Dr. Jeffrey Witty
St. Tammany Health System Bone and Joint Clinic
71211 Highway 21
Covington, LA 70433
Phone: 985-893-9922 including after-hours coverage

Postoperative Instructions for Shoulder Arthroscopy Without Postop Restrictions:

This document is to inform you during the first week or so after surgery. It should get you through this period to your first clinic follow-up. At that follow up visit, your surgery, therapy, and other important topics will be discussed.

This handout is for specific cases where there are not any precautions needed to protect a specific repair such as:

1) Isolated distal clavicle excision
2) Subacromial decompression and/or bursectomy
3) Rotator cuff debridement
4) Frozen shoulder lysis of adhesions

Important Phone Numbers:
Please see the number listed above. Contact our clinic for any questions or concerns.

Surgeon Follow-up:
Dr. Witty typically will see patients within the first week of surgery (sometimes 2 weeks). Make sure you have arranged your clinic follow-up.

Physical Therapy: IMPORTANT!!
Please make sure you have decided where you want to do your therapy after surgery. Let our office or Dr. Witty know as soon as possible so we can make sure the referral has been done. The sooner you start therapy the faster your recovery. PLEASE let our office know by the first week after surgery if you have not been able to find a physical therapy location!

Precautions/Weightbearing After Surgery:
While there may not be any specific precautions needed to protect a repair, avoiding overuse of the shoulder can help minimize symptoms early on. Avoid lifting anything heavy. The sling can be removed daily to lightly use the arm. Put the sling back on to rest the arm.

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Using Your Sling:
Position the sling as shown in the picture below. You may need to adjust the straps and position throughout the day.


There is a way to take your sling on and off to minimize pain. Below you will find the steps to do this. Also, please refer to the following QR code link for a video on how to use the shoulder sling. You may find using your sling this way may be easier – especially within the first week of surgery.

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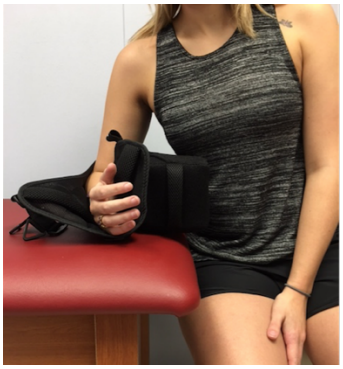
Step 1:
Place sling and pillow on surface at least at hip height and stand next to it. The sling should be open so you can lower the forearm into the support.

Step 2:
Lean over toward the sling while supporting injured arm with the opposite arm.

Step 3:
Lower the arm into the sling.



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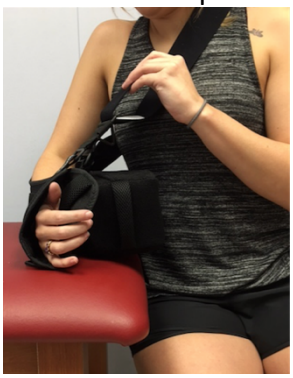
Step 4:
Secure the strap for the forearm support and the strap around the neck.



Step 5:
Reach around back and grab the strap to secure pillow and pass it around to the front.

Step 6:
Clip the final strap to the appropriate location on your individual sling.

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Nerve Block Information:

- A nerve block is a procedure where numbing medication is injected around the nerves that travel to your shoulder and arm.
- The anesthesia team may have placed a nerve block prior to surgery. The anesthesiologist (depending on the medication they use) should tell you how long to expect the block to work.
- During that time, the shoulder may feel numb and you may even be unable to move the extremity.
- Start taking your pain medication immediately when you start to feel any pain. This could be a sign the nerve block is wearing off. When the block wears off, the pain can increase quickly. Avoid letting the pain get out of control as it may be more difficult to control your pain with oral medication.
- Monitor your skin closely and place a towel between the skin and any ice pack to avoid frost bite. This is important when the block is working because you will not be able to feel anything.

Recovery at Home:

- If you are discharged the day of surgery, the first meal at home should be clear liquids. Slowly increase to other easily tolerated meals (ex. Soup) to prevent any nausea. Taking your pain medication with some food may help.

