

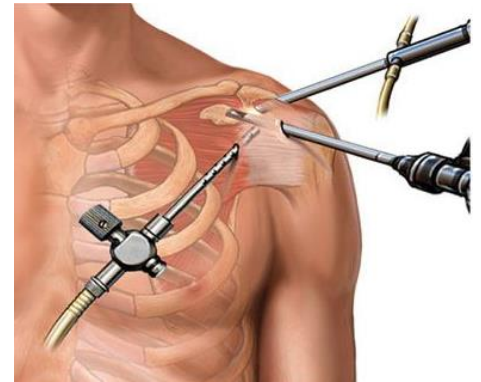
Shoulder Arthroscopy Surgery: What You Need To Know

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www.RaleighUpperEx.com

Surgery Scheduling

- **Our office will call you** to find a date that works well for you
 - Certain surgeries may require insurance pre-authorization
- Once the procedure is scheduled, you will likely return to see Dr. Nelson for a **“Pre-Operative Visit”**
 - To review the procedure in detail
 - To review the goals of treatment, the expected healing time and rehabilitation
 - To review specific risks of the surgery
 - To receive a shoulder immobilizer sling, if necessary
- **Expect a call** from the hospital or surgery center where the procedure is taking place
 - The call will come usually 1-2 days before the procedure
 - They will tell you when to arrive, where to park
 - They will tell you what and what not to wear
 - They will tell you when to stop eating and/or drinking, if necessary
- All shoulder surgery patients will require **someone to drive them home** after the procedure and help assist them for about 24 hours after surgery



Medications & Medical Conditions

- Please make sure Dr. Nelson’s assistant is aware if you:
 - Take aspirin, Plavix, coumadin, or other blood thinners
 - Are treated by a cardiologist
 - Have heart stents in place
 - Have a defibrillator or pacemaker to control your heart rate
- You **must stop** all medications that may thin your blood at least 7 days prior to surgery. This includes many arthritis medications, including
 - Ibuprofen, Motrin, Advil
 - Naprosyn, Aleve, Naproxen
 - Daypro, Mobic
 - Indocin, Disalcid
 - Voltaren, Diclofenac
 - Sulindac, Clinoril
 - Lodine, Etodolac
 - Ketoprofen, Orudis
 - Relafen, Nabumetone
- If you take aspirin for a heart condition, you may be instructed to continue the aspirin

The Day of Surgery

- After you are checked in at the hospital or surgery center, multiple nurses and providers may ask you **many questions**
 - This is for your own safety and for documentation purposes...please be patient!

- You will meet the anesthesiologist, who is responsible for making you comfortable and/or sleepy for the procedure
 - Sometimes a **nerve block** is performed, and an IV is always placed
- Dr. Nelson will greet you, update paperwork, confirm the procedure plan with you, and mark the surgical site with a special pen
- After the procedure, you will be observed by nursing staff to make sure you are safe to go home
 - Eating and drinking without nausea
 - Pain is controlled
 - Vital signs remain stable
- Before you go home, the nursing staff will go through all post-operative instructions
 - How to control your pain (ice, medications)
 - Activity restrictions (what you are allowed to do with operated arm)
 - Warning signs of surgery complications
 - When to see Dr. Nelson in the office again for after-surgery care and evaluation
 - As a general rule, you will need to **call the office** after the procedure to schedule a visit **two weeks** from the date of procedure

At Home After Surgery (Read through BEFORE surgery)

- In the first days and weeks after shoulder surgery, sleeping in a **semi-upright** position may be helpful to control pain during the night hours
 - For example, a “recliner” chair or large stack of pillows
 - Place a pillow or rolled up blanket behind the elbow to keep the arm in front of your body and keep it from falling backwards
- ICE
 - Ice is very beneficial for pain and swelling control during the first 2 weeks after shoulder surgery
 - If you are interested in purchasing a “**polar care**” cooler unit, discuss this with Dr. Nelson’s assistant at your preoperative visit
 - This is often fully or partially covered by insurance
 - Otherwise, simple ice packs are effective
 - Ensure the ice packs or cooler packs are never in direct contact with skin
 - Wrap in a towel or other fabric, and try to allow 30 minutes to 1 hour of ice-free time between applications
- **Practice** putting on and taking off your sling **without using or moving your operative arm** before surgery so you do not have to make adjustments and learn how to use it during the painful postoperative period
- Activities and Movement
 - First 4 Weeks:
 - You will be wearing a **sling at all times**
 - This means **no using, movement, pushing, pulling, or lifting** with the operated arm, this includes dressing, eating, and toileting!!!
 - Driving with the **non-operated** arm is OK as long as you do not use the operated arm, and are no longer taking narcotic pain medications
 - You may remove your sling for the following reasons:
 - Bathing
 - Keeping “hand on belly” position at all times, but DO NOT use hand/arm to wash yourself
 - Dressing
 - Straighten elbow to put arm through sleeves, but keep arm close to body
 - Hand/Wrist/Elbow exercises

