

Everything you need to know for
before and after shoulder surgery.

**UUOC POST-OP
SHOULDER**
PATIENT INFORMATION



UNIVERSITY OF UTAH
HEALTH CARE

SPORTS MEDICINE

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INTRODUCTION

Staying active means different things for different people. For many, it means spending time with family, enjoying a round of golf, a bicycle ride, lifting weights, yoga or something more vigorous such as running a marathon. Regardless of the activity a pain free life is an essential part of healthy living.

Shoulder pain and/or instability affects millions of people every year. Our orthopaedic surgeons have seen how pain and/or instability of the shoulder can rob people of their freedom to remain active and independent. They have spent their professional life studying how to keep people active. Through research and surgical advances, we can reliably help people remain active and revitalize their quality of life.

University of Utah's Orthopaedic Center for Sports Medicine provides quality orthopaedic care. The combined expertise of the staff has created a program unparalleled both in the region and nationally. The team is working to keep people active and restore quality of life in the Salt Lake Valley and Intermountain West.

The relationship between the surgeon, hospital and family is vital to the success of your surgery. This binder provides you with valuable information to keep you informed and educational material designed to promote your understanding of the surgical and recovery process, reinforce key points, and further your knowledge of how to care for your shoulder.

The information provided in this handbook is most beneficial when read prior to surgery. It will help gain a full understanding of what a shoulder surgery entails from start to finish and should help to guide the recovery process. Your understanding, participation and commitment are vital to the overall success of your surgery.

We want to ensure that our patients have the information, care and support that they need every step of the way. The goal is to return patients to an acceptable quality of life whether that means reading a book, playing sports or just spending time with loved ones.

We understand that there are many choices in health care today and we thank you for choosing the University of Utah Orthopaedic Center for your orthopaedic and sports medicine needs. Please keep all information in this handbook.

YOUR CARE TEAM



Dr. Travis Maak

Attending: A doctor in a teaching hospital. This is your primary doctor/surgeon and they oversee fellows, residents and the rest of the staff involved in your care.

Fellow: A medical doctor who has completed specialty training in Orthopaedics (residency). A fellow is part of a yearlong program focusing primarily on sports medicine. The fellow may function as an attending.

Fellows see patients in clinic then present the patient to the attending before making decisions regarding care. Fellows assist the attending in surgery and visit patients while in recovery.

Resident: A medical doctor completing specialty training in Orthopaedics. Our residents are a part of a five-year residency program. The resident may not function as an attending. Residents see patients in clinic then present the patient to the attending before making decisions regarding care. Residents assist the attending in surgery and visit patients while in recovery.

Athletic Trainer (ATC): A health care professional with licensing and credentials that specialize in sports medicine and orthopedics, allowing them to practice under the supervision of a physician. Athletic trainers see patients in clinic then present the patient to the attending before making decisions regarding care. They will also assist with rehabilitation questions and home exercise programs after surgery or for non-operative issues.

Medical Assistant (MA): A health care professional who is a trained associate of our team. Medical assistants will assist in rooming patients to include taking histories, vitals, drawing blood work among many other tasks. They do not assist the attending in surgery.

CONTACT PHONE LIST

All emergencies: 9-1-1

ATHLETIC TRAINER: For any questions about procedures, rehab protocols, recovery, etc.

- Dr. Maak: (801) 587-1473

MEDICAL ASSISTANTS:

- Dr. Maak: (801) 587-7040

ANESTHESIA: Pre-operative nurses who can take a message for anesthesiologist – (801)587-5343.

AFTER HOURS: Tell the hospital operators your surgeon's name; they will contact the resident/fellow on call for you – (801)581-2121

APPOINTMENT SCHEDULING: (801)587-7109

QUESTIONS DURING CLINIC HOURS/SURGERY SCHEDULING:

- Dr. Maak: (801) 587-7187

FAX NUMBERS:

- Maak:(801)587-7115

UNIVERSITY OF UTAH ORTHOPAEDIC CENTER PHYSICAL THERAPY: For PRE-hab visits and post-operative rehab (once permitted by your surgeon) – (801)587-7005

TOLL FREE: Can transfer to any of the numbers above. 1-800-824-2073

BEFORE SURGERY

Knowing what to expect about surgery can provide comfort to both you and your family. Please use the following information as a guideline. You should be emotionally and physically prepared for surgery and the recovery process. Schedule surgery at a time that suites both you and your family/care provider's needs. There is no rush to have surgery before you're ready.

PRIOR TO SURGERY

Our surgical coordinator will notify your insurance organization of your upcoming surgery. We will make every effort to pre-authorize your surgery and provide any requested information. All scheduled surgery dates are subject to change pending insurance authorization.