- After shoulder surgery, it is common for patients to feel more comfortable sitting up or in a recliner for at least a few weeks after surgery. You may feel more comfortable sleeping in a recliner or similar position until that time. Place pillows or sheets behind the elbow to keep the arm level with your torso.

- If you have received a nerve block (see Nerve Block section), it may begin to wear off later in the evening. Take the pain medication right when you begin to feel even the slightest amount of pain in order to “get ahead” of the pain. Apply ice to help with pain (see section on ice packs below).

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Recovery at Home Continued:

- You may start to move your hand and wrist while in the sling. See exercise section below.

- If you begin to have worsening pain (not improved with medication) or swelling, redness, temperature greater than 100.4, or drainage from your incision, call Dr. Witty's office immediately at the number listed above. PLEASE NOTE, it is common to see a lot swelling right above the pillow on the armpit side of the arm. This is just swelling getting trapped along the pillow. This will improve with time.

- Try to get up and move around as much as possible after surgery keeping in mind any postoperative precautions.

Ice:

- Ice (cryotherapy) can be applied to the shoulder immediately after surgery to help with postoperative pain and swelling. In fact, some studies show that ice treatment is just as beneficial as pain medication. Commercial cooler type devices attached to a cuff that wraps on the shoulder are helpful, but icing can be performed using standard ice packs.

- Place a small hand towel (or similar size) to the shoulder and then place the pack/device on top. This will help prevent the dressing from getting wet from condensation. It will also help protect the skin from frostbite especially with a nerve block.

- Apply an ice pack 30 minutes on the shoulder and then 30 minutes off the shoulder to help minimize pain and swelling. You can repeat this cycle as much as possible to help with pain. While the nerve block is in effect, because you may not be able to feel how cold the skin is getting, please remember to check the skin often. It is common to use the ice packs for the first few months after surgery when the shoulder gets sore, especially after therapy.

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Pain Medication:
You will be prescribed pain medication after surgery. Do not share this medication with anyone. In addition to the pain medication, other medicines can be used to help control your pain. Please contact the office ahead of time (such as right before weekends) if you are running low on medication.

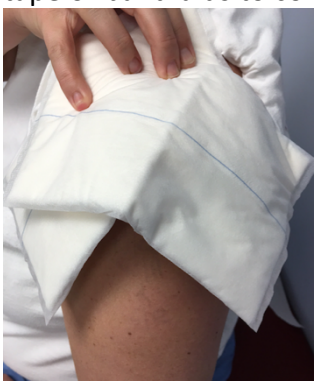
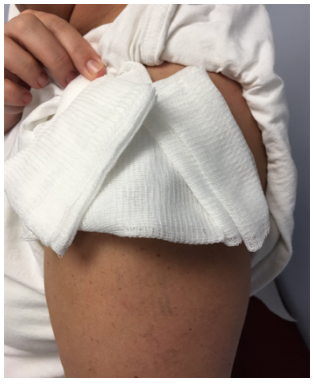
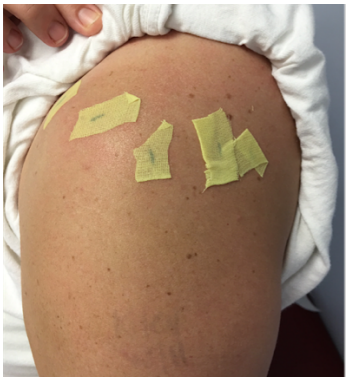
Tylenol (acetaminophen)
DO NOT take any if you are taking pain medication that already has Tylenol in it (You may see APAP on the bottle). Discuss its use with your doctor if you have a history of liver problems such as cirrhosis, history of alcoholism, or hepatitis. Obviously, do not take if you have a history of allergy to it.

Non-Steroidal Anti-Inflammatory Medication (NSAIDS):
Ibuprofen (Motrin, Advil)
Naproxen (Aleve)

AVOID taking if you have been told by another doctor, any allergies to similar medications, heart problems, kidney problems, GI bleeding, ulcers, if you are pregnant/want to become pregnant. If you are uncertain, contact the clinic. This is not a comprehensive list.

