

## *Shoulder Arthroscopy Post-Operative Instructions*

### *Ice and Medications*

- Ice Regularly
  - Please ice your shoulder regularly (20 minutes ice on, 20 minutes ice off) during your awake hours for the first 3-7 days after surgery.
  - If you purchased a "cryocuff" which is a cuff that wraps around your shoulder and circulates cold water constantly, you can use that more frequently. Please follow the manufacturer's instructions.
  - Alternatively, you may use a bag of frozen vegetables on and around the shoulder for 20 minutes on, 20 minutes off.
  - Local pharmacies (i.e. CVS or Walgreens) also sells over the counter *Cold Packs* designed for shoulder that you may use.
- Pain Medication
  - You may have or have not received a nerve block prior to surgery. Regardless, you should continue to take pain medications as instructed. It is important that you stay on top of your pain control. After a few days, you should start to decrease the amount of pain medication you are taking. If you are able to decrease the medications sooner, this is encouraged but not at the expense of being in severe pain.
  - **Oxycodone/Acetaminophen 5mg/325mg (Percocet)\* - Opioid Pain Medication**
    - Take as needed for pain.
    - You may take 1-2 tablets every 4-6 hours as needed. You may want to take this medication around the clock for the first few days to control your pain.
  - **Acetaminophen (Tylenol)**
    - After you decrease your use of opioid pain medication, you may transition to acetaminophen.
    - Acetaminophen comes in regular strength (325mg per tablet) or extra strength (500mg per tablet).
    - You may take this medication alone or with opioid medications. However, if you are taking Tylenol along with your prescribed opioid, you must CALCULATE how much acetaminophen you are taking. There is 325mg of acetaminophen already in the opioid tablet.
      - Example: If you take 1 Percocet tablet and need additional relief, you may take 2 regular strength (325mg) acetaminophen tablets or 1 extra strength (500mg) tablet with the Percocet every 6 hours.
    - Do NOT take more than 1,000mg in a 6-hour period. Do NOT take more than 4,000mg in a 24-hour period.
    - Do NOT take if you have liver disease.
  - **Tramadol 50mg (Ultram)\* - Opioid Pain Medication**
    - Take as needed for breakthrough pain.
    - You may take 1 tablet every 6 hours as needed. This should only be taken if the other pain medications are not helping enough.
    - You should wean yourself off of this medication as soon as possible.
  - **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**
    - For rotator cuff repairs, these medications are to be used sparingly. It is preferred that you use alternative medications. If pain is severe, you may add these to the above regimens for a few doses.
    - **Ibuprofen (Advil, Motrin)** – You may take up to 800mg every 6 hours. Take NO more than 3,200 mg in a 24-hour period.



- **Naproxen (Aleve)** – if you prefer this over-the-counter NSAID over Ibuprofen, you may take this instead. DO NOT TAKE BOTH IBUPROFEN & NAPROXEN as this increases your risk for toxic side effects. Please take NO more than 1,500 mg of Naproxen in a 24-hour period.
    - Do NOT take if you have kidney disease, history of stomach ulcers, or GI bleeds
- Nausea
  - A common side effect of general anesthesia and opioid medications is nausea. Ensure that you are taking your medications with food and drinking adequate amounts of water. If feeling nauseous, please take the prescribed **Zofran 4mg**, 1-2 tab by mouth every 8 hours as needed.
- Constipation
  - Anesthesia during surgery, opioid medications, drinking less fluids, and decreased activity all contribute to constipation after surgery.
  - Ensure you are drinking adequate fluids and getting out of bed during the day
  - Over-the-counter medications are very effective for constipation. To treat constipation, take these medications in the following order as instructed on the label.
    - Miralax → Sennakot → Colace → Bisacodyl (Dulcolax) suppository → Fleet enema
    - Begin with Miralax. If Miralax does not help, you can add Sennokot and take both medications together. If these are not working, you can add Colace to your regimen, then Bisacodyl (Dulcolax), and a fleet enema one by one.
    - Medications used to treat constipation do not always work immediately. Try taking a few doses of each when you start each medication before moving on to the next option.

#### *Dressings*

- You may remove your bandages 48 hours after surgery, unless otherwise instructed. Do NOT remove the steri-strips (small pieces of tape) covering the incisions
  - If you have surgery for your bicep tendon, do NOT remove the clear bandage on the inside of your arm
- Unless instructed otherwise, you may shower after your bandages have been removed. Allow warm, soapy water to run over the incisions. Do NOT scrub.
- You may remove your sling to shower, but let your arm dangle to the side. Do not use your muscles to move the shoulder if you had a rotator cuff repair
  - To access your armpit, lean forward slightly to let your arm dangle away from your side
- Please DO NOT BATHE, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER as this can increase risk of infection. Wait three weeks from surgery or until you are directed to do so.
- Small amounts of bloody drainage, numbness at incision site, swelling, and bruising are normal findings following surgery.
- Do not use bacitracin or any ointments under bandages.

#### *Sling*

- The sling should be used (with abduction pillow if given) at all times including night, except for showing, dressing, or exercising.
  - Position the pillow at the side so your arm and hand face forward. You do not want it across your stomach
- If the inside of your sling irritates your skin, you may line it with a soft t-shirt or towel
- You will be directed by Dr. Tauberg as to when you may discontinue your sling.

