

Benjamin Barden M. D. POST OP SHOULDER ARTHROSCOPY W/ CAPSULAR RELEASE vs.1

You are recovering from arthroscopic shoulder surgery. The following instructions are to help make your recovery as rapid and successful as possible. This information is designed to answer some of the most frequently asked questions regarding what to expect and what to do after arthroscopic shoulder surgery. These are general quidelines, if you have any questions or concerns, please call our office: (404) 355-0743.

- 1. Keep your arm in the sling while your nerve block is in place and your arm is numb. Once the nerve block wears off, you are encouraged to discontinue use of your sling as soon as possible in order to prevent recurrent stiffness.
- 2. Use your cooling cuff as needed during waking hours. If you are not using a cooling cuff, it is recommended that you ice your shoulder 30 minutes on/off for the first 3-5 days after surgery to help with pain and swelling.
- 3. Keep your bulky dressing on for 3 days. Do not get it wet. You may shower by wrapping plastic wrap over your dressing. After 3 days, the bulky bandages may be removed but leave the white steri-strip pieces of tape covering your incisions in place. You may leave your shoulder open to the air except when using your cooling device. If using a cooling device, make sure there is a towel between the cooling cuff and your shoulder's skin to prevent frost-bite. You may shower and pat dry after 72 hours from surgery.
- 4. Postoperative bleeding is not unusual. Reinforcing your dressing with additional gauze pads can be helpful. If you have concerns about the amount of bleeding or drainage, please call our office.
- 5. Your postoperative therapy begins on the day of surgery. Initially, you should perform wrist and finger range of motion several times a day. *Keeping your shoulder moving is critical to preventing recurrent stiffness* and so therapy should begin on the day after surgery for 5 days a week for 2 weeks, then 4 days a week for 4 weeks, working to restore your full range of motion.
- 6. Make sure to schedule your therapy to start the day after surgery!
- 7. Postoperative pain is common but should be controlled by the prescriptions given to you. Narcotics frequently cause itching and this can be treated with a non-drowsy over-the counter antihistamine (Zyrtec, Allegra, Claritin etc...) or Benadryl if needed. Narcotics will also cause constipation. If you are using a narcotic pain medication, it is recommended that you take an over-the-counter stool softener daily, such as Colace. If you have not had a bowel movement in 2 days, you should use a laxative of your choice to help facilitate a bowel movement.
- 8. Anti-nausea medication, such as Zofran, is often prescribed. Take this medication as needed.
- 9. You should take one 81 mg aspirin (baby aspirin) twice a day for 30 days to reduce the possibility of blood clots.
- 10. You should take 1000mg of Tylenol (2 extra-strength tablets), AND 400mg Advil (2 tablets/capsules Ibuprofen) AT THE SAME TIME, with food, every 8 hours for the first 5 days after Surgery. Use your narcotic prescription for any breakthrough pain.
 - **IMPORTANT:** Do not take Tylenol if you have a history of liver disease or allergy. Do not take Advil or other NSAIDS If you have diabetes, kidney disease, are on a blood thinner, or have a history of gastrointestinal ulcers.
- 11. Call your doctor's office for any fevers greater than 101.5 F, chest pain, shortness of breath, intractable nausea or pain, or any other concern.
- 12. You will be seen in the office 3-5 days after your surgery. Please call my clinical assistant, Sarah Williams ATC, if you do not already have an appointment: (404) 355-0743 ext. 1615.