Wound Care and Bandage Changes:
Surgical bandages consist of white gauze and some form of tape. It may seem bulky to the shoulder. Leave the bandages on until the second day. If you notice a small amount of blood, you can reinforce with more gauze and tape. If there is any further bleed through, call the clinic number above.

Day 2 after surgery:
Remove all the bandages. You may see some dried blood. This is normal. You may see some yellow strips on the incisions. This can be removed as well and may cause a little bit of bleeding. If they are stuck, just leave them for your doctor appointment. You can either use gauze and tape or band-aids to cover the incisions.

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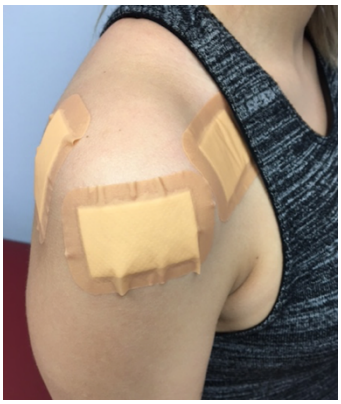
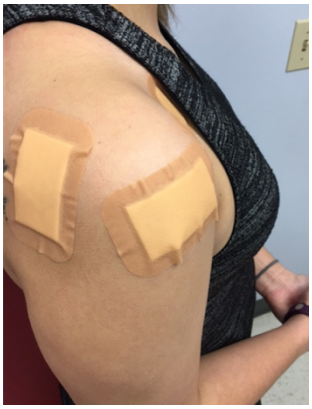
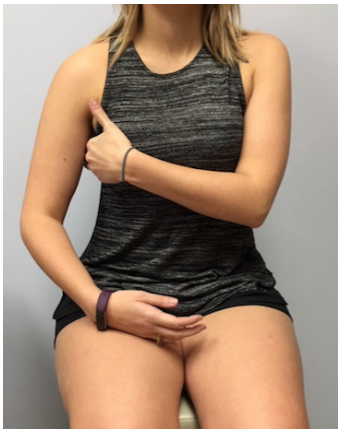
Day 2 After Surgery Continued:
Example of band-aids to cover the incisions:

Day 2 and after:
Continue bandage changes daily. When a full 24hrs has passed without any spots of blood or other drainage on the incisions, the patient may take a shower. Redress daily and after showers.

Showers:
Once the incisions have been dry for a full 24 hrs, you may take a shower. Some patients prefer to sit while showering to offload the shoulder and elbow onto the thigh. This can be done on a seat in the shower, a shower chair, or even a plastic lawn chair. Lean toward the injured side to create some space in the armpit to wash and dry. Showering standing up is ok if you prefer.



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Unlike surgeries requiring a repair, it is ok to move your shoulder to position it during the shower.

Exercises:
Starting exercises early can speed up recovery and minimize risk of persistent stiffness. You may perform the exercises as often as you like as long as you are not having significant pain. Slow and gentle progressive stretching is often the best way. Use the QR code for a video demonstrating the exercise.

Table Slides:

- Find a table or counter
- Sit down on chair so that table is approximately the level of the elbow.
- Place injured arm's hand on a small towel to help it slide along the table.
- Place opposite hand on top of the injured hand.
- Using the opposite hand, push the injured hand and arm away from your body.
- Lean forward and use opposite hand to push hand away from body.
- Once you feel a good stretch (avoid significant pain), hold the arm in that position for about 5 seconds and then return to upright and seated position.
- Perform 3 sets of 10 repetitions, 3 times per day

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Passive Forward Flexion / Elevation:

- Use a broomstick, golf club, or any other similar device to assist.
- You can perform standing or by lying flat on your back on floor, bed or other surface. At first, you may be more comfortable doing exercise while on back.
- Using uninjured arm, push the injured arm overhead.
- Once you feel a good stretch, hold in position for about 5 seconds and then pull arm back to starting position. You may not be able to get arm completely overhead right away.