Please call the surgical coordinator if you have questions about surgery authorization or need to change your surgery date.

It is your responsibility to communicate with your insurance provider to determine what charges you may be responsible for. We are not authorized to inform you of your co-pay or other financial responsibilities.

A University of Utah financial advocate can tell you an estimated cost for the surgery based on the current procedural terminology. They may be contacted at **(801)587-5374**.

MY CODES:

Your CPT procedure code(s): _____

Your ICD-9 diagnosis code(s): _____

OPTIMIZE YOUR HEALTH

- Being in the best possible health decreases risk of complications both during and after surgery.
- Aerobic conditioning and a healthy lifestyle is very important.
- Diet should contain vegetables, fruits, whole grains, lean protein and calcium rich foods like dairy.
- Avoid skipping meals, eat a balanced diet, and avoid fast foods.
- Consider taking a daily multi-vitamin.
- Quit smoking.
- Speak with a physical therapist or our office to determine appropriate forms and amount of exercise after surgery. Initially your exercise will need to be modified after surgery.
- If you feel you need additional guidance, please ask one of our team members for healthier lifestyle information.

PRE-OPERATIVE LAB WORK AND ASSESSMENT

- If you have any significant medical conditions, you will need to see relevant specialists for medical management prior to surgery.
- If you have multiple medical problems, you may need to obtain these medical clearances prior to obtaining a surgery date.
- Pre-op nurses will need to collect medical history information from you prior to surgery.
- Critical issues to consider (May require additional testing prior to surgery):
 - Heart or lung problems (past or present)
 - Kidney problems
 - Stroke (CVA)
 - Diabetes
 - Blood thinners (Coumadin, Plavix, Ticlid, Pradaxa or Effient) You must contact your prescribing physician and/or surgeon for further instruction.
 - Any cold/cough symptoms within 6 weeks of surgery.
 - Rheumatoid arthritis medications (these **may or may not** need to be stopped for 2-3 weeks)
 - Taking Aspirin-type medications (NSAID's) (you **may or may not** need to stop these 1 week before surgery)

Surgery at University Orthopaedic Center

- A Pre-Op nurse will call you to discuss your medical history over the phone. You may need to have your blood drawn within 30 days of surgery by a nurse in clinic or outside lab. Any supplies you may need the night before surgery are provided by our surgery coordinator.

Surgery at University Hospital

- You may be scheduled for an appointment at the Surgical Pre-Admission Clinic (SPA). Be on time to your appointment but also bring something to keep yourself occupied. Your appointment could take up to 3 hours.
- Take a copy of any medical clearances we asked you to obtain, especially an echocardiogram (ECG) report if applicable, so our anesthesiologists can clear you for surgery.
- Take your medication bottles along with the medication sheet in this binder with you so the nurses can get accurate names, dosage and times you take your medications.

PLANNING FOR YOUR CARE

Preparing YOURSELF

- Arrange for a responsible adult (over age 18) to drive you home from surgery. You **WILL NOT** be allowed to drive or to take a taxi/bus home or to your hotel. Surgery is subject to cancellation if you do not provide a responsible ride home from surgery.
- **DO NOT** use tobacco or any other drugs at least 24 hours prior to surgery. Nicotine decreases the blood supply to your surgical site and slows down the entire healing process. Realize that continuation of smoking may lead to less than desirable results.
- **DO NOT** eat or drink anything after **MIDNIGHT** the day before your surgery. **NO** food, chewing tobacco, candy, gum or breathe mints.
- It **IS OKAY** to brush your teeth the morning of surgery provided nothing is swallowed.
- If arrival time is later (11am-2pm), you may have **ONLY** clear liquids such as water, sports drinks, broth or jello **ONLY UP TO 4 HOURS** before arrival. **NO** milk, dairy, or pulp juices (orange, grape, etc.).
- Drink a lot of water, non-alcoholic and non-caffeinated beverages 1-3 days prior to surgery. You will feel better following surgery, and it will also help with your IV start if you are well hydrated. This is particularly true if you have just arrived at higher altitude.
- Eat right – if you are overweight, it could be beneficial to attempt weight loss prior to surgery. If you are underweight, consider dietary supplements to ensure you have the nutritional status to heal appropriately.
- Makeup and nail polish must be removed prior to surgery.

