



---

## Adam J. Farber, MD

*Sports Medicine and Orthopaedic Surgery*

*Board Certified; Fellowship-trained in Sports Medicine & Arthroscopic Surgery*

*P: 480-219-3342; F: 480-219-3271*

---

### **POST-OPERATIVE INSTRUCTIONS**

#### **ARTHROSCOPIC ANTERIOR SHOULDER STABILIZATION**

#### **Wound Care**

After arthroscopy the wound is covered with dressings. These should generally be left in place for 3 days. Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood persists despite elevation and icing, please call the doctor. Bruising down into the elbow and chest wall is not uncommon.

You may remove your dressings three days after your surgery. Your incisions will be covered with steri-strips or visible sutures. Do not remove the steri-strips or cut any of the visible sutures. Cover the incisions with Band-Aids.

Be sure to watch for signs and symptoms of infection after surgery, which includes: redness, increased swelling, warmth, wound drainage, or a fever greater than 101.5 degrees. If you notice any of these signs or symptoms, or if you are experiencing discoloration of the fingers or numbness/tingling, please notify your surgeon.

#### **Showering and Dressing**

Showering is allowed with plastic covering the wounds. You may shower by placing a large garbage bag over your sling starting the day after surgery. DO NOT immerse your incisions under water. This means NO baths, swimming, or hot tubs of any kind for at least two weeks after surgery. To clothe yourself, remember to put your operative arm in your shirt first (keeping your hand at your side), pull the shirt in position and then reach through the remaining sleeve with your good arm. A helpful hint: button up shirts are the easiest and safest to wear while recovering from surgery. Once dressed, be sure to properly place your operative arm in the shoulder sling.

#### **Sleeping**

Patients are generally more comfortable sleeping in a reclining chair or with pillows propped behind the shoulder and/or under the forearm. Some difficulty with sleeping is common for 2-3 weeks after surgery.

#### **Ice**

Icing is very important for the first 5-7 days after surgery. While the post-op dressing is in place, icing should be continuous. Once the dressing is removed on the third day, ice is applied for 20-minute periods 3-6 times per day. Care must be taken with icing to avoid frostbite to the skin. To avoid frostbite, place a towel or T-shirt between the ice and your skin.

### **Sling**

Your sling should be worn at ALL times including sleeping (except for hygiene and exercises).

### **Activity**

Be sure to use and move your hand, wrist, and elbow in order to decrease swelling in your arm. Squeezing a tennis ball or squeeze ball is encouraged as it will reduce the amount of swelling in your arm and hand. While exercise is important, don't over-do it.

### **Exercises**

- **Range of Motion Exercises:** Begin elbow, wrist, and hand range of motion exercises 24 hours after surgery. Perform these exercises 4-6 times per day.
- No shoulder exercises or motion should be performed until after your first post-operative visit unless otherwise instructed.

### **Physical Therapy**

You will be prescribed Physical Therapy to start after your first follow-up visit.

### **Medications**

Take as prescribed. **Narcotic pain medications:** Percocet or Vicodin is used for severe pain. It can be taken up to every four hours as necessary. Most patients only require Vicodin or Percocet for the first week. Once pain is better controlled, you may simply take extra strength Tylenol one to two tabs every six hours. Take these medications with food. If you have any problems taking the medications please stop them immediately and notify the office.

Local anesthetics are put into the joint during surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery when the effect of these medications wears off. Using the pain medication as directed will help control pain with little risk of complication. Taking pain medication before bedtime will assist in sleeping. It is important not to drink while taking narcotic medication. You can supplement the narcotic medications with 200 mg or 400 mg of ibuprofen every 4-6 hours. You should resume your normal medications for other conditions the day after surgery. We have no specific diet restrictions after surgery but extensive use of narcotics can lead to constipation. High fiber diet, lots of fluids, and muscle activity can prevent this occurrence.

### **Eating**

The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient shows signs of dehydration (lack of urination) please call the doctor or the surgical center.

### **Driving**

NO driving is allowed until instructed by a physician. You may return to sedentary work ONLY or school 4-5 days after surgery, if pain is tolerable.

### **Follow-Up**

Your initial follow up visit will usually be 10-12 days after surgery.

If you have any questions, concerns or problems please feel free to contact the office at (480) 219-3342.