



## Postoperative Instructions for Shoulder Arthroscopy with Subacromial Decompression and/or Distal Clavicle Resection (without Rotator Cuff Repair)

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### PAIN:

- You will be sent home from the surgery center with prescriptions for pain medication.
- After the first day or two, as the pain lessens, you may decrease the frequency with which you take the medication.
- Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable.
- It is also helpful to use ice to decrease pain and swelling.
- If these measures are not adequately controlling your pain, please call our office.
- If it is after hours, you will speak to the physician on call.
- Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this.

### DRESSINGS:

- You will have a soft dressing applied over your incisions.
- It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection.
- Leakage immediately after surgery is normal and actually helps to drain some of the fluid that accumulates in the joint during surgery.
- The dressings may become moist or blood-stained; this is normal and usually not a cause for alarm.

### BATHING:

- You may remove your dressing 48 hours after your surgery to take a shower.
- You may let soap and water gently wash over your incisions, but do not scrub them.
- Pat them dry with a towel, then recover each of the incisions with a band-aid.

- You may not soak in a bathtub or go swimming until your sutures have been removed and your incisions are well healed.
- You should remove your sling/immobilizer to shower, but if you had a repair, you must keep your arm at your side.

### **SLEEPING:**

- It may be helpful to sleep in a recliner initially after your surgery.
- This position is often more comfortable at first, helps to “elevate” the shoulder, and will help prevent you from moving around too much while you are sleeping.
- You may transition to a bed as soon as it is comfortable to lie in a more flat position. You may need to use pillows to prop yourself up slightly as you are making this transition.
- It may be anywhere from a few days to a week or two before you are able to sleep comfortably in a bed.

### **DRIVING:**

- You may not drive while you are taking pain medications.
- Once you have discontinued the pain medications, your doctor will let you know when it is safe to drive depending on your specific procedure.

### **WHEN TO CALL:**

- Please call if you develop a fever greater than 102°F, increasing pain that is not responding to pain medication, redness, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood.
- During normal business hours, you may call Erin, Physician Assistant, at 952-442-0136 for clinic questions or concerns, or Michelle, Care Coordinator, at 952-314-0778 for administrative or paperwork questions.
- If it is after hours, you may call 952-442-2163 and the answering service will contact the physician on call.

### **AFTER SURGERY:**

- Take the pain medication as prescribed; you may taper off as you feel comfortable after the first few days.
- Use ice or a cold therapy unit constantly for the first 48 hours, then as frequently as needed.
- Once the anesthesia block wears off, you only need to wear the sling as needed for comfort. While you are still wearing it, you should remove it a few times a day to bend and straighten your elbow and wrist.
- You will begin physical therapy after your first post-op visit.

### 10-14 DAYS POST-OP:

- You will have your first office visit.
- If you have non-absorbable sutures, they will be removed at this visit.
- You will review surgical pictures and be given the opportunity to ask questions.
- You will begin physical therapy after this visit to progress your range of motion and strength.
- You may progress activities as tolerated, but excessive overhead or repetitive activities or heavy lifting may slow down your recovery.

### 4-6 WEEKS POST-OP:

- You will have another office visit to check your range of motion and pain level.
- It is normal to still be a little sore, but with time and therapy, it will continue to improve.

### 2-3 MONTHS POST-OP:

- You will most likely have finished physical therapy by now and will likely have another office visit to assess your progress.
- You may continue to gradually increase your activities, but repetitive overhead activities may aggravate any lingering symptoms.

### 6-12 MONTHS POST-OP:

- You may continue to have an occasional ache, but it should continue to decrease in frequency and intensity. You may still be working on your home exercise program to regain your strength.