the wound clean and dry for the first 48 hours after surgery. Beginning on the fifth day after surgery it is OK to shower directly over your Steri-Strips (they won't come off). It is also OK to use soap on your shoulder and over the Steri-Strips. This shower should be quick. I would prefer that you do not take a bath until one week after surgery. After your bulky gauze dressing has been removed, large Band-Aids can be placed over the Steri-Strips.

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, but will also be helpful after exercises and physical therapy for weeks after surgery. The ice pack should be large (like a big zip-lock bag) and held firmly on the shoulder. Or we will use a cryo-cuff.

Immediate Post-Operative Exercises:

We allow you to move your operative arm the day after surgery by performing pendulum range of motion exercises. The morning after surgery the hospital physical therapists will teach you how to do this properly. Once you are home, these motion exercises should be done every couple of hours to prevent stiffness from developing. The more stiffness that sets in - the more difficult it will be to get your motion down the road. In fact, the sooner your shoulder function returns to normal the faster your recovery will begin.

Physical Therapy

Your physical therapy appointment should have been made for you before your surgery day. It is important to start physical therapy within two to three days after surgery. The goal of physical therapy is to first assess how your shoulder responded to the surgical procedure, therefore they will remove your dressing and look at your wound. They will re-introduce you to your shoulder so that you feel comfortable with your surgery and aren't afraid to start doing the certain things that are safe. Your therapist will start a very specific and personalized range of motion and strength program on your first visit. They will know exactly what was done during surgery and everything they will have you do is SAFE. In addition, if they find anything unexpected they will let Dr. Joyce know right away.

Follow up appointment:

We try to give all of our patients a follow-up office visit at the same time we schedule your surgery. Sometimes, during your surgical procedure, I find or do things I didn't anticipate when planning your surgery, therefore I may want to see you in the office sooner than we originally planned. If this is the case I will tell you and your family after surgery.

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.

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. In addition, 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. Patients that have stomach problems with NSAIDs should not take the Anaprox.

Anesthesia Shoulder Nerve Block:

Prior to surgery most patients will have an interscalene shoulder block injected by your anesthesiologist. The purpose of the block is to minimize pain during and after surgery. *The anesthesiologist will be giving you additional post-operative instructions about this procedure.*

The block will paralyze your entire arm (shoulder down to hand) for up to 24 hours. Therefore, it is important to protect your arm in the sling during this period of time in order to prevent injury. Your normal protective sensation is "turned off" by the block, therefore since your arm has no sensation therefore you can not feel potential injury. The sling along with proper positioning will protect your arm. When the block wears off you will feel a tingle and light burning sensation just before normal sensation returns.

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 to Friday.

We realize the after surgery some problems or questions are urgent and can not 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 myself will return your call. If you do not receive an answer within 20 minutes they 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*