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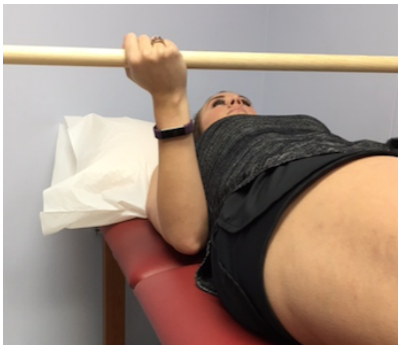
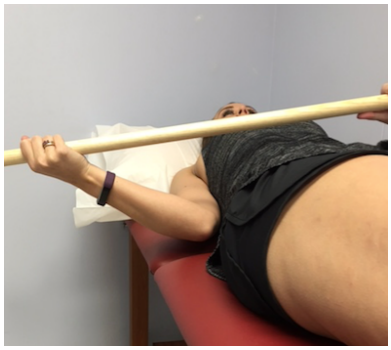
Passive External Rotation:

- Use a broomstick, golf club, or any other similar device to assist.
- You can perform standing or by lying flat on your back on floor, bed or other surface. At first, you may be more comfortable doing exercise while on back .
- Keep injured arm's elbow directly against body at the side.
- If you have trouble keeping elbow at the side, place a pillow between your body and elbow and squeeze pillow to body to hold it in place.
- Using uninjured arm, push the injured arm outward rotating at the shoulder.
- Once you feel a good stretch, hold in position for about 5 seconds and then pull arm back to starting position.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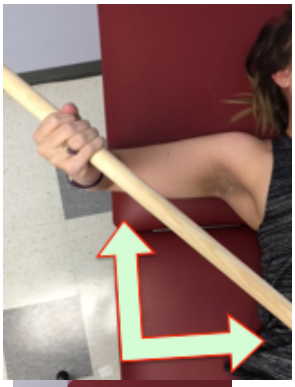
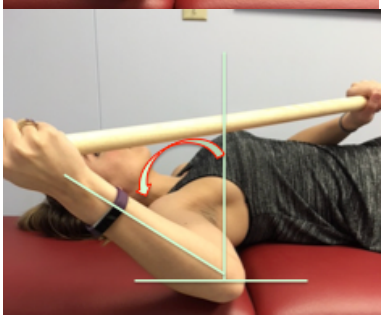
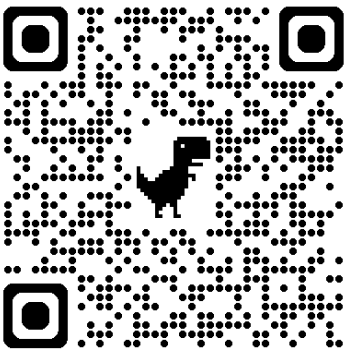
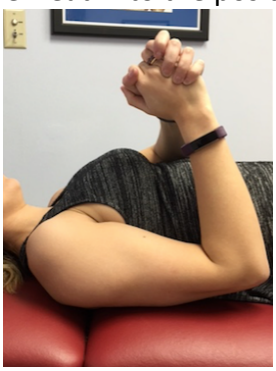
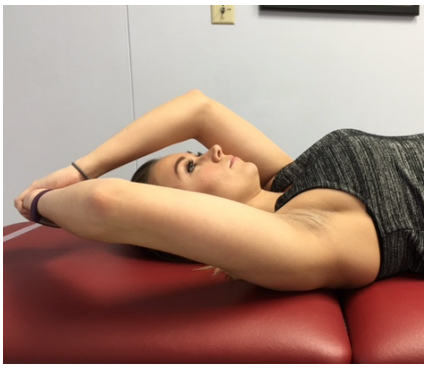
Overhead Stretch / Passive Abduction + External Rotation:

- Use a broomstick, golf club, or any other similar device to assist.
- Perform this stretch while lying flat on your back on floor, bed or other surface.
- Using uninjured arm, push the injured arm out to the side and rotate outward at the same time.
- Once you feel a good stretch, hold in position for about 5 seconds and then pull arm back to starting position. You may not be able to get arm completely overhead right away.


Overhead Stretch:

- Grasp the injured arm by the hand or wrist with the opposite arm. Using the uninjured arm, pull the injured arm overhead into the position below

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Internal Rotation:

- Hold the injured arm on the lower end of the pole (left arm in image below)
- Hold the pole with the uninjured arm on the upper end of the pole (right arm in the image below)
- Gently pull with the uninjured arm (right arm below) allowing the uninjured arm to stretch.
- Avoid using muscles of the injured arm to move the injured extremity.