



SHOULDER: *Arthroscopic Shoulder Surgery Instructions*

Before Surgery

There are several things you can and should do for the best possible result and quick recovery from surgery.

- Before your surgery, we will meet with you to review your diagnosis, treatment alternatives, potential complications and prognosis. Depending on whether or not you have **other health problems** and what these are, we may have you get other laboratory tests, an EKG, or see your primary care doctor to make sure it is safe for you to have surgery.
- Please inform us if you are taking any **blood thinning medications** like aspirin, Plavix, and Coumadin or warfarin so that we can discuss how to safely stop or replace these around the time of surgery. In general, they should be stopped one week prior to surgery and may require replacement with lovenox or heparin for a few days around surgery.
- **Anti-inflammatory medications** (Motrin, Ibuprofen, Aleve, Naprosyn, Lodine, Indocin, Celebrex, etc...) should be stopped three days prior to surgery. These also increase the risk of bleeding and make it difficult to see during arthroscopy.
- **Avoid herbal remedies or dietary supplements for two weeks.** Herbs and supplements including garlic, ginko biloba, and vitamin E can increase the risk of blood loss during and after surgery. Some supplements, most notably St. John's wort, can interfere with prescription drugs and anesthesia. It is okay to take plain Tylenol before surgery.
- A high-protein, low-fat, low-carbohydrate **diet** with lots of fresh fruit and vegetables is best for surgery and healing after surgery.
- If you **smoke**, it is best to **quit as far in advance as possible**. Smoking slows down blood flow to your tissues and decreases the body's ability to heal. Smoking also increases the chance of respiratory complications after anesthesia. It is your body and you are in charge, but try to make the decision that will best help yourself.
- If you develop **cold symptoms**, such as an increase in temperature, cough, or runny nose, tell your doctor. The surgery is elective, so it may be best to delay your surgical procedure until you are healthier.

- **Ice Machine:** If appropriate, your surgeon will try to get your insurance company to authorize and pay for an ice machine. Coverage varies. The machine consists of a cooler that pumps ice water through a bladder that fits around your shoulder. If it is not approved, we still recommend the machine for arthroscopic shoulder surgery, as it helps significantly with post-operative pain and swelling. Ask around-- someone you know may have had surgery recently, and may be willing to lend you the machine. If you're unable to borrow one, you can purchase a new machine at the time of surgery for about \$200 from the hospital. Or if you have the machine and just need a new bladder (bladders are specific for the knee or shoulder), you can purchase a new bladder for around \$50. Ask about this when you schedule your surgery.
- Physical Therapy is almost always used after shoulder surgery. **Call well before surgery to arrange your first post-operative visit.** The first visit should generally occur within a week of surgery. Specific protocols will be provided on a paper prescription on the day of surgery—**take this with you to your first visit.**

Day of Surgery

- The evening before surgery, plan on eating a regular meal, and maybe a snack prior to bedtime as you should have **nothing to eat or drink after midnight** on the night before surgery.
- If you take pills in the morning, you can take them with small sips of clear water.
- You must have **someone pick you up from surgery**; you cannot take a cab or drive yourself. Please make arrangements for this.
- Before the procedure begins, you will meet with the **anesthesiologist**. He or she will talk with you about which type of anesthesia is most appropriate for you. For most patients, **general anesthesia** (going to sleep) is the most predictable and least complicated. With newer anesthetic medications, the medical risks of general anesthesia have decreased and nausea and drowsiness immediately after surgery are also much less. Often, a **nerve block** may be recommended. This involves placing numbing medication above the shoulder to anesthetize your entire arm before you go to sleep. The block helps to reduce the amount of anesthetic and narcotics required, which also decreases your post-operative nausea, grogginess, and pain.

