# **Riverview Health Orthopedics and Sports Medicine**

Dr. Stephen Jacobsen

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# Instructions Following Outpatient Shoulder Surgery

The instructions below are guidelines to help you during the initial postoperative period. Please do not hesitate to contact our office if you have further questions or need clarification of this information.

# <u>Activity</u>

-Minimize activity at home for the first 24-72 hours

-The sling is very important protect the work that was performed on your shoulder!

-It may not fit perfectly at first. We will adjust it in the office at your first postoperative visit.

-The sling is to remain in place FULL TIME except for exercises, bathing and dressing.

-You are encouraged take your arm out of the sling to work on wrist and elbow range of motion a few times a day to prevent these joints from getting stiff.

-Keep your elbow close to your side while performing these exercises.

-Sitting up in a chair or recliner may be more comfortable than lying down. This includes sleeping.

# Wound Care

-Leave dressing on until your first office visit.

-No baths or whirlpools until 10-14 days after the surgery.

-If the dressing becomes saturated/wet/soiled, remove it and place band-aids over the incisions or leave them open to the air.

# Cold Therapy unit (Cryo cuff)

-This device helps to reduce pain and swelling after shoulder surgery. Not all patients have this unit.

-Use the machine as much as possible for the first week.

-Change the ice every 1-2 hours to keep the temperature as cold as possible.

-It will work better once the dressings are removed

#### Nerve Block

-Your anesthesiologist will commonly perform a "pain block" prior to surgery. These typically provide excellent pain relief for 12-36 hours after surgery. This can dramatically reduce the amount of opiate pain medication you will take.

-The block may cause prolonged numbness in the arm or hand. This will usually wear off completely after 5-7 days.

#### **Prescriptions**

-Postoperative pain control is managed by a multimodal pain management strategy. By attacking pain from multiple different pathways, we can seek to limit the amount of narcotic pain pills you will take. Your postoperative pain management begins before surgery with oral and IV pain medications and the Nerve Block that is performed by an anesthesiologist. It continues with multiple different medications after surgery, some for which you will receive prescriptions to take home after your discharge.

-You will likely be given a prescription for an anti-inflammatory. In most cases this will be Meloxicam (Mobic), Naproxen(Aleve), Ketorolac (Toradol) and/or Ibuprofen (Advil/Motrin). -You will likely be given a prescription for a narcotic. In most cases this will be

Hydrocodone/Acetaminophen (Norco), Tramadol (Ultram) or Oxycodone/ Acetaminophen (Percocet).

-You will likely be given a prescription for a non-narcotic pain medication/sleep aid Gabapentin(Neurontin). Take this at night because its main side effect is drowsiness. -Please fill them at the pharmacy and take them as prescribed.

-Narcotic prescriptions will not be refilled/replaced after hours or on the weekends.

#### Follow-Up

-You will typically be seen in the office 4-5 days after surgery for your first postoperative visit. -Please call the office at 317-705-4392 if you have any questions prior to your first postoperative visit.