Preparing your HOME

- Arrange for a responsible adult to stay with you for **at least 24 hours** following surgery to provide assistance. You may need help at home most of the first week after surgery.
- If you will not have help available, or if you live alone, you may have the option to plan a brief stay in a care facility or rehabilitation center until it is safe for you to return home.
- Have firm pillows available for your recliner, couch, and bed. Consider sleeping in a recliner or at an inclined position for at least 1-2 weeks following surgery. This is sometimes the most comfortable position even up to a few months from surgery.
- Consider your floor plans/stairs
- Remove throw rugs and/or cords to clear pathways to avoid falling.
- Create an emergency plan with a trusted neighbor if you will be alone after surgery.
- Stock up on groceries for 1-2 weeks (frozen or simple meals and snacks work best), movies, books, etc. to keep yourself entertained.
- Arrange for child/pet care ahead of time if necessary.

PATIENT CHECK-LIST

The Day Before Surgery

- Call the surgery location between 2 p.m. and 5 p.m. for your arrival time the following day. They will inform you of what time to arrive for check-in on the day of surgery. Do not be late, as your surgery could be delayed or cancelled.
 - University Orthopaedic Center: **(801)587-5373**
 - University Hospital: **(801)585-1449**
 - Check-in times are usually 1.5-2 hours before scheduled surgery time. If outpatient surgery, you will usually be able to return home about 1-2 hours after general anesthesia.
- Please shower or bathe prior to coming in for surgery. It may be 3-5 days following surgery before you will be able to shower. Be cautious with shaving around the surgical site prior to surgery in the event that you may cut yourself and become infected.
- Notify your surgeon's office if you feel ill within 24 hours prior to surgery.
- Prepare to have a family member/responsible adult available to speak with the surgeon **IMMEDIATELY** after surgery.

Things to Bring to the Hospital

- Bring all equipment and paperwork your surgeon/surgeon's office may have given you prior to surgery. This includes slings.
- Driver's license
- Insurance cards
- Co-pay/deductible payment
- Method of payment for surgery and prescriptions
- Advance directive (living will), etc. *Advance directive is not required, but we strongly recommend completing one BEFORE surgery if you have any concern about this.*
- Bring a list of **ALL** medications you're taking, including herbal and over the counter.
- If you have asthma, bring your inhaler(s).
- If you have sleep apnea, bring CPAP.
- If you needed medical clearance from your cardiologist or family physician prior to surgery, bring all lab work, EKG's, and any medical documentation with you.
- Dress comfortably the day of surgery. Wear loose fitting clothing, i.e. baggy or button up shirt. You will awake with a bulky dressing and (depending on your surgery) a sling in place after surgery.
- Skid-proof slippers/tennis shoes to wear home.
- Toiletries.

Things to Leave at Home

- Large amounts of money and all other valuables.
 - Jewelry is not allowed, including all body piercings and wedding rings.
 - Contact lenses are not allowed, wear your glasses or bring your contact lens case.
 - Personal electric equipment (i.e. razor, blow dryer, etc.)
- *All personal items/electronic devices that are brought to University of Utah facilities are at your own risk

SURGERY

DAY OF SURGERY

Before Coming to the Hospital/Surgery Center

- Do not eat or drink after midnight.
- You may brush your teeth and rinse your mouth, but do not swallow.

Where to Report on the Day of Surgery

- **University Orthopaedic Center Check-In:** Sign in at the surgery check-in located on the first floor.
- **University Hospital Check-In:** We recommend you use the complimentary valet service at the front entrance of the hospital. From the main entrance, turn right and sign in at the check-in desk in the lobby.
- At either location at check-in, they will place an ID bracelet on you, check your name for correct spelling, and verify your birth date. You will also review information regarding your surgery. Be sure to read all information prior to signing it.

Once You Arrive at the Hospital/Surgery Center

- Once in the pre-op area you will change into a hospital gown. A limited number of visitors will be allowed to accompany you to the pre-op area. A registered nurse will perform an assessment and you will be prepared for surgery. This may include vital signs, starting an IV, skin prep, and marking of the operative site. Staff will ask you to tell them your full name, birth date, the surgery to be performed, and the site of operation. Don't be alarmed if you are asked this numerous times. This is a safety measure to make sure everything is correct.
- You will meet the anesthesiologist and resident or nurse anesthetist. They will discuss your medical history, general health and the method of anesthesia that will be used. They will determine your options for anesthesia and any risks that may be involved. Please be sure to inform them of any medical problems you have and all of the medications that you take. This doctor may also discuss with you the option of a nerve block or numbing of the arm. This may help relieve initial post-operative pain.

