



## **Dr. Denard's After Surgery Instructions & Expectations – Arthroscopic Shoulder Surgery**

My goal is to help you achieve the best functional result and experience after surgery possible. I believe part of that is having clear expectations about your postoperative course. I don't want you to be surprised after surgery! This information is meant to give you an overview of common questions that arise. If you have any questions before or after surgery, myself or a member of my team is available.

### **What you can expect from me**

You will get my best effort to make you better. I stay up-to-date on the latest research through national and international conferences and regular journal reading. You will get the best that is currently available in the care of the shoulder. You can also expect clear communication and that I or a member of my team will be available to answer questions.

### **What I expect from you**

**READ THIS FORM.** Follow my rehabilitation protocols – they are based on what I believe is the best available research. If you have an issue or comment, please let us know first. We can only make your experience and others better if we hear from you!

I ask the majority of my patients to fill out surveys about their shoulder. Although some of the questions can seem silly they are based on validated questionnaires that surgeons use to compare outcomes. It is very important that you fill out these surveys. They let us know how you are doing and how we are doing. They can be completed in clinic or more commonly you will fill out online. You will receive email reminders (from SOS or surgicaloutcomessystem.com) about these surveys. In the case of an arthroscopy there is a survey before surgery and several surveys after surgery up until 1 year after surgery, followed by a survey after year thereafter.

### **Prior to Surgery**

In most cases surgery is arranged several weeks to months in advance. Because of this most people will have a separate preoperative visit 1 to 2 weeks prior to surgery. This is to go over the surgery again, be fit for a sling (which we will keep and bring to surgery for you), and provide prescriptions for medications after surgery.

If you take Aspirin, Ginkgo Biloba, and/or Fish Oil, please stop these medications 1 week prior to surgery unless pre-arranged. These medications can cause bleeding during surgery.

The night prior to surgery you should take the following medications:

- 1) Tylenol 1000mg x1

Infection prevention is a big part of surgery. While the risk of infection after shoulder surgery is low, we take every measure possible to prevent it. At least one study suggests that the risk may be reduced by applying 5% Benzoyl Peroxide to the shoulder for two days prior to the day of surgery. This is an inexpensive gel that you can buy at the pharmacy. After showering, apply the gel to the shoulder area for the 2 days before surgery.

Please do not eat or drink anything after midnight the evening prior to surgery – if you do, your surgery may be cancelled. The exception is essential medications which can be taken with a sip of water the morning of surgery. If you take any blood pressure medications these should be taken on the day of surgery. The one exception is ACE inhibitors (such as Lisinopril), which should not be taken the day of surgery. Diabetes medications should not be taken since you won't be eating. All nonessential medications (allergy medications, cholesterol meds, antidepressants, vitamins, etc.) do not need to be taken.

### **The Day of Surgery**

Arrive 2 hours prior to your scheduled surgery time if it is at the hospital (Rogue Regional Medical Center or Providence Medford); 1.5 hours prior is okay at the surgery center (Surgery Center of Southern Oregon). The surgery requires a general anesthetic which means that you will be asleep during the procedure.

Shoulder arthroscopy is done on an outpatient basis, which means you get to home the day of surgery! You should anticipate the need for help at home for the first few weeks after surgery and make arrangements for a ride home after surgery.

### **Prevention of Deep Vein Thrombosis (DVT)**

The risk of leg clots or DVT is low after shoulder surgery but we make every effort to prevent them. All of my patients who have arthroscopic shoulder surgery will have leg stockings and pumps during surgery that are meant to lower the risk of leg clots. All patients should wear the leg stockings for 2 days after surgery. Patients who have their surgery at the surgery center will also be sent home with a calf pump machine that should be worn for the first day after surgery while resting. In addition, it is advised that you take frequent walks after surgery since immobility is a risk factor for leg clots.

### **Care of Surgical Incisions**

You will have several small incisions which will be covered by a bandage after surgery. This can be removed the day after surgery. Remove all of the dressings until you see the incisions which will be covered with surgical glue. Each incision is also covered with a nonadhesive dressing that looks like a netting. This prevents the glue from sticking to gauze pads. This should also be removed. You can shower the day after your surgery unless you have an indwelling pain catheter in which case you can shower after the catheter is removed (1-3 days after surgery). You can shower without your sling. Water can pass over the wound and you can pat dry. To wash under your armpit, lean over and dangle the arm at the side. After your shower, Band-Aids may be applied to each incision. Once the incision is completely dry (a few days after surgery at most), no Band-Aids are needed. Your stitches will be absorbable so you will not have to put up with suture removal! Please do not soak in a pool or hot tub until 2 weeks after surgery.

