



ORTHOPAEDIC ASSOCIATES

OF MICHIGAN

DISCHARGE INSTRUCTIONS FOLLOWING SHOULDER ARTHROSCOPIC Labral Repair Surgery by Dr. Matelic

NORMAL SYMPTOMS:

- Pain controlled with medication
- Increased swelling with activity
- Stiffness without activity
- Mild drainage from incisions
- Mild bruising and discoloration

YOU SHOULD:

- Continue current dosage and wean from narcotics
- Elevate, rest and ice your surgical extremity
- Perform your home exercises as prescribed
- Reinforce dressing with gauze
- Observe for worsening of symptoms

IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD CONTACT YOUR OAM PROVIDER:

- Excessive drainage from your incision
- Redness or heat around your incision
- A temperature greater than 100.5 degrees
- Uncontrolled swelling
- Calf pain and/or swelling
- Pain to the surgical extremity that is not controlled with pain medications
- A fall or injury to your shoulder
- Continued or worsening numbness of your arm beyond 24 hours

IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD REPORT TO THE EMERGENCY ROOM:

- Chest pain
- Shortness of breath at rest
- Confusion

PAIN CONTROL

- Several methods may be used to help manage your pain:
 1. **Cold Therapy.** Ice packs should be applied to your shoulder for approximately **20 minutes** at a time, several times a day as needed for pain and swelling. Care should be taken during cold application. Use a dry, clean towel between the skin and ice and only keep the ice on the shoulder until the skin becomes numb. If you have decided to use a **cold therapy machine**, over the first 1-2 weeks it should be used whenever you are resting and during the night. As the pain and swelling gradually resolve, it should be used following exercises and Physical Therapy. *Please refer to the written instruction sheet that you were given.* The nurse that scheduled your surgery will contact Motion Technologies, the company that distributes this equipment, in regards to precertification. If you have any questions regarding your insurance coverage, you may call the company direct at 616-706-4705 or 616-706-4579.

- 2. Medication.** Several different types of medication are used to help reduce pain. They usually work best when they are used along with other methods of pain management.
- **NSAIDS** (Non-Steroidal Anti-Inflammatory Drugs) such as Motrin, Aleve or Ibuprofen. These medications reduce pain and swelling. They relieve mild to moderate pain. They can be used in addition to Narcotics. They may or may not be prescribed for you. Do not take if you are on blood thinners or have a stomach ulcer history.
 - **Narcotics** such as Norco, Vicodin or Hydrocodone. These medications are used to reduce your pain ***and must not be taken any more often than prescribed.*** In an effort to keep your pain under good control, you should take the pain medication routinely as prescribed during the first 24-48 hours following surgery. As the pain lessens, begin taking it as needed (within the prescribed guidelines). As you become more comfortable, you may substitute Tylenol or an NSAID for pain control.
 - **Nausea** – Pain medication should be taken with food as this will help to prevent any stomach upset or nausea which is common.
 - **Do not drink alcoholic beverages while taking pain medications.**
 - **Do not drive while taking pain medication.**
 - Requests for pain medication should be made during normal office hours. Please Note: **Pain medication will only be ordered during regular office hours** and cannot be called in to a pharmacy.
 - The goal is to have you off narcotics 4-6 weeks post operatively or sooner if possible.
 - You may resume your routine medications unless otherwise instructed.
- 3. Nerve Blocks.** You may receive a nerve block before, during or after your surgery to help manage your pain. If you are a candidate, your anesthesiologist will explain this to you prior to the procedure. ***It is not uncommon to have a numb shoulder/arm/hand up to 24 hours.***
- 4. Local Anesthetic.** A long acting local anesthetic may be injected into your shoulder during the surgery. This often gives added pain relief and will last only a few hours.
- **Constipation** – Common with narcotics pain meds. Increase your fluid and juice intake, eat more vegetables and bran. Also, you may purchase Pericolace, a stool softener at any pharmacy to help with constipation. Take this two times per day.

BLOOD CLOT (DVT) PREVENTION

- Aspirin 81 mg twice a day for two weeks to help prevent blood clots (DVT). **Do not take** Aspirin if you are on blood thinners, i.e. Coumadin, Eliquis, Xarelto, Pradaxa, have an allergy to Aspirin, or have a history of stomach ulcers.
- Quadriceps Isometric exercises and ankle pumps should be done for a few minutes three times an hour throughout the day when you are awake.
- If you have been given a pair of compression devices for your legs, wear these when you are resting until you return to normal activities.

WOUND CARE

- **Bleeding** during the first 24 hours following surgery is normal. If bloody drainage is noted through your dressing, do not remove the existing dressing, but apply a fresh layer of dressing over top. Apply direct pressure over the area where the drainage is noted. Apply ice to the area. If drainage continues throughout the night, call the office for further instructions.
- **Dressing** – May be removed on the second day after surgery. You will have staples or sutures with steri-strips to close your incision. **Do not remove the steri-strips** as they will fall off on their own. You may place a new dressing if there is drainage or if the incision is irritated by clothing.
- **Shower** – You may shower after your first dressing change as long as there is no drainage. Soap and water may run over your incisions in the shower. Do not scrub the incisions. Do not soak the incisions. Gently pat your incisions dry after your shower.

- **Bathing** – No tub baths, hot tubs, or swimming in a pool or lake until your incision sites are completely healed and your sutures/staples have been removed (at least two weeks).
- Swelling and **discoloration/bruising** of the shoulder and arm are expected. This will gradually resolve.

PHYSICAL ACTIVITY

- **Sling/Immobilizer** should be worn at all times unless you are doing your exercises as instructed.
- **Sling will be worn for six weeks post op unless otherwise instructed.**
- **Exercises** – Remove sling three times daily for **hand, wrist, elbow and pendulum** range of motion exercises. Wiggle your fingers 3-4 times every hour.
- Until you resume more normal activity, work at pumping your ankles 3-4 times every hour. This helps with circulation and preventing blood clots from forming. Also elevate your legs when sitting.
- **Physical Therapy** will begin at some time following your surgery. Typically, started sometime after your two week post op appointment.
- **Driving** – Not recommended for up to **four weeks** post op with a repair unless otherwise instructed or if still taking Narcotic pain medication.
- **School** – Students usually return to school within about a week after surgery.
- **Work** – One handed light clerical jobs can often be resumed in 1-2 weeks with no active use of the operative shoulder for six weeks post op. Return to heavy or strenuous occupations may take several months. You will need to discuss returning to work with your doctor.

FOLLOW UP APPOINTMENT

- You should be seen in the office for follow up **10-14 days** following your surgery. A wound check, details of your surgery and expectations will be reviewed. **Call the office today if you do not already have an appointment.**
- OAM has a physician available by phone 24 hours per day for **EMERGENCY** orthopaedic needs. Routine questions, including requests for pain medication, are best handled during weekday business hours. (616) 459-7101.

QUESTIONS?

- If you have any questions that have not been covered by this handout, please contact Dr. Matelic's staff at **(616) 459-7101**.