- The surgeon will speak with you in the pre-op area. They will discuss the surgical plan and answer any questions you may have. They will ask you what site they are going to operate on then confirm and mark the operative site with a permanent marker.
- Don't be afraid to ask questions. We want you to be as comfortable as possible and get all questions/concerns addressed prior to surgery. By becoming involved and informed in making decisions about your care, you play a vital role in your safety.
- After talking with the medical staff, you will go to the operating room and your family will be escorted to the waiting room. Surgery typically lasts a couple hours, but may take longer.
- Once your anesthetic is given you will not be able to see anything beyond this stage. Your shoulder is then positioned for surgery, and the surgical prep is performed. Many blue sterile drapes are placed over your joint to ensure sterility. Surgery is then performed.

ANESTHESIA

General anesthesia and spinal anesthesia are both common and are both equally safe. You will meet with the anesthesia doctor on the day of your surgery. The anesthesia doctor will answer any questions you have and review your health history. If you are taking certain blood thinning medicines, you may not have a spinal anesthetic. If you have sleep apnea or problems with your lungs, a spinal anesthetic may be better for you. After talking with the anesthesia doctor, you can decide on the anesthesia that will be the best option.

Whatever you choose, we will make sure that you are comfortable during your surgery and that your pain is safely controlled after surgery.

General Anesthesia:

General anesthesia makes you unconscious so you feel and remember nothing. Medicines to control pain and relax your muscles are also given. There is a breathing tube in your throat (to protect your lungs), a breathing machine and oxygen while you are unconscious. When the surgery is done, the medicine is turned off and the breathing tube is removed. Shortly after that, you start to wake up.

Advantages:

- You will not remember anything during the surgery.

Disadvantages:

- Possible nausea and vomiting after surgery
- Confusion or drowsiness after surgery
- May have trouble breathing after surgery
- Possible damage to teeth or mouth (small chance)
- Stomach contents may get into the lungs (small chance)
- Possible sore throat

Spinal Anesthesia:

You will have an injection of numbing medicine in your lower back (into the spinal fluid). This medicine makes you feel numb from the waist down and you will have no pain. Other medications that make you feel sleepy and relaxed may be given but you are not unconscious.

Advantages

- Better breathing after surgery (no breathing tube)
- Less confusion or drowsiness
- Lower chance of infection
- Lower chance of bleeding

Disadvantages

- If the injection does not go in the right place, you will need general anesthesia.
- Headache (small chance)
- Nerve injury from the spinal needle (very small chance)
- Bleeding near the spine that needs surgery (very small chance)

Nerve Block:

You may be given an option for an additional nerve block. The nerve block is usually taken out two days following surgery. The anesthesiologist will give you instructions on how to remove it. If you return home and have questions regarding your nerve block please call Pre-Op or Anesthesiology team.

AFTER SURGERY

- Once surgery is complete you will be taken to the post anesthesia care unit (PACU)/Same Day Surgery unit/recovery room and your family/designated care giver will be contacted. Typically, family members/care givers can speak to the surgeon in the waiting room **immediately** following the operation.
- Limited visitors are allowed in the recovery room; visitation time is up to the nurse's discretion.
- Nurses will be observing you closely, monitoring your vital signs, breathing, and heart functions. They will also be managing your pain/discomfort, and any nausea/vomiting you may experience.
- Some side effects of anesthesia include: drowsiness, nausea, muscle aches, sore throat, occasional dizziness or headaches. These symptoms usually lessen within a few hours following surgery but sometimes can last about 2-5 days. The majority of patient's do not feel up to returning to routine activities the next day, usually due to general fatigue or surgical discomfort. Plan to take it easy for a few days.
- The amount of discomfort you experience will depend on a number of factors, especially the type of surgery that you have had. Your discomfort should be tolerable, but **do not expect to be pain free**. Pain medications can be given through your IV or as a pill. Staying on top of your pain is vital in the postoperative stage.
- If any equipment is ordered to be used at home, you will be instructed on its proper use prior to discharge.
- Prescriptions for pain/nausea will be given and can be filled at a pharmacy of choice or the UUOC pharmacy.
- Prior to discharge, a team of doctors and nurses will be working to make sure that your pain is well controlled and that you are ready to return home safely. When you meet the criteria to be discharged, your recovery nurse will review your discharge instructions with both you and the responsible person who is driving you home. They will also answer any questions you have prior to discharge.
- Directed physical therapy for shoulder surgery will begin at your surgeon's preference. You may also be instructed in simple exercises to help avoid post-op stiffness.

LEAVING THE SURGERY CENTER:

- Arrange for a responsible adult to stay with you for at least 24 hours following surgery to provide assistance. You may need help at home most of the first week after surgery.
- As you leave the surgery center, you may be in a sling. The sling may have a pillow with it holding your arm away from your body slightly. If given a sling plan on wearing the sling post-operatively until your doctor has given you permission to discontinue use. Make sure you have a large shirt or button up shirt to wear home from surgery.

