

Lucas Schnell, DO

Shoulder Disorders, Sports Medicine, & Total Joint Surgery

Discharge Instructions Following Shoulder Surgery

I. Immobilization

The sling should be worn when out in the community, standing for prolonged periods of time, or riding in a car for the first 6 weeks. The sling is not necessary to wear around the house or when sleeping in a recliner chair. The sling may be removed at work when sitting for activities such as writing, reading, or doing light activity at the waist level. The sling is intended for comfort and to support the arm against gravity. Use of the operative extremity for activities such as feeding oneself, holding a book or paper, or use of the arm down at the waist level in the “piano-playing position” is okay.

II. Ice

A large ice bag or cold-pack unit should be applied to the operative shoulder over the dressing five times per day for 30 minutes each application. This will reduce pain, inflammation, and swelling following the surgery. Following removal of the dressing in the doctor’s office, ice should be applied to the shoulder three to four times a day for four weeks. A washcloth or towel should be placed between the skin and the ice unit.

III. Wound care

The dressing that is applied during the operation will be left intact until the follow-up visit. If for some reason, the dressing comes off or if the dressing becomes saturated with blood, gauze pads should be applied over the incision site and secured with tape immediately. In the event that there is a problem with the dressing call your physician’s office.

IV. Sleeping position

Patients should sleep in a recliner chair with the operated arm resting on a pillow x 6 weeks. The sling is not necessary to wear at night when sleeping. It is very difficult to sleep flat in the bed. It is important not to roll over on the operated side or the non-operated side for sleeping purposes.

V. Medications

A prescription for an analgesic (pain medication) will be written by your physician. The prescription should be filled as soon as possible after discharge. If you received a nerve block to supplement your general anesthesia, the arm may be numb and pain may be very slight for the first 12-24 hours. The pain medication should be taken as soon as you get home, even if the block is still effective and pain is minimal. It is necessary to have one of pain medications in your system before the scalene block wears off so that pain will be minimized.

If there are problems with the medication following discharge, such as allergic reaction, nausea, vomiting, difficulty breathing, or mental status changes, contact your physician’s office immediately.

Prescriptions for additional medications are sometimes given and may include anti-inflammatories, or medication for nausea and vomiting. Prescriptions for medications taken for other reasons, such as hypertension or diabetes, should be filled by your family physician. Unless instructed otherwise, all home medications taken prior to surgery should be resumed following the surgical procedure.

VI. **Exercise and Physical therapy**

Your physician will give you a physical therapy prescription for appropriate instruction on exercises at the first postoperative visit.

VII. **Activity level**

Only sedentary activities should be performed following surgery on your shoulder. This includes use of the arm between the waist and chest level only. Avoid ANY heavy lifting, pushing, pulling, reaching overhead, climbing, and lifting over 5 to 10 pounds. Your physician will give you specific instructions on what activities to avoid at the time of your first postoperative visit. Work activities will also be addressed on the first postoperative visit.

VIII. **Signs of infection**

It is not uncommon to have a low-grade fever for a few days after shoulder surgery. However, if systemic signs of illness occur, such as fever greater than 101 degrees, chills, extreme redness, swelling, or pain that seems out of proportion to what would be expected post-operatively, your physician's office should be notified. Any drainage or foul-smelling odor from the dressing should be reported to your physician's office.

IX. **Clinic followup**

Followup in the clinic 5-7 days following the procedure. Please call the clinic to schedule this appointment.

X. **Driving**

It is recommended that you refrain from operating any machinery or vehicle while taking narcotic pain medication. As a general guide, you may drive an automatic automobile in non-congested areas approximately 2 weeks post-operatively.

XI. **Bathing**

The dressing that is applied should be left intact until your first postoperative visit. You should avoid getting in the shower and getting the dressing wet. A tub bath, keeping the shoulder dressing dry, is recommended.

XII. **Diet**

Following your surgical procedure, you should drink fluids and ice chips. Your diet can be progressed to your normal diet as tolerated.

XIII. **Call the doctor's office if:**

1. Your surgery area is swollen, red, or has pus coming from it. This may mean it is infected.
2. You have chills, a cough, or feel weak and achy.
3. You get a temperature greater than or equal to 101 degrees over 24 hours.
4. You have pain or swelling in your shoulder that is worse or does not go away and is not relieved by pain medications.
5. You have trouble having a bowel movement or have diarrhea often.
6. You start vomiting (throwing up) or cannot keep food down.
7. Your skin is itchy, swollen, or has a rash. Your medicine may be causing these symptoms. This may mean that you are allergic to your medication.
8. You have questions or concerns about your surgery or medicine.

XIV. **Seek care immediately if:**

1. You have trouble breathing all of a sudden or have chest pain.
2. Your stitches or staples come apart or you develop significant drainage from your incision area (call your physician's office first).

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