



## Postoperative Instructions

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### Your Surgery Included:

#### Arthroscopic

- Diagnostic
- Debridement
  - Labrum  Rotator Cuff  Cartilage  Synovium
- Contracture Release
- Instability Repair –  Anterior,  Posterior,  MDI
- SLAP Repair
- Subacromial Bursectomy / Decompression
- Rotator Cuff Repair
- Biceps Tenolysis, Tenodesis
- Distal Clavicle Resection
- Nerve Decompression
- Fracture Fixation
- Subscapular Bursectomy / Scapulectomy

#### Open

- Instability Repair, Capsule Repair
- Latarjet Reconstruction
- Glenoid Reconstruction with graft
- Humeral Head Resurfacing with graft
- Rotator Cuff Repair
- Biceps Tenolysis, Tenodesis
- Distal Clavicle Resection
- Contracture Release
- Fracture Fixation
- CC Ligament Reconstruction
- Joint Replacement, Resurfacing
- Manipulation under Anesthesia

**Please call my office and speak with my office assistant to schedule your first post-operative appointment. If a physical therapy appointment has not already been arranged that can also be taken care of by our office staff. If you have any problems, please contact the office.**

### **Shoulder Sling, Abduction Pillow or Brace:**

Based on the procedure, you have been sent home with a sling, an abduction pillow or a shoulder brace immobilizing your arm. You need to wear it  for comfort only or  for \_\_\_\_ hours a day for \_\_\_\_ days/weeks. This pillow will protect your shoulder and greatly improve your ability to get your shoulder motion back after surgery.

### **Shoulder Exercises:**

You will need to begin shoulder exercises the first day after surgery if you hope to regain your shoulder motion. You may do the following marked exercises:

- Shoulder shrug exercises - shrug your shoulders up and down.
- Pendulum exercises – Bend forward allowing your arm to hang down in front of you. Gently swing your arm side-to-side and front to back.
- Passive abduction exercises – Have a family member gently lift your arm away from your body bringing your elbow up to the level of your shoulder. Do not assist.
- Shoulder rotation exercises – With your arm at your side, have a family member gently rotate your arm internally and externally.

- Pulley Exercises – Put the pulley over the top of a door. Stand facing the door. Use your good arm to gently pull your operative arm up in front of you.
- Elbow motion exercises – Straighten and bend your elbow.

**Therapy:**

You will begin physical therapy  before  after your first post-op visit.

**Medications:**

You were given one or more of the following medication prescriptions before leaving the hospital. Have the prescriptions filled at a pharmacy on your way home and follow the instructions on the bottles. If you need a refill on your medication, please call my office by early Friday morning to insure that you will have your medications over the weekend. If you think you might have an allergy to any provided medication, do not take the medication and call us for an alternate medication.

Narcotics (Hydrocodone, Oxycodone, Tramadol): Please do not wait until the pain is severe to take the pain medication. It is very important to stay ahead of your pain. For the first night after surgery, you may need to set an alarm and take the medication every 4 hours. Always take the pain medication with food. Narcotic pain medications can cause side effects, the most common of which are nausea and constipation. If this occurs, try taking Zofran or Phenergan to control the nausea. You might also need to temporarily use a stool softener to alleviate the constipation. Do not drive while taking narcotics.

Non-Steroidal Anti-inflammatory Drug - NSAID (EC Aspirin, Advil, Motrin): During the first two days, you may occasionally take a NSAID tablet in between doses of the narcotic medication if your pain is not controlled with the narcotic alone. Always take NSAIDs with food. DO NOT take NSAIDs if you have a history of a stomach ulcer or if you had a *rotator cuff repair*. We do NOT recommend taking NSAIDs for the first 3 months after a rotator cuff repair.

Acetaminophen (Tylenol): The provided narcotic will typically contain Acetaminophen therefore do not take additional Acetaminophen to control your pain.

Anti-nausea Medication (Zofran, Phenergan): Zofran or Phenergan tablets work better to prevent vomiting than it does to stop vomiting. So stay ahead of your nausea and take the medication as soon as you begin to feel nauseated. Phenergan suppositories will work better to stop vomiting and can be called into your pharmacy if needed.

Antibiotic (Doxycycline, Keflex, Clindamycin or Levaquin): Depending on the procedure, you may have been sent home with a three-day course of an antibiotic. Take as directed.

Antithrombotic (Lovenox or EC Aspirin): Sometimes your history or medical condition will call for the use of a medication to decrease your risk for blood clots. If so, you will be provided a prescription for Lovenox injections or Enteric Coated Aspirin 325mg tablets. Use as directed.

Spinal / Regional Anesthesia Injections: You may have been given a spinal or regional nerve block, either before or after surgery. This may cause your entire arm to feel numb for 12 – 36 hours.

**Swelling:**

Some degree of swelling of your arm and hand is normal. You may have been sent home with a cold wrap (ice man) for your shoulder. This wrap will relieve pain and control swelling. Use the wrap throughout the day for the first two days and then as needed. Refill the ice box with ice every 3 - 4 hours.

**Activity:**

After you arrive at home, spend most of the first twenty-four hours in bed, on the couch, or in a reclining chair. However it is OK to get up to stretch your legs frequently. After the first twenty-four hours, increase your activity level based on your symptoms, but remember that the longer you stay in bed, the longer it will take for you to feel better and get your strength back.

**Sleeping**

During the first week is often best by propping yourself up with pillows or in a reclining chair.

**Diet:**

During the first 2-4 hours after surgery, you may eat small amounts of food every 20-30 minutes but don't eat a large meal until you are sure that your stomach is emptying well. Drink plenty of fluids.

**Dressing Change:**

Remove the dressing on the third day. However, if the dressing is saturated prior to day three please change it sooner. It is normal for some blood to be seen on the dressings. It is also normal for you to see apparent bruising on the skin around your shoulder when you remove the dressing. If present, leave the Steri-strip tape across the incisions. If you are concerned by the drainage or the appearance of your arm, please call my office.

**Showering:**

You may shower on the third day after surgery if the wound is clean and dry, but do not let the wound soak in water until the sutures are removed. Incisions should remain clean and dry at all times other than when taking a shower. Please be careful when getting into and out of the shower.

**Driving:**

You may drive when you are off narcotics, out of the sling and fully able to respond in an emergency. It may not be safe to drive with a sling on your arm.

**Follow up:**

You will be scheduled for a follow up appointment with myself or my physician assistant Melanie in 10-14 days. At that time we will review your surgical findings, post-operative program, and answer any of your questions.

**In case of an emergency:**

Please contact me (Curtisbush@texashealth.org) or call the office phone number in case of an emergency. If your call or email is after hours or on the weekend, your call will be patched through to the answering service and either myself or one of my associates will assist you.