My Discharge Checklist:

- I have reviewed all my medications and understand how to use them.
- I have been provided with my prescriptions.
- I understand how to care for my dressing and incision(s).
- I understand I can shower as long as there is a good seal on my dressing and I keep my incision covered/dry.
- I understand I am to wear my TED hose (not required for all procedures) for two weeks from surgery.
- I understand my discharge plan and discharge instructions.
- I have all the equipment I will need at home.
- I will return to the University of Utah Orthopaedic Center for my post-operative appointments as scheduled on my appointments page.

RETURNING HOME AFTER SURGERY

- Your pain after surgery will vary depending on the method of anesthesia used and from patient to patient. In the first 24 hours, pain medication should be taken regularly as prescribed, with small amounts of food only as needed. During this time, nausea and light-headedness are common and should improve in 2-5 days.

Drinking fluids may help. If nausea persists, call your doctor's team or the after-hours number listed to discuss management options.

I will contact my doctor immediately if:

- My incision is red, swollen, or draining pus.
- My incision is opening up.
- I have a temperature over 101 degrees.
- I have chills, a cough, or feel weak and achy.
- I have chest pain or shortness of breath.
- I have calf pain and swelling that does not improve.
- I have redness or severe pain in the shoulder.
- I have questions or concerns about my surgery, medications or treatment plan.
- I am having adverse reactions to anesthesia or pain medications.
- I am experiencing a negative drug interaction.

RECOVERY

PREVENTING POSSIBLE COMPLICATIONS OF SURGERY

The complication rate after shoulder surgery is low however while uncommon, all surgical patients are at risk of complications. Please follow all post-operative instructions and protocols carefully.

CARE OF YOUR INCISIONS

Stitches are often removed 6-12 days after surgery at your first post-op visit in clinic. Mild to moderate bleeding may occur at the incision sites initially post-operative however this should decrease quickly over time.

Leave the surgical dressings in place for 3-5 days. The bulky dressings may be removed and replaced with water-proof bandages or Op-Sites at that time. Be sure to leave on the small tape strips covering the incision sites if there are any.

Inspect the wounds at the time of dressing change for signs of infection which include but are not limited to redness, tenderness, swelling, and pus drainage. If you notice any of these signs around the incision sites **please notify a member of your care team immediately.**

It is common to experience a mild fever during the first few days after surgery along with nausea and dizziness from anesthesia or narcotic pain medications however fevers, increasing pain and swelling at the incisions should be **reported immediately.** If you experience a low grade post-op fever, please perform a lot of deep breathing and go for walks to keep moving.

INFECTIONS

An infection may occur in the wound or around the incision sites. Pre-operative antibiotics are typically given to aid in prevention of possible infection however good hygiene is extremely beneficial prior to and after surgery. Check incisions for signs of increasing redness, tenderness, swelling or warmth or wound, increased sensitivity to touch, fevers >101°, shaking, chills or night sweats, excessive drainage from wound. Let a member of your care team know immediately if you experience any of these signs or symptoms.