- Power grips – OK to perform hourly, simply “grip the air” or use the foam exercise ball supplied with your ultrasling (these can be performed with your sling in place)
 - Forearm twisting – OK to temporarily remove sling, perform 3-5x daily, “palm up, palm down”
 - Elbow motion – OK to temporarily remove sling, perform 3-5x daily, without moving your shoulder, fully straighten and fully bend elbow
 - Unless otherwise instructed, all patients will receive instructions to perform **joint-gliding exercises** (see attached) starting on **day 5** after surgery
 - Goal is to use “good” arm to grab wrist of operative arm, keeping the “bad” arm and shoulder “loose like a noodle.”
 - It is very helpful to **practice these before the surgery** so they are not being performed for the first time in the post-surgery period
 - When you are ready for it, gentle, low-intensity **exercise** is encouraged (e.g. walking, stationary bicycle), but avoid activities that cause breaking into heavy sweat, and **you must wear sling!**
- 4-6 weeks
 - Continue sling at all times and all above activities except:
 - **When at home**, you may remove the sling for **gentle, waist level activity** and **hand-to-mouth** activity
 - Examples: computer use, light preparation of food at counter, drinking a glass of water, using a fork to eat, putting on a mask or glasses
 - DO NOT reach behind your back, over your head, or perform any lifting/pushing/pulling with the operative arm (includes toileting!)
 - Outside the home, you must still wear the sling at all times
- After 6 weeks
 - Discontinue sling
 - Physical therapy will usually begin to restore motion and strength in operated shoulder
 - Activities will be advanced according to your performance at physical therapy
 - Gently opening or closing a door – 6-8 weeks
 - Driving steering wheel with operated arm – 10-12 weeks
 - Reaching behind back to fasten bra – 12 weeks or more
 - Putting objects in a high cabinet – 16 weeks
- Swelling and Bruising
 - Some amounts of swelling and bruising are a **common and expected** occurrence after surgery
 - Bruising may look worse before it looks better as the bruise is “broken down” by the body in different stages
 - These may occur in parts of the arm or body that were not involved in the operation (the chest wall, the elbow or forearm) due to the effects of gravity
- Numbness
 - This is common after surgeries where a nerve block is performed
 - Can involve any area from the shoulder down to the fingertips
 - Usually this resolves within a few days, but in some cases may last 2-3 weeks before resolving completely
- **Pain Control**
 - Pre-surgical Tylenol
 - See information at end of this document
 - Take 1000mg Tylenol (Acetaminophen) every 8 hours during the 24 hours leading up to your shoulder surgery

