###### http://www.louisvillebones.com/images/oslogo.gif Shoulder Post Op Instructions

**Dr. Stacie Grossfeld M.D.**

**Orthopaedic Specialists**

[**www.Louisvillebones.com**](http://www.Louisvillebones.com)

**Facebook: Orthopaedic Specialists PLLC**

**4001 Kresge Way, Suite 330 10216 Taylorsville Rd, Suite 500**

**Louisville, KY 40207 Louisville, KY 40299**

**Post Op Meds already given Post op Meds Needed**

**1.Discharge to home when comfortable**

###### 

###### 2. Post- Operative Appointment: You will receive at the day of your surgery

###### 

###### Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Locations: BHE…………. 4001 Kresge Way, Suite 330

**J-TOWN…….10216 Taylorsville Rd, Suite 500**

1. **Regular diet: Start with clear liquids and gradually increase to a regular diet as tolerated. It is not uncommon to have some nausea or vomiting after general anesthesia.**
2. **How to control your pain**
   1. **When you arrive at home after surgery take 2 pain pills**
   2. **Take two more pain pills in 4 hours after your first dose, even if you are not having pain. It is important to get some pain medicine circulating in your blood stream before the numbing medicine starts to wear off.**
   3. **Take the medication *before* you are having a significant amount of pain.**
   4. **Some of the side effects of pain medication includes constipation and nausea. For constipation you may try to increase your fluids; prune juice, milk of magnesia, senekot, Colace, miralax, or even magnesium citrate.**
   5. **Swelling causes a significant amount of pain. To decrease your swelling, apply ice to the area. Continue to use the ice until most of the swelling is gone: \*3 to 7 days.\***
   6. **Keep the area that was operated on elevated. Wiggling your fingers or toes.**
   7. **If you need a refill on your pain medication you must call during the week. Call 1 to 2 days before you anticipate running out of medication. Pain medication will not be refilled over the weekend. Medication will not be filled after 3:30 pm on Monday through Thursday and on Fridays after noon. Please call during regular business hrs.**
   8. **Please report any severe calf pain, chest pain or shortness of breath. Call the office and speak with your physician. If it is after hours please call the physician on call at 502-212-2663 or go to the Emergency Room for further evaluation.**
3. **Wound Care**
   1. **Keep the dressing dry. The most important part of wound care is preventing infection. The skin has bacteria that naturally live on it. Bath or shower water can transport the bacteria to the surgical wound.**
   2. **Change the dressing in 2 to 3 days. Replace the dressing with a clean dressing. Please purchase some 4 x 4 gauze pads at the drug store to place over the wound. Change the dressing daily. Keep a clean dressing on for 5 to 7 days.**
   3. **Do not remove the little white tape that is directly over the wound(s). You may clean this area with alcohol. Do not put any ointment on the wound. If sutures are present do not cut them, trim ends or remove.**
   4. **Do not get the wound area wet until you follow up in the office for your first post-operative visit. The wound must heal before bath/shower water can touch area.**
   5. **Keep the wound covered until it is completely healed. It is important to prevent bacteria that are in the home, on clothes, bed sheets and pets from infecting the surgical wound.**
   6. **Cigarette smoke & smoking increase the risk of infection and slow the wound healing process. Cigarettes contain high doses of nicotine that cause small blood vessels to constrict and reduce blood flow to the wound, and increase the risk of infection. If you smoke or are around people that do, then you are slowing the wound healing process and increasing the risk of infection.**
   7. **If at any time during your recovery there is any wound drainage, increased redness at the wound, fever or increasing pain, contact the physician as soon as possible for further directions.**

## Shoulder Surgery Patients Only

1. **You may move your arm about to your side as comfort allows immediately after your surgery. Remove your arm from the sling several times a day to bend and straighten your elbow to prevent stiffness and decrease discomfort. DO NOT use your own muscle strength to raise your arm more than 30 degrees away from your body as this may pull on the sutures used to repair your shoulder. In order to clean under your arm or to put on a shirt, you may lean forward the affected side, allowing the arm to swing out and away from your body.**
2. **Start moving your elbow and wrist immediately. Please wiggle your fingers. By moving the elbow, wrist and fingers your swelling will diminish which in turn will decrease your pain.**
3. **You may find the best way to sleep at night is in a recliner type chair with pillows propped under your shoulder. Pillow placed on the back of the shoulder will help to decrease pain when trying to sleep. You may need to use this sleeping technique for 2 to 4 weeks.**
4. **You may shower immediately as long as the wound remains dry. Cover the wound with your favorite type of plastic wrap and you can secure this to the skin with tape. Bath or shower water is NOT to touch the wound for 2 weeks.**
5. **Clean the wound daily with peroxide or alcohol for 2 weeks.**
6. **Post Op Exercises: Please see my website-Louisvillebones.com and reference under “For My Patients”, then postoperative instructions, there is a list of shoulder exercises. Do the following exercises as tolerated based on the procedure you’ve had done.**
7. **If you are having difficulty using your sling, please see the “How to Put on your Shoulder Sling” video on our website at:** [**www.louisvillebones.com/for-our-patients.htm**](http://www.louisvillebones.com/for-our-patients.htm)**. You can find additional videos on our website demonstrating the exercises below.**

## Rotator Cuff Repair Slap/Bankart Repair

1. Sternal Lift 1. Sternal Lift
2. Lawn Mowers 2. Lawn Mowers
3. Pendulum 3. Bowling

4. Pendulum

**Shoulder Physical Therapy Orders**

1. **Physical Therapy Orders: This will be filled out if you have had a shoulder manipulation**
   1. **Your P.T. appointment: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Revised January 2013)***