

# POST OPERATIVE INSTRUCTIONS

## Shoulder Arthroscopy Rotator Cuff Repair / Subacromial Decompression / Labral Repair

### Your Surgery Demonstrated

- Labral Tear                      Anterior / Superior / Posterior
- Rotator Cuff Tear              Small / Medium / Large / Massive
- Arthritis                         Minimal / Moderate / Severe
- Biceps Tendon Tear
- Instability
- Frozen Shoulder

### Treatment Included

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#### Diet

1. Begin with liquids and light foods (jello, soups, etc.)
2. Progress to your normal diet if you are not nauseated

#### For 24 Hours Following Surgery

1. Be in the care of a responsible adult
2. Do not drive or operate machinery
3. Do not make important personal or business decisions or sign legal documents
4. Do not drink alcoholic beverages

Peripheral nerve block instructions provided and reviewed with patient stated understanding

#### Activities

1. Wear your sling for post-operative care
  - a. You (may / may not) discontinue wearing your sling the first few days after surgery as your pain subsides
  - b. You (do / do not) have to wear your sling to sleep
2. General sling wear is 4-6 weeks. These time frames are adjusted per patient and will be discussed at your follow up appointment.

#### Exercise

1. Loosen or remove your sling to bend and straighten elbow with your arm at your side 50 times per day.
2. Get up and walk as much as possible the first post-operative day.

#### Wound Care

1. Change dressing in 48 hours and place bandages over incisions. You may use "waterproof" (Tegaderm or Nexcare) found at local drug stores so you can shower in 48 hours.
2. Keep the surgical incisions dry for a full 7 days.
3. Ice your shoulder for the first 48-72 hours at least. Continuing after this may help decrease your pain.

**Medications**

1. Strong oral pain medication has been prescribed for the first few days. Use only as directed. Do not combine with alcoholic beverages.
2. When taking pain medication, be careful as you walk, or climb stairs. Mild dizziness is not unusual.
3. ASPIRIN (enteric coated) 81 mg 325 mg Once/Day Twice/Day for weeks
4. \_\_\_\_\_ Do not take medications that have not been prescribed by one of your physicians.
5. The medications you should be taking
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

**When to Call Your Physician**

1. Increasing swelling or numbness
2. Unrelenting pain
3. Fevers or chills, increasing redness around incision
4. Color change of foot or ankle, calf pain, calf swelling
5. Chest pain, rapid heart rate, rapid respiratory rate
6. Continuous drainage or bleeding from incisions. A small amount of drainage is expected.
7. Any other worrisome condition

**Follow-Up Care**

1. Please call to schedule a follow-up appointment (if not already done) for 7-10 days postoperatively at **978-818-6350**.

**Other Instructions**

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These instructions have been explained and copies provided to Patient/Significant other.

**RN Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I have received and understand the above instructions.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_