
Shoulder Arthroscopy with Labral Cartilage Repair

Arthroscopy (scope) is a minimally invasive surgical procedure orthopedic surgeons use to visualize, diagnose and treat problems inside of a joint. The amount of work done inside of the joint does not correlate with the size of the incisions. Most arthroscopic procedures are same day procedures.

The information presented in this handout is only a general outline of what to expect following a shoulder arthroscopic labral cartilage repair. Each patient's arthroscopic procedure is unique. Healing is different from patient to patient and from procedure to procedure. Therefore, recovery time will reflect that individuality. Because of this, your progress may deviate from the following guidelines. Please discuss any details or special circumstances with Dr. Barry or his staff.

General Information

Prior to Surgery

- See your primary care provider for your preoperative history and physical **within 30 days** of surgery. He or she will complete a full health assessment and identify any problems that could interfere with your surgery. You will also be informed of which medications should be taken in the perioperative period and which medications should not.
- Discontinue aspirin 7-10 days prior to surgery. Discontinue NSAIDs 5-7 days prior to surgery.
- The hospital or surgery center will contact you prior to your surgery to discuss specific details. You will likely be asked to arrive one or two hours prior to your scheduled surgical time.
- Do not eat or drink **anything** after midnight the night before your surgery. If you have medication that your primary care provider instructed you to take the morning of surgery, you may take it with a small sip of water.
- Arrange a ride home following surgery. You will also need to arrange for 24 hour assistance postoperatively, possibly longer depending on your needs.
- Type of anesthesia will be decided the morning of surgery. This decision will be made between you and your anesthesiologist.
- Remember to bring your shoulder immobilizer with you on day of surgery. This will be put on in the operating room following the procedure.

General Considerations

- As a general rule of thumb, you will be out of work for 2 weeks following your surgery. Further work restrictions will be addressed at your 2 week follow up appointment.
- You will be unable to drive for at least 2 weeks following your surgery and will need to make arrangements to get to and from physical therapy during this time.
- Following your surgery, you should plan on making appointments in the following intervals: 2 weeks, 6 weeks and 12 weeks.

First Two Weeks

General Recommendations

- Apply an ice pack in 20-30 minute intervals as you can for the first 48 hours then as needed. This will help reduce pain and swelling.
- Patients are often most comfortable at night sleeping in a recliner or with the operative arm propped up on pillows in bed for the first couple of weeks after shoulder surgery.

Pain Control

- In most cases, a nerve block is performed to reduce pain in the immediate postoperative period. This is intended to numb only the operative shoulder and arm for up to 24 hours.
- If you receive a nerve block, it is important to stay on top of your pain by taking your pain medications. This will help keep pain under control when the nerve block wears off.
- You may take anti-inflammatory medications in addition to your narcotic pain medication if needed. These include ibuprofen, Advil, naproxen, and Aleve.
- Avoid taking extra Tylenol (acetaminophen) while you are taking your narcotic pain medication. Most narcotic pain medications already contain acetaminophen (APAP). This will be listed on the bottle.
- Narcotics can cause constipation. You may benefit from using an over-the-counter stool softener while taking narcotics.

Wound Care

- Keep your incisions clean and dry at all times. Avoid putting any topical creams or ointments on your incisions.
- You may shower and begin dressing changes 48 hours after surgery. Following this, you may change your dressing daily and as needed.
- When showering, cover your incisions with a waterproof bandage. Do not allow your incisions to get wet as this could introduce bacteria into your shoulder and impede the healing process.
- Leave all sutures in place. They will be removed at your first postoperative appointment.

