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**Shoulder Arthroscopy - Post Op Instructions**

**General:**

Arthroscopy has allowed surgeons to precisely perform major surgical procedures through small incisions ("portals") using specialized instruments. For at least the first 48 hours, it is recommended that you maintain a low level of activity to decrease the amount of swelling and pain and to speed your recovery. **Do Not** operate a motor vehicle or machinery and do not make any important decisions until the effects of anesthesia and pain medications have completely resolved (usually 48 hours).

**Activity:**

1. After surgery your arm will be in a sling which may have a second strap around your chest. (shoulder immobilizer)

2. For the first 48 hours it is best to maintain a generally low level of activity, sitting or lying at home. You may walk as tolerated, but remember anesthesia and pain medications may impair your balance.

3. Many patients experience increased pain lying flat in bed and often feel better at first sleeping in a reclining chair or propping up their head and chest with pillows in bed.

**Diet:**

1. It is best to start by drinking fluids because some people become nauseated after anesthesia. You may advance to regular food as quickly as you feel able.

2. Do Not drink alcoholic beverages for at least 48 hours after surgery.

3. If you become nauseated, do not eat solid foods; try to drink small amounts of clear liquid (water, 7up, or broth) frequently to avoid becoming dehydrated. If you are still nauseated 24 hours after surgery call our office.

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**Pain Control:**

1. Although arthroscopic procedures generally have less pain than those performed through larger incisions there is a large variation in patients' pain perception.

2. Regional anesthesia (blocks) may decrease postoperative pain.

3. We usually inject a long-acting local anesthetic at the end of the procedure which helps decrease pain.

4. Ice should be applied for the first 48-72 hours, for 20 minutes each hour when awake.

5. Two general types of medication may be used.

A.) Anti-inflammatory meds. (Acetaminophen, Ketorolac, Naproxen, Ibuprofen, etc.) These should be taken as directed, with food. If these meds upset your stomach or you notice bloody or tarry stools stop taking them.

B.) Opiates (Oxycodone, Hydrocodone, or Codeine) These meds may cause drowsiness and will impair your ability to perform tasks or drive. Opiates often cause constipation and may cause nausea.

5. If your pain is intolerable call our office or go to an emergency room.

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**Care of Incisions:**

1. You may remove your bandage 48 hours after surgery. If the incisions are dry you may shower holding your arm against your body.

2**.** If you have an immobilizer you will need another person to support your arm to adjust, remove or replace it. Do not attempt to raise your arm yourself as you could damage your repair.

3. If there is any fresh blood keep the incisions dry and cover them with a dry sterile gauze bandage.

4. To continue using an ice pack after the surgical dressing is removed place a towel or washcloth between the icepack and your skin; **do not** place an ice pack directly against your skin

5. If your incisions become red and warm or if you have severe pain or fever call our office. Infection is possible but very infrequent after shoulder arthroscopy.

**Exercise:**

1. Exercise is important after shoulder surgery to prevent stiffness and restore function, but needs to be modified to the specific procedure to protect the surgical repair.

2. If you have a debridement (clean out) or acromioplasty (shaving) you may move your arm as much as you can comfortably, but excessive activity in the first few days will increase your pain and swelling. It is best to start gradually and increase motion as tolerated.

3. If you have had a repair procedure (rotator cuff, capsule, labrum or biceps tendon) you may be in a shoulder immobilizer with a sling around your neck and another strap around your chest. Leave this immobilizer in place except to shower as above.

4. At your first post op visit you will be instructed in further treatment and given a general guideline for protection, mobilization and strengthening depending on your specific procedure.

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