SHOWERING

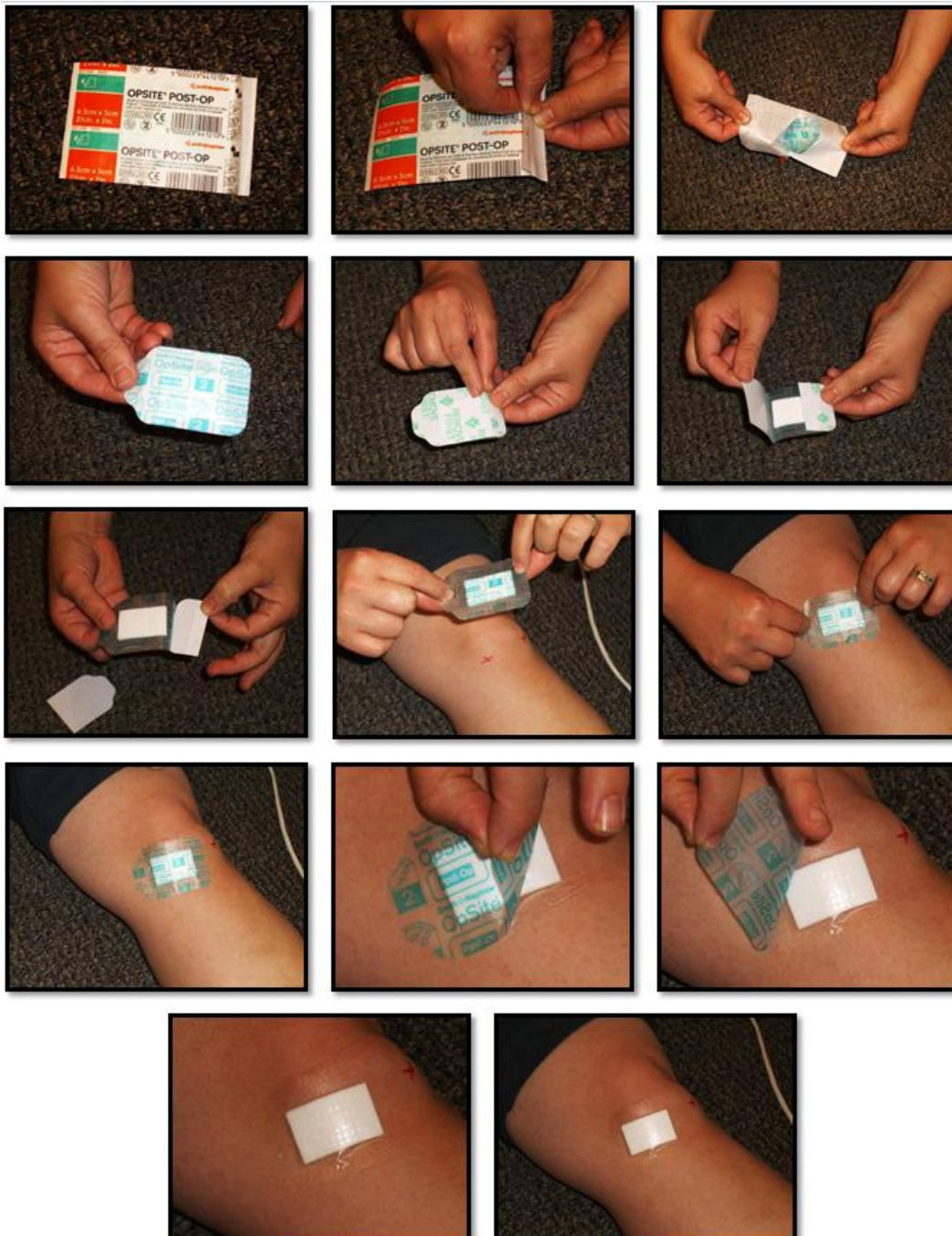
Until your sutures are removed, consider covering your shoulder with water-proof bandages, Op-sites, or saran wrap for showering. You must keep your incision sites completely clean, dry, and free of any ointments or lotions until your sutures are removed. No triple anti-biotic ointments, baby powder, hydrogen peroxide, dirt or water. Avoid touching incisions sites and picking at your sutures.

Once your sutures are removed at your post-op clinic visit you will be able to let water roll over your incision sites however you will still not be allowed to scrub the incision sites or soak in a hot tub, creek, lake, river or ocean for another 1-2 weeks until the incision sites are **COMPLETELY** healed.

OP-SITE INSTRUCTIONS

After surgery you will remove your big bulky bandages with gauze and apply your Op-Site bandages within 3-5 days. We would like for you to keep your incisions clean and dry while you still have your stitches in. The OpSite Bandages are water-proof and you can use to cover up your incisions for the first week before your stitches are removed. Follow the directions on the bandage of which tab to remove first, you will then place the bandage, gauze side down, and then remove the #2 tab. **Picture instructions are included.**

OP-SITE PHOTOS



BLOOD CLOTS

Also called deep vein thrombosis (DVT) can result from multiple factors after surgery. A primary cause of DVT is decreased mobility. Various measures that can be used to reduce the possibility of blood clots include special anti-embolism stockings (TED hose), blood-thinning medications, inflatable coverings, ankle pumps and other exercises, and routine walking. Please let a member of the care team know immediately if you experience large amounts of swelling in an extremity, cramps in your calf or lower leg, sharp/sudden chest pain, difficulty breathing, shortness of breath – all of which are some signs and symptoms of a DVT or pulmonary embolism (PE).

NUMBNESS

A feeling of numbness may occur at the shoulder joint because the sensory nerves of the skin were cut so that your surgeon could access the appropriate structures. This feeling is normal and typically resolves within a few months. There may be some numbness that does not resolve but should not interfere with quality of life.

PAIN MEDICATION

You will be given a prescription for pain medication. Take them with food and only as directed on the label. **DO NOT** mix pain medications with alcohol. **DO NOT** drive while taking pain medications, as they increase your liability and delay your response time.

