

HOME CARE FOLLOWING OUTPATIENT SHOULDER SURGERY

After your surgery you will have limited use of your affected arm. Please follow these guidelines to prevent any complications following your surgery.

REGIONAL ANESTHESIA:

Regional anesthesia is injected by an anesthesiologist into or around appropriate nerves to numb the area having surgery. It is a type of “local anesthesia”.

The anesthesia your physician used to numb your arm will wear off in 4 to 12 hours, but it may take even longer. During that period, you should be careful because it is possible to injure the numbed arm and not be aware of the injury. While your arm is numb, you should:

- Wear a sling for support
- Avoid bumping your arm
- Avoid extreme hot or cold

Many patients will have a cold cuff provided for you. It is safe for you to use this. Recoil this as necessary in the hours and days following your surgery. Follow the instructions provided for you by nursing staff of the manufacturer’s representative. You may stop using it at your discretion, typically between 1 and 2 weeks following surgery.

DIET: Your diet does not have any restrictions. You should drink plenty of fluids.

PAIN CONTROL:

You will have a tingling and prickly sensation in your arm as your feeling begins to return. Make sure you begin taking pain medication(s) before your arm fully awakens. Taking the prescribed medication before the shoulder becomes painful is very helpful in minimizing any discomfort you might experience. If your pain is not adequately controlled with the prescription you have received, contact our office. Do not take any alcoholic beverages while taking prescription pain medications.

We typically provide you with a narcotic pain medication (Dilaudid (hydromorphone) or oxycodone) and an anti-histamine medication (Vistaril (hydroxyzine)). These two medications should be taken together on a regular schedule for the first 24-48 hours after surgery to maintain maximum pain control. You can decrease the frequency of the medication as your initial pain begins to subside.

You have also been provided a non-steroidal anti-inflammatory medication (Ibuprofen or feldene). This is also helpful in reducing pain immediately after surgery. **If you have had a surgery that involved structural repair (for instance, rotator cuff repair or labrum repair), you should not take this medication beyond 24-36 hours after surgery. Take only the recommended doses, but do not continue beyond that point. Doing so could adversely affect the tissue healing, and therefore should be avoided.**

You may also have been given an antibiotic prescription (typically clindamycin). This medication should be taken as instructed until the supply runs out. If you experience any stomach upset, skin rash, or other adverse reaction, stop taking the medication and contact our office.

ACTIVITY:

Follow the physical therapy regimen that has been prescribed for you. This will be explained to you by your physical therapist. You should have already scheduled your therapy sessions in advance. If you have not, contact Dr. Lervick's office at 952-456-7111. They can recommend a physical therapist for you to work with, and/or assist in arranging the necessary appointments. **Please be sure to take the physical therapy referral with you to your first appointment.**

If you have seen your physical therapist in advance of surgery, please begin the recommended exercise program according to the recommendation below. Most often, this involves performing codman (or pendulum) exercises.

Codman's (pendulum) exercises to begin: _____

Refrain from driving until you check with your auto insurance company to see if you are covered for driving with one arm. You should only resume driving when you are comfortable enough to avoid taking narcotic medication at or around driving time.

ASSISTIVE DEVICES:

You should wear your sling or shoulder immobilizer for the following amount of time: _____

CLOTHING:

Wearing a button up blouse or shirt is recommended. The shoulder sling or immobilizer may be worn over the outside of your clothes. When getting into the shirt or blouse, slide your affected arm into the sleeve first, leaving the arm at your side, and sliding the sleeve up the arm. Then, place the unaffected arm into the other sleeve. When taking off the shirt or blouse, do the opposite: slide your unaffected arm out of the sleeve first. Then, slide the shirt down the surgical arm, leaving the arm at your side while doing so.

INCISION CARE / SHOWERING INSTRUCTIONS:

Please follow the instructions below, according to the type of surgery you have undergone. The appropriate box should be marked to indicate the instructions to follow. If it is not, contact our office for specific instruction.

All arthroscopic surgery

You may remove your dressing the **third** day after your surgery. A small amount of drainage from the incisions is normal. Place band-aids over the incisions. Do not use any ointment or creams on the incision sites unless otherwise instructed to do so.

Please do not begin showering until the **third** day following surgery. You should sponge bath until that time.

You may remove your sling for showering. You should let your arm hang at your side during the shower; do not actively move the arm when out of the sling. Do not immerse the affected area under water.

When showering, leave band-aids over the incisions. When done showering, you should replace the band-aids with clean, dry ones. Inspect your incisions at the time of dressing change for increased redness, swelling and drainage. Notify our office if these develop.

Surgery involving open incisions

It is recommended to avoid showering until you return appointment. There is no need to change the dressing. The initial bandage is the most sterile, and it is safest to keep it in place. If you notice significant drainage on the bandage, contact our office and we will provide appropriate instruction regarding changing the dressing.

At your return appointment, sutures will be removed. Further instructions regarding management of the incision will be provided at that time.

FOLLOW-UP:

You have a follow-up appointment scheduled to see Dr. Lervick on

Any modifications to the above instructions will be made at that time.

If you have any questions about your surgery, please call Dr. Lervick's office at **952-456-7000**.

You may also direct questions to Dr. Lervick's care coordinator, Ann, at **952-456-7111**.