#### *Activity*

- 48 hours after surgery, you may remove your arm from the sling 4-5 times a day and begin the enclosed home exercises (specific instructions included in this handout) the day after surgery.
  - **Pendulum & Codman exercises:** Using gravity and momentum, gently move your arm in small, slow circles for approximately 5-10 minutes.



- **Elbow & wrist range of motion exercises:** Gently bend and extend your elbow to help prevent stiffness.
- Do NOT attempt to use your own muscles to lift your arm away from your side until instructed
- Do NOT lift any objects greater than 1 pound for the first 4-6 weeks after surgery.
- **Sleep:** With the sling, you may be more comfortable sleeping in a seated position (i.e. recliner chair) with a pillow under your forearm for support. You may want to arrange pillows to simulate a reclined/seated position in your bed.
- **Driving:** It is okay to drive once you are no longer taking opioid medications and when you feel confident that you can drive without your operative arm and not be a danger to self or others. Generally, driving is not recommended for the first 4 weeks after surgery and it is not allowed while taking opioid medications.
- **Return to Work:** You may return to work once you are no longer taking opioid pain medication during the waking hours, and once you are comfortable performing your job. Typically, light office clerical work is permitted 1-3 days post-op. Work requiring overhead lifting will be permitted 4-6 months after surgery, based on how you are progressing.
- **Travel:** You are okay to travel (air or automobile) as a passenger as early as the following day after surgery. While you may experience pain and discomfort with travel, it should not be detrimental to your healing.

#### *Physical Therapy*

- Please perform your prescribed home exercises to help facilitate early shoulder range of motion and to prevent stiffness in your elbow and wrist (see activity section).
- Dr. Tauberg will provide you with a prescription for physical therapy, which will begin 1-6 weeks after surgery depending on the procedure
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#### *Follow Up*

- Please contact the office the next business day to set up and/or confirm your first post-operative appointment 5-7 days after your surgery.
- You will be seen by Dr. Tauberg for your first post-operative visit to review your surgical findings and to go over any questions you may have.

#### *Questions/Concerns*

- After surgery, you may experience swelling in shoulder/forearm/hand, water/blood drainage from incisions, and bruising in shoulder/armpit/chest. These are expected. Many patients experience fluid accumulation in the arm and may need to remove the arm sling when at rest to allow their body to resorb fluid. Continue icing your shoulder and affected areas. Please take pain medications as prescribed and stay on top of your pain. Popping sounds in shoulder can occur and are expected as well. Keep your arm immobile in sling to avoid reacting to or reaching out to falling objects.
- Call the office immediately or go to your local emergency department if you develop a fever (temperature > 101.5°F), shortness of breath, excessive incision drainage, pus drainage from the incision, calf pain, persistent arm numbness, or pain non-responsive to medications for over 48 hours.
- **If you are experiencing an emergency, please call 911 or go to your local emergency department**
- If you have any questions or concerns, please feel free to call the office at **412-283-0260**

*\*Due to current opioid epidemic, our team by policy does not allow prescribing narcotic pain medication beyond 6 weeks postoperatively. If you do need a refill, please call during office hours. We will not write narcotic prescriptions during weekends or after hours. We certainly support and validate your post-operative pain, but we encourage realistic goals for weaning off pain medications by the end of week 2 or earlier to prevent side-effects and addiction.*

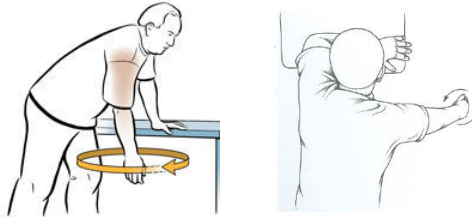
*If you require further narcotic pain medication beyond our policy guidelines, we can refer you to a pain management doctor. If you already have a pain management doctor, please visit them prior to surgery and post-operatively to have them manage your pain. By law, we cannot prescribe pain medication if you have a pain management doctor.*



## Home Exercises

### **Pendulum's**

Stand supporting yourself on a table with your good arm. Let your other arm hang down completely relaxed and slowly move it in a circular motion both clockwise and counter clockwise. Keep your circles within the width of your feet.



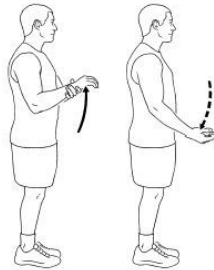
### **Codman's**

Stand supporting yourself on a table with your good arm. Let your other arm hang down completely relaxed and slowly move it forward & back as well as side-to-side motion.



### **Elbow Curls:**

Come out of your sling. Without any extra weight, use your good hand to help bring your other hand towards your shoulder by bending your elbow. Then slowly lower your arm back to a straight position. Then repeat.



### **Wrist Curls:**

While in and out of your sling, make a light fist and move your operative wrist in an up and down movement slowly like you are knocking on a door.

### **Ball Squeezes:**

While in and out of your sling, squeeze the foam ball to exercise the hand, fingers, and wrist muscles. This exercise can be very effective to help promote good circulation and prevent excessive swelling.

