

# SHOULDER SCOPE POST-OPERATIVE INSTRUCTIONS



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## **FINDINGS:**

- Impingement or bone spurs
- Acromioclavicular Joint Arthritis
- Rotator Cuff Tear
- Labral Tear
- Biceps Tendon Tear
- Bursitis (Inflammation of Shoulder)
- Generalized Arthritis (cartilage wear)
- Joint lining irritation (synovitis)
- Loose Body
- Frozen Shoulder
- Cartilage Defect
- Shoulder Instability
- Other : \_\_\_\_\_

## **PROCEDURES:**

- Subacromial Decompression
- Partial (Distal) Clavicle Excision
- Removal of damaged of Cartilage, Labrum, or Rotator Cuff
- Removal of loose body
- Rotator Cuff Repair
- Labral Repair
- Capsular Plication (Tightening) of loose/unstable shoulder
- Capsular Release (Loosening of Tight Shoulder Joint)
- Biceps Tenodesis
- Biceps Tenotomy
- Other: \_\_\_\_\_

## **DRESSING & INCISION CARE**

- Keep dressing on and dry for 2 days, then OK to remove.
- Apply ice for 20 minutes out of each hour while awake as needed to control pain and swelling.
- It is normal to have some bloody or clear drainage once dressing is removed. Place Band Aids over each incision if there is any drainage. Otherwise, incisions can be left open to the air. Keep all incisions clean. The incisions may look red for at least a few days.
- It is normal for some blood to soak through the dressing. Do not be alarmed. Reinforce the dressing with more gauze as needed.
- Do not remove sutures or thin white strips stuck to the skin. Your therapist or I will do this at your follow-up visit (10-14 days after surgery).

## **FOLLOW-UP VISIT**

- Make an appointment to see Dr. Shah approximately 2 weeks following surgery.
- If an appointment is not already scheduled for you, call the office the day of or the day after surgery. Tell the office that you need to be seen for a post-op check by Dr. Shah.
- Dr. Shah will show you photographs from your surgery at your first post-op office visit.

## **DIET**

- Nausea is common for 24-48 hours after surgery due to anesthesia and pain medications. Start with liquids and progress your diet as tolerated to your regular diet.

## **MEDICATIONS/PAIN CONTROL**

- Use prescribed pain meds as directed. Your prescription was likely called in to your pharmacy.
- You may take over the counter Benadryl as directed for a rash or itching due to pain medications.
- You may use over the counter stool softeners such as Colace for constipation which is a common side effect of pain medications. Use as directed.
- You may use over the counter ibuprofen (Advil, Motrin) or naproxen (Aleve) as directed to supplement pain control and to help reduce swelling. Only use these if you have not had any problems with anti-inflammatory medications in the past (gastric reflux, heartburn, stomach ulcers, GI bleeding, kidney problems).
- It is normal to have some pain after most surgical procedures. If your pain medicines, frequent icing, and the supplemental medications above are not adequately controlling your pain or your prescribed medications are not tolerated, please call the office during business hours to discuss adjusting your medications.
- If you are running low on medications, please plan ahead and call the office during business hours to authorize refills. On-call physicians can not typically refill pain medications after business hours.
- If this box is checked, I recommend you begin using an over the counter cartilage nutrient supplement containing glucosamine and chondroitin sulfate (i.e. Osteobiflex, Cosamin DS, Joint Juice). Use as directed.**

## **PHYSICAL THERAPY**

- Physical Therapy (PT) is a very important component in attaining a good outcome from your surgery. You should start PT on post-op day 1-2 or as soon as possible if it has been prescribed.
- You should see your therapist several times each week, but you **MUST** perform the prescribed exercises on your own each of the other days.
- If you are not aware of your therapy appointment or one has not been set up for you, please call the office to inquire about setting up your appointment.
- If you choose to do your therapy at another location outside of our clinic, please provide us with a location name, phone number and fax number so that we may send them a prescription and protocol for your rehabilitation.

## **ACTIVITY**

- Make sure to move the wrist, fingers, and elbow several times per day starting the day of surgery.
- Do not lift anything heavier than a glass of water with the operative extremity until cleared to do so by your physical therapist or physician.
- If this box is checked, you were treated for adhesive capsulitis or a “frozen shoulder.” Your goal is to move your shoulder as frequently and widely as possible. You have no restrictions against lifting or moving your shoulder or removing your sling. You should start formal physical therapy as soon as possible after surgery and see them as often as possible for the best result. You may be sent home with a CPM (continuous passive motion machine) chair and/or have a device that stretches your shoulder. Use both as often as you can on the day of surgery and thereafter.**

### SLING/BRACE

- You will be placed in a sling, brace, or shoulder immobilizer after surgery. Use it at all times until you return for follow-up.
- You may remove the sling or brace for hygiene (showering), for physical therapy, and for your home exercises and hand/wrist/elbow motion exercises only. While it is off, do not lift anything with the arm or move it excessively at the shoulder except as directed by your therapist's home exercise program.
- If this box is checked, your sling is there for comfort only. Feel free to remove it and use the shoulder as tolerated. (if this box is not checked, follow instructions in bullets above)**

### SHOWERING

- You may shower after 48 hours. It is safest to sit while showering (on a tub bench or non-slip plastic chair or stool) or to have someone help you as your operative arm can't be used to maintain balance.
- **DO NOT SUBMERGE YOUR INCISIONS UNDER WATER.** No hot tubs, pools or baths until you have been evaluated and cleared to do so by Dr. Shah.

### WHAT TO EXPECT/WATCH FOR

- You will have pain, swelling, and soreness around the surgical site for at least a few days.
- It is not uncommon to have soreness in your back, neck, or other extremities from lying on a small operating room table for several hours.
- Having fevers for the first few days after surgery is not uncommon. If temp is >101 degrees or accompanied by chills, sweats, increased pain, redness, or drainage at the incision site, please call us.
- Your fingers may be slightly cool and have some tingling. Any true numbness or white digits are a concern. Call the office immediately. Numbness is expected if you had a "nerve block."
- **Nerve Block-** If you had a nerve block performed by anesthesia, your pain will increase as it wears off. Take your pain medicine and stay ahead of the pain. If you have a catheter tube/pump, follow the instructions provided by the hospital and call the number they provided for nerve-block related questions.
- **Blood clots-** A DVT is a blood clot occurring in the veins of your lower leg. It is a rare complication of surgery. If you have calf pain, abnormal swelling, fevers, shortness of breath, or increased heart rate, please contact me or seek evaluation from a medical professional as soon as possible.

### CONTACTING US

- The office # is 281-344-1715
- Dr. Shah's medical assistant is Lupe Sanchez: [guadalupe.m.sanchez@uth.tmc.edu](mailto:guadalupe.m.sanchez@uth.tmc.edu)
- You can call or email her with any problems or questions that may arise
- Please feel free to also visit my website for more information and FAQs at [www.SportsDocShah.com](http://www.SportsDocShah.com).

**Vishal Michael Shah M.D.** \_\_\_\_\_