A wound infection after arthroscopic shoulder surgery is extremely uncommon (1 in 5,000 in one report). The wound should be dry by 3 to 5 days after surgery. If your wound is draining beyond this, and especially if there is a lot of redness or you have a fever, this is a sign of wound infection and you should call us. However, bruising is very common after shoulder surgery. It is common for the front of the shoulder (chest and biceps) to turn black and blue at about 3 to 5 days after surgery. This is temporary and resolves within a couple of weeks.

### **Medications**

In general, resume all your regular medications immediately after surgery. Vitamin D is important to bone health and studies also suggest that Vitamin D deficiency can be associated with poor healing after rotator cuff repair. In this region of the country most patients are Vitamin D deficient. Therefore, while I don't check Vitamin D levels on my patients I do recommend that you take Vitamin D (800 IU) for a month prior and 6 to 12 weeks following shoulder surgery. Also, it turns out that daily Vitamin D lowers the risk of hip fracture so there are other good reasons to take it.

### **Bruising, Swelling, Warning signs, etc.**

Bruising after shoulder surgery is normal. Don't be alarmed if your arm turns black and blue. Blood follows gravity, so it is normal for this to happen in your arm around your biceps (front of your shoulder). This usually occurs 3-7 days after the surgery. Some degree of swelling is also normal. Often the swelling occurs around your sling. We encourage hand and elbow exercises to help this. Also, if you have your arm at your side and seated, such as when watching TV, it is okay to remove the sling to relieve pressure on your arm which may be causing the swelling to pool. Swelling that is very painful, especially on the inside of your arm with extension of the swelling down the entire hand is not normal and you should call in if this happens. Another rare but important thing to watch for is shortness of breath or chest pain. If you have this please call in. If you have a fever over 101 degrees let us know. On the other hand, a low grade fever within the first few days after surgery is not uncommon.

## **Pain Control & Prescriptions**

Our goal is to control and ease your pain, but surgery is simply not a pain free process.

Upon arrival for surgery you will receive medications by mouth that have been shown to reduce after-surgery pain.

You will also receive an injection of a numbing medication (like at the dentist) which will provide good pain control for roughly 18 to 24 hours after surgery. It is your choice if I place this “locally” around the shoulder in the surgery or if you have a “block” by the anesthesiologist. The “local” injection has no risk of nerve injury, but does not have as complete of pain relief. The “block” will provide pain relief of the shoulder and also effect the motor nerves. Because of this, the block will temporarily paralyze the entire arm and hand. The downside of the “block” is that there is a small risk of nerve injury. However, the upside is that pain control is more complete initially and since you are less likely to need oral medication in the early phase, you will be less likely to have nausea (upset stomach). If you have a block, please note this will wear off about 18-24 hours after surgery and your pain may increase. This is normal!! Please do not be alarmed. I recommend you do your best to stay on top of the pain in the first few days by taking pain medication as soon as you begin to experience the pain, then taper off the medication as soon as you are able. Many people have their surgery with just the “local” and do quite well, but the choice is yours. In general, I recommend that if you already take narcotics you should have a “block.” If you do not take narcotics discuss the risk and benefits with the anesthesiologist.

ICE after surgery is must!!! This is one of the cheapest and most effective ways to limit pain. In fact, studies show regular icing leads to decreased pain weeks after surgery. While you are awake, ice your shoulder for about 20 mins every 1 to 2 hours. Even if you aren't having a lot of pain, this is a good idea for the first few days after the operation. Options for icing the shoulder include a bag of ice, a bag of peas, or a dedicated ice machine. Many people find that the machine is easiest to apply and most comfortable. However, the dedicated machine does have an out-of-pocket expense since it is not covered by insurance. If you are interested in this type of device you can discuss with our bracing/orthotics specialist.

In general, you will be given prescriptions for:

- 1) Percocet 5/325 or Norco 5/325mg. 1-2 tabs every 4-6 hours as need for pain. Both of these contain Tylenol (acetaminophen) so please don't take extra Tylenol until you are no longer taking them. 60 tabs will be provided
- 2) Zofran 4 mg. 1-2 tab every 4-6 hours as needed for nausea. 20 tabs will be provided.
- 3) Senna-S. 2 tabs twice per day while you are taking narcotic pain medication. This is a stool softener to help prevent the constipation that occurs with narcotics. Take this before you develop constipation. In other words, start taking it right away.

