



Christopher Cooke, MD
Sam Ellis, PA-C
Krista Barnes, PA-C

DMC Orthopedics & Sports Medicine- Farmington Hills 28300 Orchard Lake Rd Suite 200, Farmington Hills MI 48334 Phone: 248-539-8630	DMC Orthopedics & Sports Medicine- Novi 44000 W Twelve Mile Rd Suite 100, Novi MI 48377 Phone: 248-277-3560	DMC Orthopedics & Sports Medicine- Commerce 1 William Carls Dr Commerce, MI 48382 Phone: 248-937-4947
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Shoulder Arthroscopy Repair Discharge Care Instructions

Recovering at Home

This care sheet gives you a general idea about how to care for your shoulder at home. These recommendations are designed to help your recovery process, but each person may recover at a different pace. Follow the steps below to get better as quickly as possible.

Wound care:

- Keep your surgical dressing on until post-operative Day 2-3 (48-72 hours after surgery). You may then remove the outer tape and gauze dressings, but please do not cut any visible stitches. The visible stitches will be removed in clinic at your first post-operative appointment, 10-21 days after your surgery.
- If you had surgery on your biceps and you have an additional incision lower on the arm, this extra dressing should be kept in place until seen in clinic for follow up. If this additional small dressing falls off, replace with a new dressing.
- Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. You may see old, dried blood on the dressings as well, which is normal.
- Do **NOT** put any alcohol, ointments, lotions, or any other medications on or around your wounds or stitches.
- After you remove your bandages, you may apply Band-Aids to the wounds daily for comfort. Alternatively, you can cover them with light gauze dressing if you prefer.
- If your dressing is saturated, you may reinforce it with additional bandages. If this is not working, call your doctor's office.

- Keep the incisions clean and dry until post-operative Day 3. **Do not soak the shoulder in water or go swimming until cleared by your doctor.** You may shower on post-operative Day 3. If you have an additional dressing lower on the arm from a biceps procedure, keep this dressing in place and shower over the top of the dressing. Do NOT use your surgical arm in the shower; instead rest the palm of your hand against your belly while you are out of the sling.

Weight bearing / Sling

- Non-weight bearing with your operative arm. **Please wear shoulder immobilizer/sling at all times, especially when sleeping.** You MAY remove the brace multiple times per day to perform elbow, wrist, and hand range of motion so those areas do not become stiff. Use your opposite (“good”) arm to help with elbow motion. **NO** active motion of the shoulder until cleared by Dr. Cooke and his team.

Nerve Block:

- The anesthesia team may have placed a nerve block prior to surgery to help with post-operative pain control. Numbing medication is injected around the nerves that travel to that extremity. As a consequence, you may have significant numbness or inability to move your extremity after surgery for a limited period of time.
- When the nerve block begins to wear off, you will feel a tingling sensation, like pins and needles. You will know the nerve block has worn off if you have increasing pain or are able to move your arm or leg. The nerve block usually wears off in about 8-12 hours, but sometimes can last up to 24 hours. Call the office if you are still unable to move your extremity 24 hours after a single injection nerve block.

Pain Management:

Medications

- You received a prescription for an opioid pain medication (narcotic) today. Take the medication as your doctor prescribed.
- For the first 24 hours please alternate your opioid (narcotic) medication with anti-inflammatory medications (Ibuprofen) every 4-6 hours, even if you are having no pain. The nerve block can last up to 24 hours; taking pain medication for the first 24 hours is to ease any pain as the nerve block wears off.
- **After 24 hours taper off of the opioid as your pain decreases.** Tapering means taking the medication less frequently than what your doctor prescribed, until you stop taking the medication all together. To reduce pain and help you taper off the opioid, you can take acetaminophen (Tylenol) in addition to the opioid, but you must make sure you do not exceed

the maximum dosage of acetaminophen allowed per day. Check the ingredients of opioid pain medication to see if it contains acetaminophen.

- If your opioid pain medication does not contain acetaminophen (Tylenol), you may take acetaminophen (Tylenol) in addition to the prescribed opioid medication (up to 3,000mg of acetaminophen per a 24-hour time period)
- If your opioid pain medication contains acetaminophen, add the amount of acetaminophen in your prescription to the amount you are taking with the OTC medication. Make sure you do not exceed 3,000mg or 3 grams of acetaminophen in a 24-hour time period.
- You should eat something when you take pain medication to avoid an upset stomach. Only take narcotics as prescribed as needed. Plan to gradually reduce your narcotic use over the coming weeks.
- Pain medication may make you constipated. Please try the following solutions in this order. If these do not work, please call the physician's office.
 - A. Decrease the amount of pain medication if your pain has improved.
 - B. Drink more decaffeinated fluids, including water.
 - C. Eat foods high in fiber (fruit, prunes, etc...).
 - D. Take stool softeners as prescribed while taking narcotic pain medication.

