



Post-operative Instructions:
Shoulder Arthroscopy. Subacromial Decompression. Distal clavicle Resection

Wound Care

- You will have a sterile gauze dressing covered with tape. Please keep the dressing clean and dry. You may take a sponge bath, or shower with plastic wrap over the shoulder (use tape to prevent leaks).
 - Remove the dressing **3 days** after surgery to inspect the incisions. Leave any steri-strips (white butterfly bandages) in place. If the incisions are dry, you may leave the dressing off. You may get the incision wet in the shower 5 days after surgery, but do not submerge in water.
- You may have some clear, yellowish, or bloody drainage from the incisions; this is normal. Please keep the dressing in place until there is no further drainage.
- Occasionally there is excessive bloody drainage; please change the dressing when it becomes completely saturated. Sterile gauze is available at the pharmacy. *If you continue to have saturated dressings beyond the first few dressing changes, please call the office.*
- *If the incisions are draining pus (opaque, thick, white fluid), or if there is redness that worsens over the next 1-2 days, call the office immediately.* Do not apply any ointments or creams.
- There may be visible sutures, these are non absorbable and will be removed at your follow up appointment.

Activity

- You may be **weightbearing** as tolerated. Please use pain as your guide; avoid any activity that causes severe pain. Avoid heavy lifting, high impact/jarring activities for the first few weeks to allow time for the inflammation to resolve.
- Use your sling to protect your arm until the nerve block has worn off. Afterwards you may remove the sling when it is comfortable to do so.
- You are encouraged to move your fingers, wrist, and elbow to prevent stiffness as often as you would like. You may lie on your back if necessary to bend the elbow to avoid placing stress on the shoulder.
- Passive range of motion of the shoulder can be done 3-4 times daily by doing pendulum exercises. Undo your sling and let the arm hang down, bend forward and let the index finger point at the floor. Make small circles with your finger and slowly make the circles larger, alternating directions.
- Passive supine forward flexion is harder, so it is optional. Lie on your back with your operative arm at your side. Grab your operative-side wrist with your good hand. Use your good hand to lift your operative arm over your head to the point of discomfort, and then stop. This can be done 5-10 times each day if tolerated.

Follow up appointment

If an appointment has not already been scheduled, please call the office at 206-633-8100 and schedule an appointment for 7-10 days after your surgery. During this visit we will examine the surgical incisions, remove sutures if necessary, and progress your activity.

Physical Therapy

Physical therapy should begin as soon as possible after your first post-operative clinic appointment. You will need to choose a therapist and reserve an appointment. Please reserve in advance as they fill up quickly. You may use our in-house therapists, or any therapist of your choosing. You will receive a prescription with specific therapy instructions during your clinic appointment.



Controlling your pain and inflammation

Some pain and swelling is expected after surgery. It is usually most severe for the first 2-3 days. The following strategies are especially important during this time. Try to anticipate an increase in pain when the nerve block wears off, usually within 12-24 hours.

- **Rest** - Take things easy for the first few days; try resting in a recliner chair with a pillow propping you up.
- **Ice** - Apply an ice pack (or a cold therapy machine if you have one) to your shoulder. Take care not to put ice directly on the skin. Ice for 30 minutes at a time, and remove for 30 minutes in between sessions. You should continue this for the first 2-3 days or longer if you still have pain and swelling.
- **Medication** - You may have received a prescription for narcotic and/or anti-inflammatory medication. Please take them as instructed. The medication is most helpful if taken 30-45 minutes prior to any planned activity or exercise. Try to anticipate a return of pain after the nerve block has worn off by taking medication before going to bed.

Returning to work

You may return to work when it is safe to do so within the above activity restrictions. We recommend waiting 1-2 weeks before returning to light duty work. However, it may take 3 months or longer for the arm to return to full strength. Keep in mind that your employer may prohibit narcotics while at work. Please continue to ice and elevate while at work. A doctor's note or Duty Status form can be provided during your follow up appointment.

Driving

You should avoid driving for the first 2-3 days. Afterwards, you may return to driving when it is comfortable to do so. For some it may take 1-2 weeks depending on your pain level, motion, etc. If you have any concerns, please wait to drive until after your follow up appointment so that we can assess your progress.

Medications and common side effects:

- **Narcotics** (oxycodone, hydrocodone, etc.)- prescription medication for reducing pain. They may cause drowsiness, confusion, nausea, and constipation. To avoid constipation, increase your intake of fiber, fruits, and vegetables, and stay hydrated. Over the counter laxatives can be taken to treat constipation while on narcotics; please see separate handout or ask your pharmacist.
- **Anti-inflammatories** (Ibuprofen, Naproxen, etc.) - available over-the-counter to reduce pain and inflammation. Avoid them if you have diagnosed kidney disease or active ulcers. This medication can cause upset stomach; please take them with food. To treat an upset stomach, take an over-the-counter antacid or proton-pump inhibitor (ask your pharmacist for assistance).
 - **Acetaminophen** (Tylenol) - Used to reduce pain and decrease fever. Avoid taking this medication if you have liver disease. Taking more than the recommended dose can lead to liver damage. For an adult, it is safe to take up to 3-4,000 milligrams each day (24 hour period). Some prescription narcotics already have acetaminophen in them.
 - **Antihistamines** (e.g., benadryl, hydroxyzine) - Used to treat some side effects from narcotic use, such as itching and nausea. Can cause drowsiness and confusion.

Please call the office if you have the following:

- Fever above 101°, pus draining from wound, worsening redness or rash
- Difficulty breathing
- Continuous bleeding from wound (see "wound care" above)
- Numbness or weakness that is not improving as the nerve block wears off
- Intolerable pain when the above strategies for pain control have failed.

For questions or concerns not addressed on this form, please call our office at **206-633-8100**. The clinic is closed during the evenings, weekends, and holidays. For urgent matters after hours, an on-call provider can be reached at the above number.