



Shoulder Instability Surgery: Postoperative Instructions

Diet

- Resume regular diet as soon as possible.

Medication

- Take 1-2 tablets every 4-6 hours as needed for pain.
 - Percocet Vicodin Norco Tylenol #3
- You have been given a prescription for Reglan. Fill this prescription **ONLY IF** you have severe nausea.
- Resume your daily medications

You will be given a prescription for pain medicine when you are discharged from the hospital. Take the medicine as needed according to the directions on the bottle. Possible side effects include nausea, dizziness, headache, vomiting, constipation and urinary retention. If you experience these side effects please call our office for assistance. Discontinue the medication if you develop a rash, shortness of breath, itching, or difficulty swallowing. If these symptoms become severe you should seek immediate medical attention.

Refills on pain medication are authorized during office hours only (8am-5pm; Mon-FRI.). Meds will not be refilled on weekends.

Activity

- You have been given a cooling unit to ice your shoulder. This can be used at all times for the first 1-2 weeks, and then as needed. Do not let the ice pad directly touch your skin.
- Apply ice, even though bandages are thick and you may not feel the cold. Apply the ice to the shoulder 3 times per day for 20 minutes for the first 1 week until your shoulder is feeling comfortable again.
- **DO NOT** use heat.
- **DO NOT** actively (on your own) lift your operative arm away from the side of your body unless you are with your doctor, physical therapist, or athletic trainer.
- **DO NOT** lift anything with your operative hand.
- Place a pillow behind the elbow while lying down or sleeping. Sleeping in a more upright position (recliner) maybe more comfortable initially.
- Open and close your hand, flex and extend your wrist and elbow. Do each 10 times every hour that you are awake.

Sling Use a sling at all times & while sleeping until your next office visit.

- Showering** You may shower 3 days after surgery unless told otherwise. DO NOT immerse the shoulder under water and DO NOT rub the incision. Place new band-aids over the sutures after showering.
- You may NOT shower or get the dressings wet until after your next office visit. Cover the bandages appropriately when washing to keep them from getting wet.

Dressing Care

- Keep the dressing dry.
- You can expect some light bloody wound seepage through the bandage. **DO NOT BE ALARMED.** This is normal.

Dressing removal:

- Remove all dressings 48-72 hours after the surgery and apply a band-aid over each incision to cover suture. **DO NOT** remove the sutures.
- Remove the pain pump at about 48 hours or when it is empty. You may see increased drainage with this.
- DO NOT REMOVE** the dressings until your next office visit.

Arthroscopic Findings	<input type="checkbox"/>	Rotator Cuff:	<input type="checkbox"/>	Intact	<input type="checkbox"/>	Partial tear	<input type="checkbox"/>	Full tear
	<input type="checkbox"/>	Bone spur (acromion)						
	<input type="checkbox"/>	Shoulder joint arthritis						
	<input type="checkbox"/>	Acromioclavicular joint arthritis						
	<input type="checkbox"/>	Joint lining inflammation (synovitis)						
	<input type="checkbox"/>	Labrum (cartilage) tear	<input type="checkbox"/>	Anterior	<input type="checkbox"/>	Superior	<input type="checkbox"/>	Posterior
	<input type="checkbox"/>	Biceps tendon tear/inflammation						
	<input type="checkbox"/>	Loose Body						
	<input type="checkbox"/>	Other	_____					

Procedure Performed	<input type="checkbox"/>	Arthroscopic joint evaluation						
	<input type="checkbox"/>	Rotator cuff debridement (trimming frayed edges)						
	<input type="checkbox"/>	Rotator cuff repair						
	<input type="checkbox"/>	Subacromial decompression (spur removal)						
	<input type="checkbox"/>	Labral repair	<input type="checkbox"/>	Anterior	<input type="checkbox"/>	Superior	<input type="checkbox"/>	Posterior
	<input type="checkbox"/>	Biceps tendon repair/release						
	<input type="checkbox"/>	Distal Clavicle Excision (Removal of the tip of the collar bone)						
	<input type="checkbox"/>	Joint debridement	<input type="checkbox"/>	Labrum	<input type="checkbox"/>	Biceps	<input type="checkbox"/>	Joint (cartilage) surface
	<input type="checkbox"/>	Other	_____					

Follow-Up

Please make a follow-up appointment with your physician on _____.