Pain and Swelling Control

- Please ice your shoulder as much as possible to help with pain and swelling. You can use an ice machine if you have obtained one. Otherwise you can put ice on the extremity for 20 minutes per hour. Always use a thin towel or dish cloth between your skin and the ice to ensure you do not burn your skin.

Prevention of blood clot formation after surgery

- Your doctor may prescribe medication, such as Aspirin 81mg, as needed to reduce your risk. If so, please take as prescribed.
- If prescribed aspirin for the prevention of blood clot formation begin taking it the day after surgery and take it each day for 30 days or as directed.

Physical Therapy

- You do not have to schedule physical therapy at this time. When you are seen for your initial postoperative appointment you will receive instructions when to begin physical therapy.

Activities for daily living

Diet

- Please resume your normal, pre-hospital diet. Please eat a diet high in protein and fiber. Protein helps you heal. Fiber keeps your bowels regular so you do not become constipated. Please drink at least 8 glasses of water a day, or more, to keep well hydrated.

Driving/Travel

- Ultimately, it is your judgment to decide when you are safe to drive, but if you are at all unsure, do not risk your life for someone else's.
- If your right shoulder is the operative side, you may not drive until at least cleared by your doctor.
- If your left shoulder is the operative side and you drive an automatic transmission vehicle, you may begin driving 2 to 3 days after you finish taking your pain medication at the earliest as long as you are comfortable and confident in your driving ability. It is important that you feel very confident in your ability to respond quickly before attempting to drive.
- Avoid flights and long-distance traveling for six weeks after surgery. It is important to discuss your travel plans with your physician, as additional medications may need to be prescribed to help prevent blood clots if certain travel is unavoidable.

Work/School

- You may return to desk work or school within the first 2 weeks after surgery. Any activity level higher than the above must be cleared by your physician.

Sling Instructions:

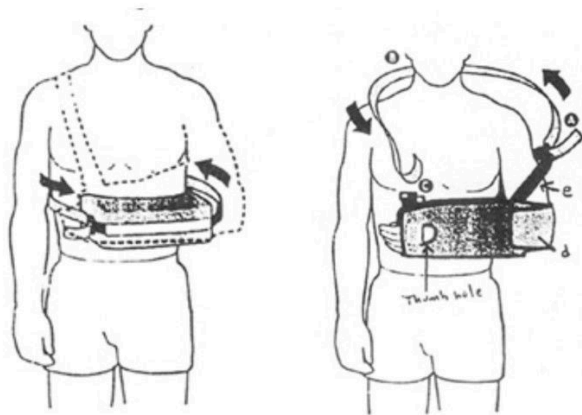
- You have been given a sling to wear during your recovery. It is critical that you wear this sling as directed to prevent injury to your arm during the time when your shoulder is most vulnerable. You will need to know how to remove your sling for showering. The following information will give you safe and basic instructions on how to remove your sling. Failure to wear the sling as described may result in irreparable damage to your arm.
- Most slings have 3 pieces: a strap (for around your neck), a pillow and a sling to support your arm. While you are in your sling, your arm should be parallel with the ground. The pillow should rest on your hip. Your wrist should be supported IN the sling.

Removing the Sling

- You can remove your sling for showering and elbow/wrist/hand exercises.
- First unfasten the neck strap. Next unfasten the strap around your waist. The strap around your waist has a buckle that unlocks like a seat belt. Lastly, open the top of the sling (Velcro) to remove your arm. Allow your elbow to straighten, but keep your arm at your side. Expect your elbow to be stiff and sore.

Replacing the Sling

- First replace the pillow and strap around your waist. Position the pillow at about 45 degrees over your waist (between your hip and your belly button) and fasten the buckle. Next, place your arm in the sling putting your elbow in first. Bring the strap behind your neck and put the strap through the loops in the front.



Physician Follow-Up (Post-Operative Day 10-21)

- Follow-up care is a key part of your treatment and safety.
- If you do not yet have a follow-up appointment scheduled, please call the office to schedule an appointment for 10-21 days after surgery with Dr. Cooke, Sam, or Krista.

When should you call for help?

It is common to have fevers during the first 48 hours after surgery. It is normal to have swelling throughout the limb that was operated on. You may notice significant bruising in that limb. This will improve with time. Reasons to call the doctor include:

- Fever over 100.4°F (38°C), chills, sweats
- Redness or drainage from the surgical incision site after post-operative Day 3
- Excessive bleeding (you had to change the dressing twice)

- Excessive redness
- Foul odor
- Excruciating pain
- Yellow or green discharge or drainage
- Shortness of breath
- Color change in arm or hand
- Inability to eat
- Severe vomiting, diarrhea, or constipation, or cannot keep any liquid down
- If you cannot urinate the night after surgery, please go to the emergency room

Please call the office if you are experiencing any of the symptoms or have other concerns.

Call 911 or go to the emergency room immediately for evaluation anytime you think you may need emergency care.

For example, if:

- You passed out (lost consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have heart palpitations (feel heart racing)