



Tidewater Orthopaedics
Specialized Care You Can Trust

Labral and Slap Tear Repair

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Post-Operative Instructions after Surgery

Helpful Hints & Important Precautions for Patients

DIET

- May resume clear liquids and light foods after surgery (jello, soup, etc.)
- Progress to your normal diet as tolerated as long as you are not nauseated.
- Many surgeries are done without general anesthesia. This allows you to resume a diet quicker with less nausea.

PAIN MANAGEMENT

- The first 1-2 days are the hardest – but there will be improvement
- Surgery pain stems from multiple factors and you should address each of these to control the pain. Below is a chart to explain our multimodal pain control plan. I have also enclosed a QR code for a video on pain control.

Preoperative pain management

1. Nerve block

- Anesthesia injections numbing medication around the nerves that go to the shoulder
- This helps greatly with pain control and decreases your need to take narcotic medications. I would strongly encourage you to have the block as it does significantly help with pain after the procedure.
- **Begin taking your pain medication before this medicine wears off**
 - This is usually about 6 to 8 hours after the procedure - however, it may be as little as 2 hours or (if you're lucky) it could be 16 to 24 hours
 - It is important to stay on top of the pain as it is more difficult to catch up

2. Local injection - numbing medication is injected at the surgery site

3. Anti-nausea medication - such as Zofran or Scopolamine patch is given

4. Tylenol or an anti-inflammatory - such as Celebrex may be given

I do not use a "pain pump" which drips the numbing medicine continually into the joint for several days after the surgery. Several recent studies have shown an increased risk of damage to the joint cartilage and subsequent arthritis as a result of prolonged exposure to this medication.

Postoperative pain management

1. Oxycodone 1-2 tablets every 4 hours

- This is a narcotic and should be used sparingly
- If pain is severe and uncontrolled with other methods, you may take 3 pills at a time for the first 24 hours
- Percocet and Vicodin (Norco) have Tylenol in them so do not take Tylenol if you are on these medications. Straight Oxycodone does not.

- This can easily become addictive
- Narcotics decrease the body's trigger to breathe, and I may prescribe a medication to reverse this narcotic side effect (Narcan) if you are currently taking anti-anxiety or sleeping medication
- It is best to avoid these drugs (and alcohol) while on pain medication
- Additional adverse effects:
 - Constipation and/or nausea
 - Decrease ability to concentrate and cause drowsiness - should not be taken while driving
 - Hallucinations
- If you experience itching, take over the counter Benadryl one half hour before your narcotic.

2a. Tylenol 650 mg every 6 hours or 2 tablets of 500mg every 8 hours

- Limit to 3000 mg daily and avoid if history of liver disease. Use continuously for the first 3 days and then as needed.

2b. Naproxen 500 (2 Aleve) every 12 hours OR ibuprofen 800 (4 Advil) every 8 hours

- Take with food and avoid if history of ulcers, severe reflux, severe high blood pressure or kidney disease. Continue for 5 days and then as needed.

3. Ice

- Most important the first 48 hours following surgery – helps reduce swelling
- The ice pack should be large (like a big zip-lock bag or bag of peas) and held firmly on the area of your surgery
- Apply for 20 minutes, **at minimum**, every hour while awake if possible

ADDITIONAL MEDICATIONS

1. Ondansetron (Zofran) - this medication is used as needed for nausea
2. Colace – this is a stool softener for constipation

CONSTIPATION

- This can be very common follow surgery typically due to pain medication, inactivity, and anesthesia

1. Treatment

- Begin using the **COLACE** as soon as starting the pain medication to help prevent constipation from occurring
- If NO bowel movement within **1-2 days** using this medication – **ADD DULCOLAX** which is a stimulant laxative
- If NO bowel movement **24-48 hours** following the use of both these medication – **please call the office**

2. Additional Treatment

- Hydration: aim for at least 4 glasses of water per day
- Diet: increase fiber with foods that include prunes, apples, spinach, and whole grains
- Physical Activity
- Laxatives: Milk of Magnesia, MiraLAX and Suppositories or Enemas

3. "Red Flag" Symptoms

- Prolonged constipation increases the risk of impaction or bowel obstruction
- IMMEDIATE EMERGENCY ROOM VISIT: abdominal pain/bloating, decrease or no passing gas, nausea and vomiting.

BANDAGE

- Your post-operative dressing is a large, white fluffy dressing and absorbent pads that are held in place with an Ace bandage
- Remove this dressing 2-3 days after surgery and place band-aids over the incisions
- Because the surgery is performed arthroscopically, occasionally there will be water with a small amount of blood on this dressing. This is nothing to worry about. However, if you see a lot of bleeding, please call.

WASHING & BATHING

- **Keep the wound clean and dry for the first 2 weeks after surgery**
- Once the bandage is removed, it is OK to shower as long as the incisions are kept dry with plastic wrap or waterproof bandages

PHYSICAL THERAPY

- Stiffness is a common source of pain and therapy is often started several days postop
 - Physical therapy should begin at least 3-4 days after the surgery
 - Your therapist may start with range of motion and strengthening exercises on your first visit
 - It is important to listen to the therapist instructions so you will learn how the shoulder can be moved (passive movement) to avoid stiffness but protected by avoiding active movement
 - It is helpful to take pain medication before your therapy visits and have someone drive you to the appointments

ACTIVITY & SLING

- Sling is usually **worn for at least 4 weeks** – unless otherwise directed
 - You may use your hand to reach your face, write, keyboard, and do light activities with the hand in front of your body
 - You may place a pillow behind the elbow when sitting/lying down to prevent the elbow from sliding backwards
 - Ensure elbow remains against the pillow and in front of the body to avoid stress on the repair
- You will be instructed in gentle exercises for shoulder movement:
 - This primarily involves pendulum exercises where the arm is gently swung side to side while bending over
 - Allow the elbow to extend straight
 - You may then stand up and support yourself with your good arm on the chair
 - Lean forward from your waist and let the arm hang straight down
 - Do not try to lift the arm. Let it hang like a dead weight
 - Once you are comfortable with this, you may gently swing the arm side-to-side like a pendulum
 - Use your upper body to generate the pendulum motion
 - Again, don't try to move the arm using your shoulder muscles
 - While sitting in a chair you may remove the sling 3 times a day to perform elbow and wrist range of motion exercises
- Do not try to lift your arm overhead and do not lift or carry anything in your hand
- You may return to sedentary work when your pain is controlled
- Avoid driving while taking the narcotics
- Avoid long distance traveling in cars or by airplane during the several weeks after surgery to avoid increasing your risk of developing blood clots

FOLLOW-UP APPOINTMENT

- We will see you back 2 weeks following the surgery to assess range of motion and the incisions. Sutures will be removed at this time as well.

WHAT TO WATCH OUT FOR

- Pain that is increasing every hour in spite of the pain medication
- Drainage from the wound more than 2 days after surgery
- Increasing redness around the surgical site
- Fever greater than 101.5 degrees
- Unable to keep food or water down for more than one day

Need more information? Scan the QR code below to watch these helpful videos from Dr. Payne on Post Operative Care.

