



Shoulder Arthroscopy Post-Operative Instructions

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DIET

- Anesthetic drugs used during surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids and light food (jello, soups, dry crackers, toast). If nausea and vomiting become severe or the patient shows signs of dehydration (lack of urination), please call for further instructions.
- If you are not nauseated please progress to a normal diet as tolerated.

WOUND CARE

- After arthroscopy the wound is covered with a sterile dressing. Loosen bandage only if swelling of the elbow, wrist, or hand occurs.
- It is normal for the shoulder to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing. If bright red blood persists despite icing and elevation, please call for further instructions.
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply band-aids over incisions and change daily. Do NOT remove the paper strips or cut any of the visible sutures.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your shoulder starting 48 hours after surgery – NO immersion of operative shoulder (i.e. bath, hot tub, sauna, or pool) - Do NOT apply ointments to the incisions.

ICE THERAPY

- Begin ice machine or ice pack immediately after surgery. Icing is very important for the first 5 to 7 days post operatively.
- While initial post-operative dressing is in place, icing should be continuous. Once the dressing is removed on the 3rd day, ice should be applied for 20-minute periods, 4 to 6 times a day.
- Remember to keep shoulder/arm elevated during icing. Care must be taken with icing to avoid frost bite to the skin. Do NOT apply ice directly to the skin.

MEDICATIONS

- Pain medication is injected into the wound and shoulder joint during surgery – this will wear off within 8-12 hours.
- Most patients will require some narcotic pain medication (Norco, Percocet) for a short period of time – this can be taken as per directions on the bottle.
- It is not uncommon for patients to encounter more pain on the first or second day after surgery. This is the time when swelling peaks. Using the pain medication will help control pain with little risk of complication. Taking pain medication before bed time will assist in sleeping. If you are prescribed narcotic pain medication (i.e.: Percocet, Norco, Vicodin) you can supplement these medications with 200-400 mg of ibuprofen every 4-6 hours. Please avoid Tylenol while taking narcotic pain medication. Avoid NSAID medication if you are on a blood thinner or have a history of gastric ulcers.
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food, drink lots of fluids and follow a high fiber diet – if constipation occurs, consider taking an over-the-counter laxative (Colace or senakot)
- If you are having significant problems with pain control, nausea/vomiting or constipation, please contact us for further instructions.
- You should resume your normal medications for other conditions the day after surgery, unless instructed differently by your physician.

- Do not drive a car or operate machinery while taking narcotic pain medication. Driving while under the influence of narcotic pain medication is dangerous and discouraged in all patients.
- We are unable to refill prescription pain medications after hours or on weekends. If you will need a refill in addition to the amount already prescribed for you, please call our office during normal business hours 2-3 days before your prescription medications run out so we may re-fill them for you prior to running out.

ACTIVITY/BRACE WEAR

- When sleeping or resting, incline positions (i.e. reclining chair) and a pillow under the forearm may provide better comfort while decreasing swelling. Elevate the operative shoulder/arm whenever possible to decrease swelling.
- Wear immobilizer with abduction pillow unless directed by physician
- Do not engage in activities which increase shoulder pain/swelling (i.e. lifting or repetitive shoulder activities) over the first 7-10 days following surgery
- NO driving until instructed otherwise by physician
- May return to sedentary work (non-operative arm ONLY) or school 3-4 days after surgery, if pain is tolerable

EXERCISE

- Formal physical therapy (PT) or an advanced home exercise program will begin after your first postoperative visit
- DVT Prophylaxis: It is extremely uncommon to develop blood clots after shoulder surgery. Unless specified, we do not routinely recommend medication for DVT prophylaxis. We encourage early ambulation to improve venous blood flow to further limit this risk.

EMERGENCIES**

For questions please contact our office at **816-233-9888**.

Please contact Dr. Schaefer or his team if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Fever (over 101° - it is normal to have a low-grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in shoulder or arm
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

**If you have an emergency after office hours or on the weekend, contact the clinic to be directed to on call physician

**If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

You have been given a follow up appointment in our office in 2-3 weeks after your surgery. At this time the sutures will be removed. Your progress will be evaluated. You will be asked to continue your home exercise program or begin organized physical therapy.