

What to Expect After Shoulder Surgery

ROBERT BENTS, MD

POST OPERATIVE PAIN

We routinely use a nerve block with your surgery so your shoulder may feel numb for up to 6 to 18 hours after surgery. If an indwelling block is used it may last up to 72 hours. It is extremely important to begin taking your pain medications before the block “wears off”. It is usually best to begin taking the pain medications as soon as you arrive at home.

Prior to your surgery you were given a prescription for narcotic pain medications (Oxycodone, Percocet, Norco or Vicodin). These medications are designed to decrease but not completely eliminate the postoperative pain. **DO NOT TAKE MORE OF THE PAIN MEDICATION** than what is written on the prescription without first checking with the doctor. Common side effects include nausea, vomiting, constipation, and drowsiness. To avoid constipation you should drink plenty of fluids and consider using an over the counter remedy such as Metamucil, Colace or other stool softeners. Nausea may be relieved with anti-nausea medications such as Phenergan or Zofran.

IF YOU FEEL THE PAIN IS MORE THAN EXPECTED, here are some recommendations:

TYLENOL/ACETAMINOPHEN: We recommend Tylenol 650 mg 4 times a day for the first week after surgery. This will lower your pain tremendously. Please note: The following medications are combination drugs that contain TYLENOL (in addition to the narcotic): Percocet / Vicodin / Norco. If you were prescribed one of these combination medications (or another combination drug containing Tylenol), **YOU CANNOT TAKE EXTRA TYLENOL**. Tylenol, when taken in excessive doses, can cause liver damage.

ANTI-INFLAMMATORIES/NSAIDS: These will decrease pain and swelling after surgery as well. They can be hard on your stomach so you will need to take them with food. Motrin/Ibuprofen 800 mg three times a day OR Naproxen/Naprosyn 500 mg two times a day OR Mobic/Meloxicam once a day

OTHER MEDICATIONS: In certain circumstances we may prescribe other non-narcotic medications to help with pain such as Tramadol/Ultram, Gabapentin, and Atarax/Vistaril.

ICING YOUR SHOULDER

Ice is very helpful in controlling pain and inflammation although it is sometimes difficult to keep it on the shoulder. Bags of crushed ice or even frozen peas work fairly well. If you were given an Iceman or Polar Care ice machine then you should use the straps to secure the cooling pad. Ice should be applied for 20 minutes at a time, every one to two hours. To protect your skin from frostbite, put a thin towel or

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T-shirt next to your skin. Ice is most helpful in the first 3 days, but you can use it as long as necessary. Heat is not recommended for the first 2 weeks after surgery.

DRESSINGS

The bulky dressing and bandages can be removed 3 days after surgery. If you have the Aquacell dressing you can leave this on for 7 days. It is normal to have some bloody drainage on the dressings. If the incisions are not dry, you should apply gauze and tape or Band-aids over the incisions. **DO NOT** put Neosporin or other ointments on the incisions. If the incisions are dry, you may leave the incisions uncovered. You may shower immediately with your wound covered. You may shower with your wound uncovered at 5 days unless your wound is not dry. You should not submerge your wounds in water for 3-4 weeks. You should stay away from ponds, rivers, lakes, and hot tubs for 1 month.

SLING/EXERCISES/PHYSICAL THERAPY

The **sling** will be on your arm for 4 to 6 weeks depending on the surgery. It is **VERY IMPORTANT** that you do not use the arm muscles during that time. You will have to sleep in the sling. The sling should position the arm in a comfortable position. Your hand should be at about the middle portion of your stomach. You may carefully remove the arm from the sling once or twice a day for **PENDULUM** and **TABLE SLIDE exercises** only for the first week. Pendulums involve leaning over at the waist and letting the arm hang for a 20-30 seconds. Table slides allow you to place the palm of your hand on a table and slowly lean forward to gently stretch the shoulder. You should not use the muscles of the operative shoulder at any time in the first 6 weeks or you could disrupt the repair. **Physical Therapy** will usually begin between 10-14 days after surgery and is very important for the long term rehabilitation of the shoulder.

OTHER INFORMATION

It is very important that you resume taking all of the non-narcotic medications that you were taking prior to your surgery, **IMMEDIATELY FOLLOWING YOUR SURGERY**. It is also important to take one regular Aspirin a day for at least one month after surgery to help prevent blood clots.

Make sure that you have arranged a support system prior to your surgery so that you will have people who can assist you during your recovery phase. It is very difficult to get dressed and replace the sling without assistance. You may need help with meals, bathing, driving, etc.

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Plan to take at least 2-3 weeks off from work if you have an office job. It may take 4-6 months to return to a hard labor occupation.

Abstain from drinking alcoholic beverages and smoking. Smoking has a severe effect on the healing process and also increases the chance of infection and other complications. Drink plenty of water and eat a regular diet.

It is normal to feel some clicking or minor popping in the shoulder for up to a year after surgery. There is internal swelling and scar tissue that forms after surgery. This will remodel with time in most cases.

The rotator cuff and labrum heal back to the bone at a slow rate. If you push the limits too quickly the repair could fail. The tissue repairs at approximately 20% a month. That means that 3 months after surgery you only have 50-60% strength of the repair. The first 3 months are the most critical in the repair process. You cannot rely on pain only to be your guide. You must follow the protocol for a successful recovery.

Feel free to contact the office at 541 472-0603 if you have further questions or visit our website at www.paragonortho.net