## **Pain Control & Prescriptions (Continued)**

If you aren't on any narcotic medications prior to surgery, in general you will need these for pain control for about the first few days to 2 weeks. When you no longer need narcotics you can use Tylenol alone. No narcotic prescriptions will be provided 6 weeks after surgery. **NO REFILLS WILL BE PROVIDED ON THE WEEKENDS.** If you need a refill please anticipate this and let us know early in the week.

If you have a rotator cuff repair, please avoid NSAIDs for six weeks after surgery. These include Ibuprofen, Motrin, Naproxen, Mobic, Celebrex, Aleve, etc. These medications have anti-inflammatory properties that may inhibit the same processes that are required for rotator cuff healing. Occasional use is okay, but please don't overdo it. If you do not have a rotator cuff repair these medications are okay.

### **After Surgery Clinic Visits**

A typical after surgery course is detailed, although this may be changed in the unlikely event of any unforeseen issues. Also, the timeline is not exact; if you need to change a visit by a week in the first 3 months or by a couple of weeks after 3 months, this is okay. You will see both me and my physician assistant (PA) – **Noah Keegan** – depending on the timeframe after surgery.

Here are the typical return visits to the clinic:

- 1) 2 weeks after surgery: Visit with me. This is a quick visit. We will go over the findings of the surgery. We will also go over rehabilitation again, provide a therapy prescription if needed, handle work notes, and provide any refills of pain medication if needed.
- 2) 3 months after surgery: Visit with PA. Rehab will be progressed, usually strengthening begins for rotator cuff repairs (earlier for other procedures).
- 3) 4 to 6 months after surgery: Visit with me. Release to recreational activities is the normal and physical therapy is no longer required.
- 4) 12 months after surgery: A final check if not released earlier.

### **Rehabilitation & Return to Activity**

Rehabilitation following shoulder surgery is very important. Your rehab will be tailored to you to match your particular shoulder problem and after surgery you will be provided with a rehab plan with important timelines/dates such as sling removal. Make sure you keep this form. You will need to do exercises on a daily basis and you may also need work with a physical therapist. You can also have a copy of my rehabilitation programs. These programs are based on the best available studies and designed to maximize your long-term outcome. Please **DO NOT** let anyone make changes to your rehab without you and I discussing first. In most cases formal physical therapy can begin 6 weeks after surgery (rotator cuff repairs and labral repairs), although in some cases it can begin sooner.

Return to full activity varies based on the type of shoulder surgery. A typical timeline for full unrestricted activity after a rotator cuff repair is 6 months. Note, this is **FULL** return but motion begins at 6 weeks after surgery and strengthening begins at 12 weeks after surgery in most cases. Gym activities are allowed at 4 months for a rotator cuff repair. Running is okay after the sling removal date. While in the sling, aerobic exercise can be obtained with walking or using a stationary bike or treadmill.

## **Sleep**

Expect this to be a bit difficult for the first few weeks, especially because you will be wearing a sling. Some people find it easiest to sleep in a reclining chair while others sleep in their normal bed. I don't have a rule other than that you need to keep the sling on until the removal date specified on your rehab plan. If you are still having difficulty sleeping at the first postoperative visit, we can provide you with a sleeping medication (Ambien) to help. However, my recommendation is to avoid this as much as possible. If you do require Ambien be sure to avoid consuming alcohol with this medication.

## **Driving**

You cannot drive while taking narcotic pain medication. Since studies show that wearing a sling impairs driving, I must also recommend that you delay driving until you are out of your sling. This is for 2 to 6 weeks depending on your surgery and rehab protocol.

## **Work**

Return to work will be dictated by your type of work and your desire to return. In general, I advise taking 1 to 2 weeks off of work. Light duty with no use of the affected arm is usually allowed at 2 weeks. At 6 to 12 weeks you can return to full duty for light work such as desk work. Heavy labor may be delayed until 4 to 6 months.

## **How can we be reached?**

It is best to call us during the week. **Candace**, my nurse, is your first line of contact Monday through Thursday, 8am to 5pm. She is out of the office on Fridays. Her voicemail is **541-608-2595**. She and I communicate daily. After 5pm or on the weekends, call 541-779-6250 and the on-call physician for our group will be paged.