



Tidewater Orthopaedics
Specialized Care You Can Trust

Shoulder Arthroscopy

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Post Operative Instructions after Arthroscopic Subacromial Decompression/Distal Clavicle Excision/Labral Debridement

Helpful Hints & Important Precautions for Patients

Diet

- You 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.

Medications:

- Before surgery you will be offered a nerve block which helps greatly with pain control and decreases your need to take narcotic medications. It is important to begin taking your pain pills before this medicine wears off to ease the rebound pain that can occur after shoulder surgery. Pain levels of 5-7 out of 10 are typical in the first few days.
- This first medication I use is **Percocet** (Oxycodone/Acetaminophen) which is a strong narcotic pain medication combined with Tylenol. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. Normally, Percocet is taken 1 pill every 6 hours but if the pain is severe, it can be used 2 pills every 4 hours.
- Common side effects of the medication are nausea, constipation, itching, and drowsiness.
- The best way to prevent nausea is to take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. I also prescribe an anti-nausea medication called **Zofran (Odansetron)** to be taken if you have persistent nausea after surgery.
- I strongly recommend you take an over-the-counter stool softener **starting the day of surgery** such as Colace 100 mg 1 tablet a day and a laxative such as Sennokot DS 1 tablet a day to avoid constipation.
- Take Benadryl one half hour before your narcotic if you experience itching.
- You will also be given a prescription for **Naprosyn** which is a strong anti-inflammatory medication. Take this twice a day with food in addition to the Percocet. Both medications will work synergistically in pain relief. Do not take Naprosyn if you have a history of kidney dysfunction or stomach issues such as ulcers.

- Transition from Percocet to Tylenol as your pain subsides, but pay attention to the dosage as Percocet has 325 mg of Tylenol in each pill. Patients with normal liver function should not consume more than 3000 mg of Tylenol per day.

Bandages & Sling:

- Your post-operative dressing has two layers you need to understand in order to properly care for your surgery site. Your incisions were closed with absorbable sutures and covered by steristrips (butterfly bandages).
- The second layer is a large white fluffy dressing and ABD pads that are held in place with tape.
- Unless directed otherwise, remove this dressing 2 days after surgery and place water proof band-aids.
- 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 Dr. Sablan.

Washing & Sling:

- You should be careful to keep the wound clean and dry for the first 48 hours after surgery.
- Beginning on the second day after surgery it is OK to shower over the incisions covered by bandaids.
- Do not take a bath until after the first post-operative visit.
- It is OK to go into a swimming pool after the first post-operative visit, but no lakes or ocean until two weeks after surgery.
- You will have a sling placed after surgery, which is for comfort only. Feel free to remove it when you like, but most people like to wear it during the first couple days to avoid shoulder pain. All patients will be done wearing their sling by 7 days after surgery.

Ice & Activity:

- One important goal following surgery is to minimize swelling around your surgery site. The best way to achieve this is with the frequent application of ice. This is most important during the first 48 hours following surgery. The ice pack should be large (like a big zip-lock bag) and held firmly on the area of your surgery. Apply for 20 minutes every hour while awake if possible. A cold compression unit is available for rental to ease the icing process. Use as directed.
- Remember we did not do any repairs so you can not hurt your shoulder by moving it. I encourage you to move your arm as much as possible as this will improve your chances of an early recovery and decrease your chances of developing stiffness.
- You only need to wear the sling for comfort.
- You may return to sedentary work only or school in 3-4 days after surgery if your pain is tolerable.
- Avoid long distance traveling in cars or by airplane during the first week after surgery to avoid increasing your risk of developing blood clots.

Sleeping:

- Many patients have difficulty sleeping after shoulder surgery. You may find that sleeping in a slightly upright position (ie reclining chair) with a pillow under your forearm will be your most comfortable position. Make sure to have your pain under control before you sleep.

Physical Therapy

- The goal of physical therapy is to first assess how your body responded to the surgical procedure. They help you feel comfortable with your surgery and make sure you aren't afraid to start doing things. Your therapist will start range of motion and strength exercises on your first visit.
- You will start physical therapy after your first post-operative visit.

Follow up appointment:

- We try to give all of our patients a follow-up office visit at the same time we schedule your surgery.
- Typically I want to see my patients in the office 5 to 10 days after surgery.

FOLLOW UP APPOINTMENT: _____

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
- ∞ Pain or swelling around your surgery
- ∞ Fever greater than 101.5 degrees.
- ∞ Unable to keep food or water down for more than one day

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