Our goal is have you off narcotic pain medication before 4 weeks. We will work with you to wean you off of these medications. You may have to meet with your primary care physician prior to surgery if you are currently on narcotic medication to discuss post-operative care. Allow 24 hours for refill or prescription request, and please call us before you run out. Please be aware that it is best to call Monday-Thursday in the event that you may run out of pain medications over the weekend.

You may reduce your use of narcotics as soon as your pain allows. Substitute non-narcotic pain medication such as Tylenol (Acetaminophen) when possible and if tolerated. Medications such as Percocet or Norco already contain Acetaminophen, so be sure not to consume more than 3000 mg of acetaminophen per day. **Ice and rest can help manage the pain as a substitute for medication.** When your pain is not severe, do not take the full dose of narcotics. First see if acetaminophen will be enough to control your pain. If you need more, you can take the narcotic at that time.

CONSTIPATION

This is may be a complication after surgery and can become a problem with use of narcotic medication:

To avoid constipation:

1. Drink a lot of water (64 ounces per day minimum)
2. Increase fiber intake by eating dried fresh fruit, whole grains, vegetables, bran, psyllium, apple juice and prune juice.
3. Use stool softeners
4. Decrease or stop pain medications and substitute Tylenol (Acetaminophen).

You should not go more than 4-5 days without a bowel movement, including days you may have spent in the hospital. This could lead to an emergency visit to the hospital.

SLEEP

Getting back to a normal sleep pattern can be difficult. If you have trouble, avoid taking an afternoon nap. Schedule your pain medication so you can take 1-2 pain pills one hour before bed. It may also help to ice prior to bed.

DRIVING

Driving after surgery is done at your own risk and you assume all liability when doing so. You must be off all of your narcotic medications. You must feel like you can operate a vehicle safely to avoid harm to yourself and others. Be a cautious driver. If an accident were to occur, you could be blamed for your recent surgery. Practice driving in a large parking lot before proceeding to the road.

RETURN TO WORK

Most people return to work 2-6 weeks after surgery depending on the demands of their job and also depending on the procedure. Desk jobs may be resumed quickly, while heavy labor jobs generally are not resumed 6-8+ weeks following surgery. You may request to be released any time you feel ready to return to your job, but should not return to full duty without physician clearance.

ICE USE (PHOTOS OF ICE METHODS)

Swelling and bruising on the operative arm is normal and should decrease with time. Ice the area several times a day for about 20-30 minutes. This will help to decrease swelling and aid in pain control. Heat is not recommended as it can increase swelling. The cryocuff, a cold water filled compression sleeve, may be put on in recovery to control pain and swelling. The position of the cryocuff is critical. Make sure it is positioned so that it fits comfortably over your shoulder. Make sure the cuff is empty when you tighten it down and then fill it. Re-chill the water once an hour or as needed. You do not have to sleep in the ice machine.

PHYSICAL THERAPY

Your surgeon will likely have you in directed physical therapy at some point after surgery. Specifics regarding physical therapy and post-operative protocols will be reviewed at your post-operative visit in clinic.

You may want to become familiar with the physical therapy facility that you would be comfortable attending and one that your insurance will cover. Please check this prior to surgery. You are responsible for doing your exercises, regardless of whether or not a physical therapist is available to help you.

IMPORTANT PRECAUTIONS AFTER SHOULDER SURGERY

Do not overuse your shoulder – this may result in severe limitations in motion or re-tear.
Do not place your surgical arm in any at risk position for the first 4-6 weeks after surgery.
Do not drive a car until cleared by your physician.

FOLLOW-UP CLINIC VISITS

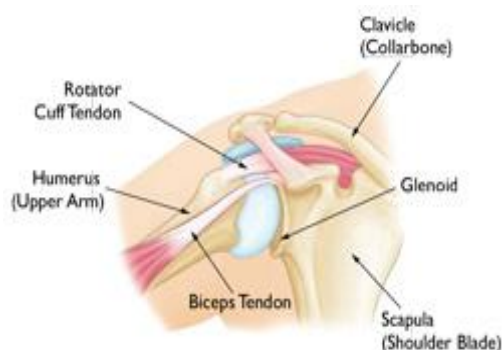
Plan on seeing your surgeon at 1-2 weeks after your surgery. The rest of your follow up visits will be established based on your surgeon, procedure and your individual progress. If your shoulder does not progress as planned, you are welcome to schedule additional visits. There is usually no charge for surgery related visits 90 days following surgery. You will receive a bill for any x-rays or special equipment such as a brace.

SHOULDER SURGERY: Shoulder Instability

Full recovery from your shoulder surgery will take several months. This pamphlet will help you understand your recovery. Guidelines are included which discuss precautions to protect your repair, exercises that will increase your shoulder motion and strength, and activities of daily living that will help you become an active partner in your care and recovery.

