

POST-OPERATIVE INSTRUCTIONS: SHOULDER ARTHROSCOPY WITH LABRAL REPAIR

DIET

- Begin with clear liquids and light foods (Jell-O, soups, etc.)
- Progress to your normal diet if you are not nauseated

PAIN

- Your prescription for pain medication will be sent to your pharmacy on file.
- 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 or cryotherapy unit as directed to decrease pain and swelling.
- If these measures are not adequately controlling your pain, please call our office.
- If it is after hours, call the office and page the physician or physician assistant on call.
- Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this.

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the hand occurs
- It is normal for the shoulder to bleed and swell following surgery. If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- Remove surgical dressing on the **second post-operative day, Do Not Remove tan colored adhesive bandages on skin.**
- To avoid infection, keep surgical incisions clean and dry – you may sponge bathe by placing a plastic covering over the surgical site beginning the day after surgery.
- **Do Not** get your wound site wet in the shower. This is imperative to prevent any risk of infection.
- NO immersion in a bath until given approval by our office.
- You should remove your sling/immobilizer to shower, but if you had a repair, you must use a mesh sling for showering.

MEDICATIONS

- Local anesthetics are injected into the wound and shoulder joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.

- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For 2 weeks following surgery take one aspirin daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe distal arm pain occur or significant swelling of the distal arm and/or hand occur.

ACTIVITY

- You are to wear the sling placed at surgery for a total of 4 weeks as described by Dr. Allen. This includes sleeping and throughout the day
- If there are 24 hours a day, you should be in the sling 23.5 hours of the day. Removal for hygiene, dressing, and home exercise only.
- When sleeping or resting, inclined positions (ie: reclining chair) and a pillow under the forearm for support may provide better comfort. **STILL WEARING SLING**
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed the arm should remain in the sling at all times.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- **NO DRIVING** until instructed otherwise by physician, it is illegal to drive in a sling
- May return to sedentary work **ONLY** or school 3-4 days after surgery, if pain is tolerable

COLD THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) for 30-45 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable

EMERGENCIES

- Contact Dr. Allen & his team at allenoffice@hss.edu if any of the following are present:
 - Painful swelling or numbness (note that some swelling and numbness is normal)
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in foot or ankle
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
 - Calf pain
- If you have an emergency after office hours or on the weekend, contact the office at 212.606.1447 and you will be connected to our pager service. This will connect you with the Physician on call.

- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW UP CARE

- If you do not already have a post-operative appointment scheduled, please contact our office staff at 212.606.1447 to schedule.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery
- The first post-operative appointment will be to assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.

1-4 Weeks:

- Sling Immobilization
- Active ROM Elbow, Wrist and Hand
- True Passive (ONLY) ROM Shoulder. NO ACTIVE MOTION.
- Pendulums
- Supine Elevation in Scapular plane = 140 degrees
- External Rotation to tolerance with arm at side. (Emphasize ER, minimum goal 40°)
- Scapular Stabilization exercises (side lying)
- Deltoid isometrics in neutral (submaximal) as ROM improves
- No Pulley/Canes until 6 weeks post-op (these are active motions)

4-6 Weeks:

- Discontinue sling use.
- Begin Active Assist ROM and advance to Active as Tolerated Elevation in scapular plane and external rotation as tolerated No Internal rotation or behind back until 6wks.
- Begin Cuff Isometrics at 6wks with arm at the side

6-12 Weeks:

- Active Assist to Active ROM Shoulder As Tolerated
 - Elevation in scapular plane and external rotation to tolerance Begin internal rotation as tolerated
- Light stretching at end ranges
- Cuff Isometrics with the arm at the side
- Upper Body Ergometer

3-12 Months:

- Advance to full ROM as tolerated with passive stretching at end ranges
- Advance strengthening as tolerated: isometrics ◊ bands ◊ light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss), proprioception (i.e. body blade)
- Begin sports related rehab at 4 ½ months, including advanced conditioning
- Return to throwing at 6 months
- Throw from pitcher's mound at 9 months
- Collision sports at 9 months
- MMI is usually at 12 months post-op