

Arthroscopic Shoulder Surgery Postoperative Instructions

ACTIVITY AND SLING USE

- No lifting, pushing, or pulling with your operative arm.
- No active range of motion with your operative shoulder.
- You should use your sling while asleep and up walking around. You may remove your sling when performing your passive range of motion exercises, for personal hygiene activities, and if sitting in a controlled environment.
 - When the arm is let out of the sling, we encourage that it is allowed to rest on the same side leg/thigh, and not in the position of “protection” against the abdomen, as this can promote stiffness.
- You may come out of your sling 3-4 times a day to perform passive range of motion exercises (see separate handout).
 - Elbow, wrist, hand active range of motion as tolerated
 - If a biceps tenodesis was performed, no active elbow flexion for 4 weeks.

DRESSING

- Keep your dressing clean, dry, and intact for 2 days.
- On post operative day 2, you may remove the dressing and cover your incisions with band aids.
- Starting on post operative day 2, you may shower but should avoid scrubbing your incisions.
 - No soaking your incisions in a bath or hot tub. Please place new band aids on your incisions after showering.

PAIN CONTROL

- You may have received a nerve block at the time of your surgery. This provides excellent pain relief for the first 12-36 hours following surgery. This block wears off at various times for each patient.
- Dr. Schuette recommends consistently taking Tylenol and Oxycodone (as outlined below) for the first few days, so you do not fall behind on pain control once the block wears off. Most patients can wean off scheduled oxycodone after a few days.
- We also recommend icing frequently for pain or swelling after surgery.
 - You can use any form of ice (icing machine, a bag filled with ice cubes, bag of frozen veggies, or reusable ice pack).
 - Use a protective layer (such as a dish towel) between the ice and your skin, so that you do not freeze your skin.
 - Ice for 20 minutes at a time, with at least 20 minutes off in between icing sessions.

MEDICATIONS

- Oxycodone 5 mg, 1-2 tablets every 4-6 hours as needed
 - This is a narcotic pain medication for moderate to severe pain. It is our goal to wean our patients off this medication within two weeks following surgery.
- Tylenol 500 mg, 2 tablets every 8 hours
 - We recommend this as a baseline pain medication for the first week following surgery.
 - DO NOT exceed 4000 mg of Tylenol in a 24-hour period.
- Ibuprofen 200 mg, 3 tablets every 8 hours
 - If you can take NSAIDs, over the counter Ibuprofen can be helpful for mild to moderate pain and can replace narcotic pain medication.
- Aspirin 81 mg, 1 tablet twice a day
 - This is an anticoagulant. While the risk of blood clots is low following shoulder surgery, we recommend patients take this for 4 weeks following surgery.
 - If you are already taking an anticoagulant medication, you should resume your medication 24 hours after surgery. You will not need to take Aspirin 81 mg in addition to your current anticoagulant medication.
- Zofran (ondansetron) 4 mg, 1 tablet every 6 hours as needed for nausea
 - This is an anti-nausea medication that can help resolve nausea associated with anesthesia and narcotic pain medications.
- Colace (stool softener) 100 mg twice daily
 - The use of narcotic pain medication can cause constipation. We suggest using an over-the-counter stool softener (Colace) while taking pain medication. Stop taking this medication if diarrhea develops.
- Resume all home medications the day after surgery.
- Variations in postoperative medications may be made on an individual basis.

DRIVING

- You are not allowed to drive while taking narcotic pain medication.
- Dr. Schuette will discuss with you when it may be appropriate to return to driving.

POSTOPERATIVE APPOINTMENTS

- Your first postoperative appointment will be 1-2 weeks after your surgery.
 - Sutures will be removed if required.
 - Physical therapy may be initiated.
- Your second postoperative appointment will be approximately 6 weeks after surgery.

REASONS TO CALL THE OFFICE

- Please call Dr. Schuette's office (952-442-6943) if you have any questions or concerns, or develop the following:
 - Increased pain that is not responding to pain medication
 - Increased warmth or redness at the surgical site
 - Large amounts of bleeding or drainage
 - A sustained fever greater than 101° F
 - Excess pain or swelling of the calf
 - You significantly injure your operative body part