Shoulder Immobilizer

- Your shoulder immobilizer is designed to protect your arm. It will protect you from doing certain movements during the day and at night. It also protects your arm from other people.
- You may remove your shoulder immobilizer for hygiene purposes, at home exercises and physical therapy. Otherwise, you need to wear your shoulder immobilizer **continuously**.
- You should take breaks out of your shoulder immobilizer three times a day, beginning the day after surgery, for the following exercises:
 - Gentle elbow, wrist and finger range of motion
 - Pendulum exercises – bend over at the waist letting the surgical arm hang down, sway your body back and forth using the weight of the arm and gravity to generate small circles at the surgical shoulder. Circles may be increased in size if you have minimal pain.

- These exercises enhance circulation within the joint to promote healing and are highly beneficial for the recovery process.

Physical Therapy

- Physical therapy should start 5-7 days after your surgery. You should plan on scheduling 2-3 appointments a week for 6-12 weeks depending on your progress.
- Please call the Fridley Physical Therapy Department at (763) 957-5315 or the Coon Rapids Physical Therapy Department at (763) 717-4135 to set up these appointments.
- If you plan on going elsewhere for physical therapy, please let us know. We will give you a copy of your physical therapy orders and send Dr. Barry's protocol to the correct location.

Signs of Infection

- All efforts are made perioperatively to prevent infection. These include antibacterial wipes prior to surgery, skin scrubs in the operating room, sterile technique during surgery, and antibiotics before the procedure. Despite this, infections can still occur.
- Below is a list of signs and symptoms that may represent infection. Please call the clinic immediately at (763) 786-9543 if you have any concerns.
 - Increasing redness, warmth or swelling around incision
 - Cloudy or pus-like drainage coming from the incision
 - Pain that is not controlled by your postoperative pain medications
 - Fever greater than 101°F that may or may not be accompanied by chills
 - Persistent nausea and vomiting
 - Bleeding which saturates your dressing (spotting of dressing is expected)
 - Change in skin color, temperature and/or numbness in surgical extremity

Signs of Blood Clot

- After surgery, you are at higher risk of a developing a blood clot. Below is a list of signs and symptoms that may represent a blood clot. Please call the clinic immediately at (763) 786.9543 if you have any concerns.
 - Increasing pain and tenderness in your calf
 - Redness and/or warmth in your calf
 - Worsening leg pain when pointing toes towards your head

Two Week Appointment

- Your sutures will be removed and your overall shoulder appearance will be assessed.
- Continue to wear your shoulder immobilizer for 2 more weeks. You may remove the pillow if it is more comfortable for you without it.
- Prescription refills and work restrictions will be addressed if needed.
- Bring your operative pictures to this appointment to further discuss if you desire.

Two to Six Weeks Postoperative

Pain Control

- You should begin to wean off of your narcotic pain medications. Begin by spacing out your narcotic pain medication doses and alternating them with ibuprofen and/or Tylenol when needed.
- Most patients will require pain medications before and/or after physical therapy. For maximum effect, take a dose 30 to 60 minutes prior to your appointment.

Wound Care

- You no longer need to keep your incisions covered.
- You may shower and/or bathe without covering your incisions.
- Continue to monitor for signs and symptoms of infection.

Shoulder Immobilizer

- Continue wearing your shoulder immobilizer until you are 4 weeks postoperative.
- At that time, you may discontinue using your shoulder immobilizer. Begin by removing it around the house but still wearing it while out in public for protection from others. Once you feel comfortable to be without it in public, discontinue using it altogether.

Physical therapy

- Continue working with physical therapy. Concentrate on regaining your full range of motion during this time.

Six Week Appointment

- Your range of motion will be assessed to ensure that you are on track with your individual recovery process.
- New work restrictions will be addressed if needed.

Six to Twelve Weeks Postoperative

Physical Therapy

- You may now progress to strength and resistance training as guided by your physical therapist. You should avoid lifting greater than 20 pounds during this time period.

Twelve Week Appointment

- Your range of motion and strength will be assessed to ensure that you are on track with your individual recovery process. Based on your progress, you may require further physical therapy.
- No further follow up appointments indicated unless pain or lack of shoulder range of motion persists.
- You may now begin to advance with your activities as you can tolerate.