Justin Barrett MD   Meredith Brown NP   Carly Threlkeld PA-C

SHOULDER ARTHROSCOPY PRE-OP/POST-OP INFORMATION

GENERAL RISKS: **Whenever surgery is performed, risks are always present. These include but are not limited to: heart attack, stroke, death, blood clots, infection, continued pain, the need for more surgery, disfiguring scar, loss of limb, repeat surgery, failure of anchors.**

INFECTION:

- **Ancef IV just prior to surgery (if Anaphylactic allergy, use Vancomycin instead).**

PAIN:

- **General Anesthesia is generally used due to patient positioning. Block is given prior to surgery as well as intraoperative pain and numbing medication. You may have residual numbness in fingers for up to a week or two after. Narcotic pain medication will be prescribed for discharge. Typically Roxicodone. NSAIDs (Advil, Aleve, Meloxicam, Celebrex, ect) work great following surgery to help with pain, swelling, inflammation, scar tissue, muscle pains. Ice recommended. Constipation is common w Narcotics. Recommend stool softeners and laxatives if needed.**

PHYSICAL THERAPY:

- **Most important part of recovery process. Sling for 6 weeks depending on what is repaired.**
- **Depending on what is repaired, sling for 6 weeks.**
- **You can come out of the sling for Pendulum exercises several times a day and table top exercises if no Rotator Cuff Repair performed.**
- **At 6 week mark, physical therapy begins with goals to get full ROM of shoulder within 6 weeks. At 12 week mark, goal is to have full ROM.**
- **Strengthening begins at 3 months. 3-6 months is progressive strengthening. 6-9 months begins aggressive therapy (Return to sports progression, over head lift, ect.)**
- **Recommend taking Analgesics prior to PT to maximize therapy progress.**

WOUND CARE:

- **Typically wound is closed w simple sutures. Expect 2-6 incision sites.**
- **Bulky dressing and gauze can be removed Post Op Day 2.**
- **Showering can be started once ace wrap is removed. As long as there is leaking from the surgical sites, keep dry. Wound can be washed typically Post Op Day 3 or 4.**
- **If bleeding occurs, apply bulky dressing over the bandage.**

HOSPITAL STAY:

- **Outpatient Surgery.**
- **Surgery typically takes 1-2 hours. You will be in recovery for about an hour then discharged home.**

OFFICE VISITS:

- **2 weeks postop you will come back to office to have wound assessed. Pain medications adjusted as necessary. Sutures removed. Xrays taken if needed.**
- **6 week Postop – Recheck wound, discontinue sling and continue PT.**
- **3 month checkup – Recheck. Assess range of motion. Goal is to have full range of motion by this point.**
- **4-5 month checkup - Recheck and assess range of motion and strength.**
- **6 month checkup – Recheck. Typically w Dr. Barrett. Often cleared to advance as tolerated at this point.**

MEDICATIONS:

- **Stop all blood thinners 7 days prior to surgery. (Plavix, Warfarin, Aspirin, Eliquis)**
- **Stop NSAIDs 5 days prior to surgery (Aleve, Meloxicam, Diclofenac,ect)**
- **Stop Rheumatological medications 2 weeks before surgery and 2 weeks after surgery.**
- **Nothing to eat or drink after midnight day of surgery.**
- **If motion is not adequate at 3-6 month visit, consider manipulation under anesthesia**

WORK:

- **Based on job, work restriction will vary**
- **Patient can type but will not be able to lift for first 6 weeks, nothing over 3-5 pounds for first 3 months in most cases. Nothing overhead till 6 months.**

DRIVING:

- **No driving while in sling or on Narcotic medications.**