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Shoulder Arthroscopy with Stabilization/Labral Repair

Arthroscopy: A minimally invasive surgical procedure orthopedic surgeons use to visualize, diagnose, and treat problems inside of a joint, often referred to as a scope. The amount of work done inside of the joint does not always 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 arthroscopy (shoulder scope) with stabilization. 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 of the patient. Because of this, your progress may deviate from the following guidelines. Please discuss any details or special circumstance with Dr. Cooper or his staff.

General Information:

Prior to surgery:

- You will need to schedule a pre-operative visit with your primary care provider within 30 days of your scheduled surgery. He or she will complete a full health assessment and identify any problems that could interfere with your surgery. They will also notify you of which medications should be stopped prior to surgery and which medications you should continue to take.
- You will need to stop Aspirin 7-10 days prior to surgery and you will need to stop NSAIDS 5-7 days prior to surgery. Discuss this further with Dr. Cooper or his staff if questions.
- 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. **If you have not heard from the surgery facility by 2:00pm the day before your surgery, please contact the clinic ASAP.**
- The night prior to surgery and the morning of surgery, shower using the Hibiclens solution provided to you at the time you scheduled surgery.
- If you need any insurance or medical leave paperwork, it should be given to Dr. Cooper's care coordinator, Ali, prior to surgery. Paperwork will not be completed the day of the surgery.
- Do not eat or drink **anything** after midnight the night before your surgery. If you have a medication that your primary care provider instructed you to take the morning of the surgery, you may do so with a small sip of water.
- You will meet with the anesthesiologist in the pre-operative area to discuss the type of anesthesia performed.

- Arrange a ride home following surgery. You will not be allowed to take a taxi or Uber home from surgery. You will also need to arrange for at least 24 hours of assistance post-operatively as you recover from the surgery and the anesthesia.
- If you have your sling at home, remember to bring it with you on the day of surgery. Otherwise, Dr. Cooper's team will bring the sling that was fit for you in clinic. This will be put on you in the operating room following the procedure.

General Considerations:

- You will need to wear your sling at all times except when showering or working on your home exercises for 6 weeks.
- You may not drive as long as you are wearing your sling or while you are taking narcotic pain medication.
- Individuals with sedentary (desk) work can typically return in about 2 weeks. Those who perform manual labor will need to work "light duty" or avoid working altogether for anywhere between 2 weeks to 6 months. This will be assessed based on your individual work requirements.
- If your friend or family member would like to get information from Dr. Cooper about the surgery, it is typically best for them to stay at the surgery facility for the entire surgery.
- At the time that you schedule surgery, you should schedule an appointment with Dr. Cooper for your 2 week and 6 week post-op visits.

Immediately after surgery:

General Recommendations:

- Apply an ice pack to the shoulder for 20 minutes out of every hour for the first 72 hours, then as needed. This will help reduce pain and swelling.
 - You will be provided with ice packs at the time of surgery, but there are other cryotherapy measures that can be purchased online or rented. If you are interested in other means of cryotherapy, please contact Dr. Cooper's care team.
- Individuals who have had shoulder surgery typically have a difficult time sleeping following surgery and are most comfortable sleeping in a recliner or with the operative arm propped up on pillows for the first couple of weeks following surgery.

Pain control:

- In most cases, a nerve block is performed to reduce pain in the immediate post-op period. This is intended to numb the operative shoulder and arm for up to 24 hours. When the block wears off, the pain will be **significant**. You will want to start the pain medication prior to the block wearing off to help keep the pain under control.
- You will likely be given a narcotic medication for pain control following surgery. Please inform the team if you do not tolerate certain pain medications.
 - Severe pain following shoulder surgery is common. The pain medication will not make the pain go away completely, but can help with the pain.

- You will want to take the medication as scheduled for the first 24-72 hours, then you should begin tapering off of the pain medication by spacing out the doses or by decreasing from 2 pills down to 1.
- Many people describe side effects when taking these medications including nausea, constipation, and feeling sleepy or confused.
 - Start by taking the lowest effective dose. If you continue to have pain, you can increase the dose according to the prescription.
 - Make sure you have food in your stomach and are drinking plenty of water when you are taking the pain medication.
 - You may benefit from an over the counter stool softener while taking the pain medication.
- Avoid taking extra Tylenol (acetaminophen) while you are taking the narcotic pain medication. Most narcotics contain acetaminophen. This will be listed on the bottle.
- You may use anti-inflammatory medications (NSAIDS) following surgery though should minimize the dose. Please contact Dr. Cooper's team regarding specific restrictions.

