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Shoulder Labral Repair Post-Operative Instructions

WOUND CARE:

- After surgery, wounds are typically covered with steri-strips, gauze, cotton padding and tape. You may shower and begin dressing changes 48 hours after surgery. Following this, you may change your dressing daily and as needed.
- Leave any steri-strips (adhesive paper strips over the incision) in place.
- Keep your incisions clean and dry at all times. Avoid putting any topical creams or ointments on your incisions.
- There may be stitches visible when changing dressings. These should be left in place until removed in clinic.
- Do not submerge the wounds in water (bathtub, pool, lake) for at least 2 weeks after surgery.
- Because of the fluid used to inflate the shoulder during surgery, some drainage is expected. If the dressings become saturated or drainage continues beyond the first few days, please call the office.

ICING:

- Icing is an important part of recovery from surgery. It is used to decrease swelling and inflammation as well as helping with pain control.
- Ice should be applied between 20-30 minutes at a time with a 20-30 minute break. For the first 48 hours, this 20-30 minute interval of on/off ice should be utilized throughout the day and night when possible.
- You may choose to discharge home with an ice machine. These machines often allow you to adjust the timing and duration of icing.
- If you did not choose to use an ice machine, you may use a bag of ice, a reusable ice pack or frozen vegetables. Remember to never put the bag or pack directly on the skin, always use a towel or cloth to protect your skin.
- After the first 48 hours, the icing should be used in 20 minute intervals every couple of hours for the first 3-4 weeks after surgery.

DIET:

- After surgery, some patients experience nausea. This can be related to anesthesia or pain medication. It is best to begin with clear liquids and light food (crackers). You may progress slowly to your normal diet if not nauseated.
- Patients are sometimes prescribed an anti-nausea medication after surgery. This can be used to treat nausea. If nausea or vomiting persists despite medication, please call the office.
- Pain medication can also cause constipation. An over-the-counter laxative, high-fiber diet or fruit juice may be helpful.

MEDICATION:

- Most home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon.
- Typically, patients are given a prescription for pain medication. Please take this medication as instructed. Pain medication can be decreased as pain improves.
- Try to take pain medication with food to help decrease nausea.
- Some prescribed pain medication may already have Tylenol (Acetaminophen) mixed with it. Do not take any other medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage.
- Taking medication prior to bedtime may help with sleeping. 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.
- Do not drink alcohol or drive while taking narcotic pain medication (hydrocodone, oxycodone, dilaudid, etc).
- Pain medication typically takes about 30-45 minutes to take effect. Don't wait until pain is severe to take pain medication.
- Narcotics can cause constipation. You may benefit from using an over-the-counter stool softener while taking narcotics.
- Some patients may receive a nerve block prior to surgery. This block lasts a different length of time in each patient, but typically lasts 12-18 hours. When you begin to feel some tingling in the extremity, the block is beginning to wear off. This is a good time to begin taking oral pain medication.
- Pain medication likely will not take away all of your pain. It is okay to have some discomfort.
- Because of the risks of prolonged narcotic use, in most cases narcotic pain medication will not be prescribed after 6 weeks from surgery. Plan to wean narcotic use after surgery accordingly.

ACTIVITY:

- A sling is typically used after surgery. There will be a strap over your shoulder that can be adjusted to keep your elbow bent at about 90°. Try to keep your hand level with or above your elbow to prevent hand swelling.
- There will be an abduction pillow around your abdomen. This is designed to keep your arm away from your side in order to take tension off of repaired tissue. This pillow should be snug but not tight. You should be able to breathe freely with this strap in place.
- Sleeping in a recliner or propped up in a bed is often more comfortable than lying flat after shoulder surgery. You should sleep with the sling in place.
- You may remove the sling to flex and extend your elbow and open and close your hand to encourage circulation and prevent stiffness.
- Return to work depends on your job requirements, specifics of your surgery and pain/swelling levels. This can be discussed at your follow-up appointment.
- Do not resume sports, use exercise equipment or perform strenuous physical activity (including lifting weights) until your surgeon says it is okay.
- Physical therapy is prescribed after surgery. This is an important part of your recovery and we encourage patients to attend all physical therapy appointments.
- Return to full sports activity is usually between 4-6 months after surgery. Timing of return to sports depends on several factors and will need to be discussed with Dr. Ridley.
- You may drive when you feel comfortable and are no longer taking narcotic pain medications.