- After you are asleep, you will be given an **antibiotic** to help to prevent infection. The surgery is done either with you slightly sitting up, or on your side. We move you into this position once you are asleep.
- During the surgery your shoulder is constantly being irrigated with saline. This helps us to see and work in the shoulder. Until this fluid is fully absorbed by your body, it is normal to have lots of swelling in the shoulder and surrounding tissues, or even to hear water sounds coming from the shoulder.
- After the surgery and while you are still asleep, a large bulky **dressing** and **sling** (to support your arm) are applied.
- You will awaken in the recovery room. You may be given some food and drink once you are awake. As soon as you are feeling better, you may go home. Very rarely, due to medical problems or nausea/pain control issues a patient may stay the night after surgery.

After Surgery

- Keep the **incisions clean and dry for 4 days** after the operation. After this time, it is okay to get your incisions wet in the shower. It is okay to shower before this time as long as you keep the incisions covered with the plastic dressings that were applied in the operating room. Don't spray water directly on the dressings though—they will keep splashes out, but aren't completely water proof.
- **Do not scrub or soak** your incisions in a tub, Jacuzzi, swimming pool, or the ocean for two weeks.
- You or your physical therapist may **remove the dressing 4 days after surgery** and cover the incisions with band-aids.
- **Ice** is a natural anesthetic that helps relieve pain and decrease inflammation. **Ice** your shoulder for 10-15 minutes every 3 hours while you are awake. Do not place the ice directly on your shoulder as you can get frostbite from the ice (use a towel, etc., as a buffer).
- If you wish, you may buy a portable machine that provides similar cold therapy (see above). This is generally more effective than regular ice.
- Keep your arm in the **sling at all times** except for exercises and showers until you see your surgeon. Several times a day, take your arm out of the sling. Keeping your arm at your side, gently straighten your elbow and wrist to prevent them from getting stiff. How long you need the sling depends on the kind of surgery you had and what was repaired. If you repeatedly develop numbness in your pinky finger when you put your arm in the sling,

straighten the elbow to a more comfortable position. If this doesn't relieve the problem, please let us know.

- Your sling should feel comfortable. In the proper position, your elbow should be in the corner of the sling and bent about 90°. The sling strap should come across your back and over the opposite shoulder. The wrist should be inside the sling. To prevent skin irritation, wear collared shirts or pad the strap.
- It will be more comfortable for you to **sleep sitting up**, either propped up in bed with multiple pillows or in a recliner for the first few days to weeks after surgery.
- Take the **pain medications** as prescribed. How long you need them will depend on the surgery you had, but we expect most patients to be able to gradually stop taking them somewhere in the first 3-4 weeks after surgery.
- If you are taking narcotic pain medications (e.g. Norco, Vicodin, or Percocet), these can cause constipation, dizziness, or nausea. Taking the medication with food will help. **Avoid alcohol** if you are taking narcotics.
- Anesthesia, inactivity, and narcotic pain medications all contribute to **constipation**. To prevent this, you may wish to use an over the counter **stool softener** like Colace or Pericolace. It is also important to drink plenty of fluids, eat foods high in fiber, and increase your activity as you are able.
- Some patients have slightly increased body temperature for the first few days after surgery. However, if your **temperature is higher than 101 degrees** or you notice an increase in swelling, drainage or redness along the incision, or significant increase in pain then let us know as soon as possible as these are signs of **infection**.
- A formal **physical therapy** program will be initiated usually within a week of surgery. This should be supplemented with a regimented home exercise program.
- Bring the **pictures** from surgery to your first postoperative appointment so that we can talk about the surgery with you.

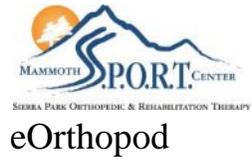
QUESTIONS?

If you have questions or concerns about any of these issues related to your surgery, please discuss these with us at any time.

Internet Resources • Helpful Websites

American Academy of Orthopaedic Surgeons
Mayo Clinic

<http://orthoinfo.org>
<http://www.mayoclinic.com>



Orthopedic Surgery & Sports Medicine
<http://eorthopod.com>