Wound Care:

- Keep your incisions clean and dry at all times. Avoid putting any topical creams or ointments on your incisions.
- You can remove your dressings 48 hours after your surgery. You can shower on the day the dressing is removed as long as there is **NO** bleeding or drainage coming from your incisions.
 - A small amount of red or clear yellow drainage may be seen on the dressing and is normal. You may cover the incisions with a band-aid or gauze if needed.
 - Do not soak or scrub at your incisions.
- You will have internal stitches. If you notice a stitch sticking out of your incisions, you can cover it with gauze and notify Dr. Cooper's team at your visit. Your body will push it out on its own.
- Your incisions will be covered with steri-strips. These help take pressure off of the incision and help with wound healing. They will fall off on their own in 2-4 weeks.
- Notify the team if you are experiencing persistent bleeding that soaks your dressing.

Signs of Infection:

- All efforts are made at the time of surgery to prevent infection including skin scrubs in the operating room, IV antibiotics before the surgery, and sterile technique. Despite this, infections can still occur.
- Below is a list of signs and symptoms that are concerning for an infection. Please contact the clinic **immediately** if you have any of these concerns:
 - Increasing redness, warmth, or swelling around the incision
 - Cloudy or pus-like drainage from the incision
 - Pain that is not controlled by your pain medication
 - Fever greater than 101°F
 - Chills
 - Persistent nausea and vomiting

Signs of a blood clot:

- After surgery, you are at a higher risk of developing a blood clot. If you have a history of a blood clot [deep vein thrombosis (DVT) or pulmonary embolism (PE)], make sure to notify Dr. Cooper or his team prior to the surgery.
- Below is a list of signs and symptoms that may represent a blood clot. Please contact the clinic **immediately** if you develop any of these symptoms:
 - Increasing pain and tenderness in your calf
 - Redness or warmth in your calf
 - Worsening leg pain when flexing your toes and/or ankle towards your head
 - Shortness of breath or difficulty breathing
- Traveling can also increase your risk of developing a blood clot. Please inform the team if you are planning on traveling within 3 months of your surgery.

Shoulder Immobilizer (Sling):

- 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 showering, your home exercises, and physical therapy. Otherwise, you need to wear your immobilizer **continuously**.
- You should take breaks out of your immobilizer 5-10 times per day beginning the day after your surgery for the following exercises to enhance circulation within the joint and promote healing:
 - Work on gentle range of motion of your hand, wrist, and elbow.
 - Pendulum (Codman's) 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 horizontal and vertical lines as well as small circles at the surgical shoulder. The lines and circles may be increased in size if you have minimal pain.

Physical Therapy:

- Physical therapy should start 4 weeks after your surgery. You should plan on scheduling 1-2 appointments a week for 12 weeks depending on your progress.
- Contact the TCO Eagan PT Department at (952) 456-7480, the Training Haus at (952) 456-7650, or the TCO Burnsville PT department at (952) 808-3000 for scheduling.
 - If you plan on attending PT elsewhere, please let us know. We will give you a copy of the orders for you to bring to your first appointment.
 - Dr. Cooper's protocols can be found online at <https://tcomn.com/physicians/jonathan-cooper/>. Dr. Cooper will specify your exact start time and surgical protocol at the time of surgery.

Post-op Appointments:

2 weeks post-op:

- Your operative images will be reviewed with you if you desire.
- Your overall shoulder appearance will be assessed.
- You will continue to wear your shoulder immobilizer (sling) for 4 more weeks.
- You should be weaning off of your narcotic pain medication. Continue by spacing out the medication doses and then alternating them with ibuprofen and or Tylenol if needed.
 - Most patients will require pain medication before or after PT or before bed. For maximal effect, take a dose 30-60 minutes prior to your PT appointment or before bed.
- Your work restrictions will be addressed if needed.

6 weeks post-op:

- Your range of motion will be assessed to ensure that you are on track with your individual recovery process.
- You will now be able to begin discontinuing your shoulder immobilizer (sling). Begin by removing it around the house, but still wearing it while out in public for protection from others. Once you feel comfortable, you can discontinue using it altogether.
- Continue with physical therapy with concentration on regaining your full range of motion. You may begin some gentle resistance/strengthening exercises toward the end of this phase.
- You may advance with your day-to-day activities as tolerated, but you should avoid lifting greater than your physical therapy progress and recommendations (1-2lbs).

12-14 weeks, 6 months, and 1 year post-op:

- Your range of motion and strength will be assessed to ensure you are on track with your individual recovery process.
- You will continue with PT with concentration on adding some gentle strengthening and resisted motion exercises.
 - Sports specific or work specific therapy may be ordered based on your individual progress.
- You may advance with your day-to-day activities as tolerated, but you should avoid lifting greater than your physical therapy progress and recommendations.
- Additional visits will be determined by progress and work restrictions.