BLOOD CLOT PREVENTION:

- Though uncommon, blood clots (also called deep vein thrombosis or DVT) can occur after surgery. To decrease the risk of this problem, you should flex your ankle and toes up and down ten times per hour for the first 2-3 weeks after surgery.
- Be sure to let your surgeon know if you have a history of blood clots.
- 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

REASONS TO CALL THE OFFICE:

Please call the office at (763)786-9543 for any of these concerns:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Excess drainage at surgical incisions
- Worsening pain in the operative arm not controlled with medication
- Excess nausea/vomiting
- Numbness in the operative arm
 - Some numbness can be expected initially after surgery if a nerve block was used
- Redness around the incision site
- Any other questions or concerns

TWO-WEEK FOLLOW-UP APPOINTMENT:

- Any exposed sutures will be removed and your overall shoulder appearance will be assessed.
- Continue to wear your shoulder sling for 4 more weeks
- Prescription refills and work restrictions will be addressed if needed.
- Bring your operative pictures to this appointment to further discuss if you desire.

RECOVERY, 2-6 WEEKS:

Pain Control

- You should be weaning from your narcotic pain medications if you have not already stopped using them. Begin by spacing out your narcotic pain medication doses and alternating them with ibuprofen and/or Tylenol when needed.
- Many 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 Sling

- You need to continue to wear your shoulder immobilizer at all times, removing it only for hygiene, physical therapy and at home exercises.

Physical therapy

- Continue working with physical therapy. Concentrate on regaining your full range of motion.
- Continue to schedule 2-3 appointments per week

Six Week Appointment

- 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 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.

RECOVERY, 7-12 WEEKS:

Pain Control

- You should be off all narcotic pain medications. You may use anti-inflammatory (NSAIDs) medications like ibuprofen or naproxen as needed to help with pain and inflammation.
- Always take NSAIDS with food

Physical Therapy

- Continue working with physical therapy. Concentrate on maintaining your full range of motion and advancing your strength with their guidance.
- Continue to schedule 2-3 appointments per week depending on your progress

Twelve Week Appointment

- Your range of motion and strength will be assessed to ensure that you are on track with your individual recovery process.
- You may now begin to advance with your activities as you can tolerate but should avoid lifting greater than 30 pounds for the next 4 to 8 weeks based on physical therapy progress and recommendations.

WHEN CAN I?

Drive: You will be permitted to drive (automatic transmission) after surgery as long as you are not taking any narcotics and you feel comfortable behind the wheel. You may consider practicing in a large parking lot to make sure you can react quickly in an emergency. Studies suggest postsurgical patients wait 2 weeks before driving but life circumstances may mean you need to drive sooner than that provided you meet the minimum requirements mentioned above.

Return to Work: This will vary depending on the demands of your job. This will be assessed based on your individual work requirements. Plan on getting up from your work station to move around to prevent stiffness every 20 minutes or so. If you have to carry significant loads, you may have to wait several months to resume these activities.

Shower: You will be able to shower after the initial dressing change, typically 48 hours after surgery. You should cover the incisions while showering after your first dressing change.

Use a Hot tub: Do not use a hot tub or bathe until sutures have been removed and wounds are completely closed.

Do lower body exercise: Please refrain from lifting lower body for the first 1-2 weeks following surgery. This will allow your body to spend its healing energy on your shoulder.

Do Dry Needling: To reduce the risk of infection, please wait at least 4 weeks before dry needling.

Get a Massage: Massage can be done as early as 3 weeks out. Inform your massage therapist of your recent shoulder surgery. Let them know not to push into painful ranges of motion and do not perform forceful motion of the shoulder.

Use Blood Flow Restriction Training: You may use BFRT starting at least 2 weeks post-op if it is available at your clinic by a certified. Follow all BFRT guidelines and precautions.