Post-operative Instructions for Shoulder Arthroscopy with Labrum Repair (including SLAP repair or Bankart repair)
Dr. Jeffrey J. Mair, DO

PAIN:

- You will be sent home from the surgery center with prescriptions for pain medication.
- After the first day or two, as the pain lessens, you may decrease the frequency with which you take the medication.
- Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable.
- It is also helpful to use ice to decrease pain and swelling.
- If these measures are not adequately controlling your pain, please call our office.
- If it is after hours, you will speak to the physician on call. Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this.

DRESSINGS:

- You will have a soft dressing applied over your incisions.
- It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection.
- Leakage immediately after surgery is normal and actually helps to drain some of the fluid that accumulates in the joint during surgery.
- The dressings may become moist or blood-stained; this is normal and usually not a cause for alarm.

BATHING:

- You may remove your dressing 48 hours after your surgery to take a shower.
- You may let soap and water gently wash over your incisions, but do not scrub them.
- Pat them dry with a towel, then recover each of the incisions with a band-aid.
- You may not soak in a bathtub or go swimming until your sutures have been removed and your incisions are well healed.
• You should remove your sling/immobilizer to shower, but if you had a repair, you must keep your arm at your side.

SLEEPING:

• It may be helpful to sleep in a recliner initially after your surgery.
• This position is often more comfortable at first, helps to “elevate” the shoulder, and will help prevent you from moving around too much while you are sleeping.
• You may transition to a bed as soon as it is comfortable to lie in a more flat position.
• You may need to use pillows to prop yourself up slightly as you are making this transition.
• It may be anywhere from a few days to a week or two before you are able to sleep comfortably in a bed.

DRIVING:

• You may not drive while you are taking pain medications.
• Once you have discontinued the pain medications, your doctor will let you know when it is safe to drive depending on your specific procedure.

WHEN TO CALL:

• Please call if you develop a fever greater than 102°F, increasing pain that is not responding to pain medication, redness, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood.
• During normal business hours, you may call Erin, Physician Assistant, at 952-442-0136 for clinic questions or concerns, or Michelle, Care Coordinator, at 952-314-0778 for administrative or paperwork questions.
• If it is after hours, you may call 952-442-2163 and the answering service will contact the physician on call.

AFTER SURGERY:

• Your arm should remain in the sling or immobilizer at all times; you may remove it a few times a day to bend and straighten your elbow and wrist as long as your arm stays at your side.

10-14 DAYS POST-OP:

• You will have your first office visit.
• If you have non-absorbable sutures, they will be removed at this visit.
• You will review surgical pictures and be given the opportunity to ask questions.

3-5 WEEKS POST-OP:

• You will have another office visit, at which point you will be able to discontinue use of the immobilizer.
• You will then start physical therapy.
• You may begin to use your arm for daily activities, but should not lift more than a pound.

2 MONTHS POST-OP:

• You may continue to use your arm for daily activities, but should avoid any aggressive lifting or throwing motions.

4 MONTHS POST-OP:

• You will most likely have finished physical therapy by now.

6 MONTHS POST-OP:

• You will have your final office visit.
• If things have progressed as expected, you will likely be able to resume all activities as tolerated.