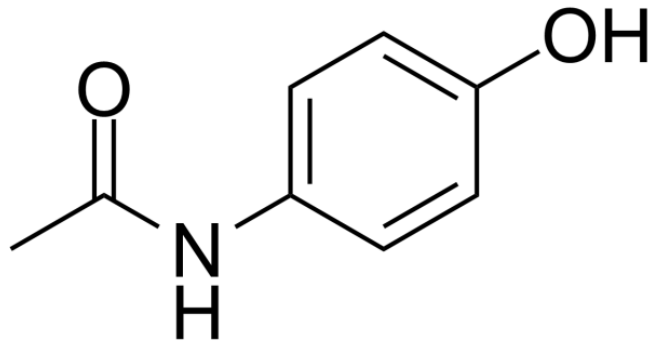
- For example, if you are scheduled to leave home to arrive at surgery center or hospital at 12 noon, you will take Tylenol at 8PM the night before surgery, 4AM the morning of surgery, and at 12 noon just before leaving home for surgery
 - May either take
 - 325mg x 3 tablets/capsules or
 - 500mg x 2 tablets/capsules
- For **baseline** pain control after surgery, Dr. Nelson recommends alternating ibuprofen (Advil/Motrin are trade names) and acetaminophen (Tylenol is trade name)
 - Ask your primary care doctor if it is safe for you to take these medications
 - On the day of surgery, you will receive a **flow chart** that gives you step-by-step instructions on how to manage your pain
 - Take one of these two medications every 4 hours, so that each medication is repeated every 8 hours
 - Ibuprofen: 600-800mg, best taken with food, available over the counter in 200mg tablets
 - Tylenol: 1000mg, available over the counter in either 325mg (take 3) or 500mg (take 2), important not to exceed the maximum recommended dose of 3000mg every 24 hours (which is 1000mg every 8 hours)
- For **breakthrough** pain control after surgery, Dr. Nelson will send a prescription for stronger opioid narcotic pain medication to your pharmacy
 - Use this medicine **only if you need it**, if ibuprofen and Tylenol are not working
 - Prescription is usually called in the day before surgery, so it can be picked up then or by your caregiver during or on the way home from your surgery
- Dressings & Wound Care
 - You will likely leave the surgery with a **bulky pad** dressing over your shoulder
 - This dressing helps absorb the excess surgical fluid that may leak out after surgery
 - This dressing helps keep the clean environment of the operating room for as long as possible to reduce infection risk
 - You will likely be instructed to remove this bulky pad **3 days** after surgery at home
 - You will see the small poke incisions “portals” with suture in place
 - These can be covered with band-aids if desired
 - You may **begin showering** after these dressings are removed, allowing water to run over the incisions and patting them dry with a towel after the shower
 - No ointments, creams, or lotions should be applied to these incisions
- Questions and concerns? You can reach Dr. Nelson’s staff through MiChart (online) or by calling 919-872-5296
 - During the day, you will talk to Caroline, Dr. Nelson’s assistant
 - After hours and on weekends (emergency only) you may call the same number and speak to the on-call doctor

First Visit with Dr. Nelson after Surgery

- Usually at 2 weeks after the surgery
- The first visit is usually quicker than others and is meant to ensure that everything is healing appropriately and no complications have occurred
- If you have sutures in place, these will likely be removed
- Dr. Nelson will give you new instructions on activities and movements based on your condition and surgery

Questions?

- Call 919-872-5296 ext. 258 or visit www.RaleighUpperEx.com



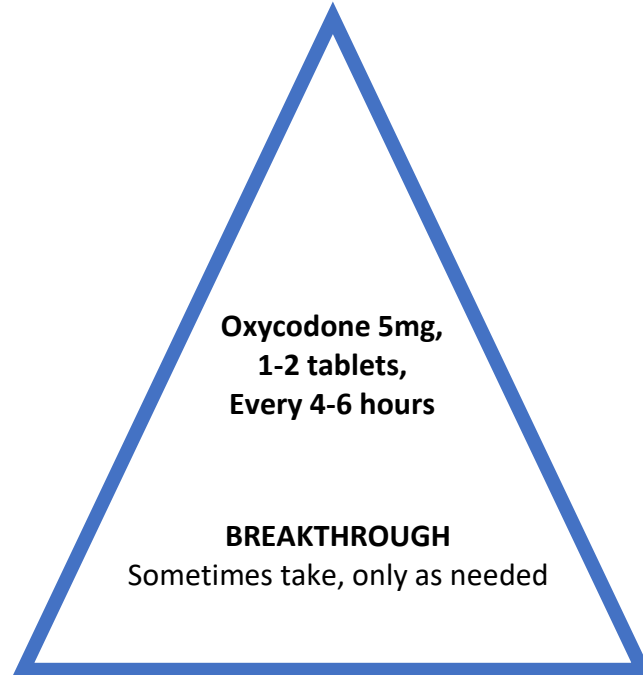
Tylenol Before Surgery

Studies have shown that patients who take scheduled Tylenol on the day BEFORE shoulder surgery have LESS PAIN after surgery

1000mg of Tylenol (Acetaminophen)
(500mg x2pills or 325mg x3pills)

Every 8 hours during the day before surgery, last dose taken just before leaving home

Pain Control Plan



If Tylenol/Ibuprofen Not Effective After Multiple Doses