Understanding the Shoulder

The shoulder is the most moveable joint in your body. It helps you to lift your arm, to rotate it, and to reach up over your head. It is able to turn in many directions. This greater range of motion, however, can cause instability. Shoulder instability occurs when the head of the upper arm bone is forced out of the shoulder socket. This can happen as a result of a sudden injury or from overuse. Once a shoulder has dislocated, it is vulnerable to repeat episodes. When the shoulder is loose and slips out of place repeatedly, it is called chronic shoulder instability.



Your shoulder is made up of three bones: your upper arm bone (humerus), your shoulder blade (scapula), and your collarbone (clavicle). The head, or ball, of your upper arm bone fits into a shallow socket in your shoulder blade. This socket is called the glenoid. Strong connective tissue, called the shoulder capsule, is the ligament system of the shoulder and keeps the head of the upper arm bone centered in the glenoid socket. This tissue covers the shoulder joint and attaches the upper end of the arm bone to the shoulder blade. Your shoulder also relies on strong tendons and muscles to keep your shoulder stable.

Guidelines to Protect your Repair

Full recovery from your shoulder surgery will take several months. Your shoulder will be limited in range of motion after surgery. Adhere to the precautions for the first 6-8 weeks to protect your rotator cuff repair from re-tearing while you heal. Check with your doctor if you have any questions.

Sling Use

You will likely be required to use a sling for the first 4-6+ weeks after surgery to help protect your repair. You may remove sling for showering as long as you are safe and stable in the shower and as long as your incisions are completely covered so that they stay clean and dry. You may come out of the sling 3-5x's per day only to do simple hand, wrist and elbow motion and some other home exercises so that your other joints do not get stiff. This must be done in a safe environment that you are not at risk for re-injuring you shoulder.

Sleep

During the first 4-6 weeks following surgery, your shoulder will be stiff and may feel uncomfortable. Sleeping and resting will be more comfortable if you are propped up in bed or have access to a recliner. Sleeping can remain uncomfortable or more difficult even after the first week post-op. This is not uncommon after a shoulder repair. For sleep you will be required to wear your sling for protection.

Use of your shoulder may be limited for a while

You will have limited use of your shoulder for the first 4-8 weeks depending on the extent of your repair. This will require a period of time where you will not be allowed to use your shoulder so that it may heal properly. Most likely you will require the use of a sling that has been described earlier in this binder. You may also have limited use of your biceps muscle if your physician has to address tears of your biceps tendon during surgery. Post-operative exercises may be taught to you at a post-operative visit and have been detailed out in this binder. Your provider will tell you if your shoulder has healed enough to discontinue your sling and when to begin therapy.

Rehabilitation

Rehabilitation plays a vital role in getting you back to your daily activities. A physical therapy program will help you regain shoulder strength and motion. Please become familiar with post-operative exercises that you will be able to perform after surgery and before you start formalized physical therapy. Typically shoulder rehabilitation will start 2 weeks following surgery depending on your surgeon's recommendations.

Immobilization

After surgery, therapy progresses in stages. At first, the repair needs to be protected while the tendon heals. To keep your arm from moving, you will most likely use a sling and avoid using your arm for the first 4 to 6 weeks. How long you require a sling depends upon the severity of your injury and your surgeon's recommendations that will be detailed out for you during your post-operative visits.

Passive Exercise

Even though your shoulder has been repaired, the muscles around your arm remain weak. Once your surgeon decides it is safe for you to move your arm and shoulder, a therapist will help you with passive exercises to improve range of motion in your shoulder. With passive exercise, your therapist supports your arm and moves it in different positions. In most cases, passive exercise is begun within the first 4 to 6 weeks after surgery.

Active assist and Active Exercise

After 4 to 6 weeks, you will progress to doing active exercises without the help of your therapist. Moving your muscles on your own will gradually increase your strength and improve your arm control. At 8 to 12 weeks, your therapist will start you on a strengthening exercise program upon your surgeon's recommendations.

Expect a complete recovery to take several months. Most patients have a functional range of motion and adequate strength by 4 to 6 months after surgery. Although it is a slow process, your commitment to rehabilitation is key to a successful outcome.

Shoulder Precautions

These are certain at risk movements that should be avoided for the first 4-6 weeks after your surgery to protect your repair. Your physician or physical therapist will inform you when it is ok to start performing these movements.

Safe

- Don't move your arm above your chest
- Don't rotate your arm to the side
- Do not move arm behind your back
- If biceps refrain from heavy lifting during elbow bending

Dangerous

REFERENCES

Website: www.orthoinfo.aaos.org