

Home Discharge Instructions: Arthroscopic Shoulder Surgery

Anesthesia can alter your thought process. Please do not make important decisions, sign legal documents, drive, or drink alcohol for 24-48 hours after anesthesia.

QUESTIONS|CONCERNS:

- Call UT Health Austin ASC at 1-512-232-7347 during office hours (Mon-Fri 7:00am -3:30pm)
- Call UT Health Austin Clinic at 1-833-882-2737 during after-hours

MEDICATION:

- You will have prescriptions for pain medications to take home with you. This will be submitted electronically to the pharmacy on file with UT Health – Austin.
- **Naproxen 500mg:** This medication is for pain and to control inflammation. Take 1 tablet at breakfast and dinner – or twice a day with food.
- **Percocet (5mg/325mg):** This is an OPIOID/NARCOTIC medication to treat severe pain. Take 1-2 tablets every 6-8 hours as necessary for severe pain. Opioids are effective at pain management but have multiple adverse side-effect which include nausea, vomiting, and constipation. You should take this medication with a full glass of water. This medication should be used only for excess pain despite taking the anti-inflammatory, and/or at night to help you sleep. You may discontinue this medication as soon as you would like.
- **Opioids** have a peculiar drug interaction where it can make a person more sensitive to pain. This can ultimately lead to dependence on the medication or even addiction. For this reason, I encourage you to rely on this medication for severe pain as I will only prescribe enough medication for 10-days estimated at 8 tablets per day. At your first post-operative visit, I will begin to taper you off opioids and change this medication to a less potent drug. The goal is to have you off opioids/narcotics within 30-days of your procedure.

SHOULDER SLING / IMMOBILIZER:

- Your hand will need to be elevated and your arm immobilized in the sling for the majority of the next 2 weeks, especially at night. You may wear it outside of your clothes if you prefer, but it is important that you keep your arm protected so that you don't accidentally rip or tear out the sutures holding the repaired tissue to the bone.
- However, you should take your arm out of the sling at least 3 times per day to perform elbow and gentle shoulder range of motion (ROM) exercises as instructed by your physical therapist.
- Otherwise, your elbow and shoulder joints will get very stiff, and you may permanently lose shoulder motion. A 10-15-degree loss of external rotation after this surgery is common.

DRESSINGS:

- I prefer that you leave your dressings in place until your follow up appointment but, if absolutely necessary, you may change the dressing on your shoulder **NO EARLIER THAN 7 DAYS AFTER SURGERY**. Usually you will have 2 or 3 small incisions.
- The dressing may be wet and bloody, do not be alarmed, this is left over blood and arthroscopic fluid leaking out of your shoulder.
- If your wound is completely dry, without any drainage, you may leave the dressing off. If there is still drainage from the wounds, keep these covered with clean, dry bandages, or band-aids. They should be changed daily until the wound is dry.
- Once the wound is completely dry, you may leave the dressing off. Sutures will be removed at your first post-op visit, if necessary.

BATHING:

- You should keep your incision dry (no shower or bath) until 7 days after surgery at which time you may begin to shower. Do not bathe, soak the shoulder, or use hot tubs. After your wound has been checked at your first post-op appointment you will be told when you may begin bathing/soaking.

ICE:

- Use it as often as you can for the next 7 to 10 days.
- Ice bags/packs/bladder should be used for 20 to 30 min every 3 to 4 hrs during waking hours (minimum of 8 hrs./day).
- Be sure to protect your skin from frostbite with a washcloth, towel, or ace wrap between the ice bag/pack and your skin.

MOTION EXERCISES:

- You should perform shoulder range of motion (ROM) exercises several times a day. Follow the physical therapy handout provided to you. You should consider icing your shoulder after doing your exercises.

PHYSICAL THERAPY:

- You will be set up with physical therapy (PT) at your first post-operative visit following surgery.
- Until then gentle range of motion exercises are encouraged.

FOLLOW-UP:

- You should have a post-operative follow-up appointment 2 weeks after surgery.

DRIVING:

- Do not drive until you have been re-evaluated at your first post-op visit. Your arm will not be strong enough or have enough motion to properly control the steering wheel. You will be told when you can begin driving based on your strength and ROM at your follow-up appointment.

***IMPORTANT*:**

- If you have signs of an infection, such as a temperature over 101.5 degrees, persistent wound drainage, redness, swelling, or increased pain, you should contact us immediately at **1-833-882-2737** Musculoskeletal Institute Sports Injury Clinic
- UT Health Austin Ambulatory Surgery Center at **Tel# 1-512 -232-7347** Mon – Fri during office hours 7:00am – 3:30pm

COMMENTS:

Shoulder immobilizer or sling with pillow(s) to support

Wear sling at all times, including sleep, for the first two weeks

Sling can be removed to perform exercises and personal hygiene

The following exercises are to be performed daily until your 2 weeks follow-up appointment at which time further instruction will be provided.



SLING - HAND PUMPS

Open and close your hand into a fist and repeat. If you cannot make a full fist, then make a partial fist.

Perform 10 repetitions every 1-2 hours

Repeat 10 Times

Hold 1 Second

Complete 1 Set

Perform 8 Times a Day



PENDULUM CIRCLES - CODMAN

Shift your body weight in circles to allow your injured arm to swing in circles freely. Your injured arm should be fully relaxed. Can perform clockwise and counterclockwise.

Duration 30 Seconds

Complete 2 Sets

Perform 4 Times a Day

SCAPULAR RETRACTIONS

Draw your shoulder blades back and down.

Repeat 10 Times
Complete 1 Set

Hold 2 Seconds
Perform 4 Times a Day



ELBOW FLEXION EXTENSION

Bend your elbow upwards as shown and then lower to a straighten position.

Repeat 10 Times
Complete 2 Sets

Hold 1 Second
Perform 4 Times a Day



Patient | Patient's Representative Signature: _____ Date _____ Time _____

Pre-Operative Nurse Signature: _____ Date _____ Time _____

Post-Operative Nurse Signature: _____ Date _____ Time _____