

POSTOPERATIVE DISCHARGE INSTRUCTIONS

SHOULDER STABILIZATION, LABRAL REPAIR ROTATOR CUFF REPAIR

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1. DAY OF SURGERY

● **Diet** - start with clear liquids and gradually increase to a regular diet as tolerated. It is not uncommon to have some nausea or even vomiting after general anesthesia.

● **Ice** – If using the gel packs provided by the surgery center, keep them on until they thaw and then change to the alternate packs that are in the freezer for the first 2 days. After the dressing is changed, ice 20 minutes on/20 minutes off.

Do not apply the ice directly to your skin as this can cause a severe burn and wound complications. Always keep a pad between the ice pack and your skin. If you have been provided with a cold unit, keep this in place. The cold unit can be used continuously since it is temperature controlled.

● **Pain Medication** – On the day of the surgery if the local anesthetic or nerve block is working and there is no significant pain, then before going to bed take a pain pill and place another on the nightstand with some water to take during the night if you are awakened with pain.

Take the prescribed pain medication at the onset of pain as needed. Do not try to tough it out but do not take it unnecessarily. If you are not having much in the way of pain you can take Ibuprofen, Advil or Aleve instead. Please take it with food to avoid stomach upset. If the medication gives inadequate relief or if you develop a reaction to the pain medication, stop taking it and call my office preferably during office hours.

● **Bandages** – The bandage applied to your shoulder may become moist or bloodstained, however this is normal and results from fluid placed in the joint during surgery. If your bandage becomes saturated with bright red blood, please call me. Keep the bandages dry.

● **Activity** – You can take your arm out of the sling and move your elbow as much as tolerated for comfort and to prevent stiffness. Unless instructed otherwise, please do not move your shoulder until you have been seen in the office for your first postoperative visit. Do not overdo your activity as your shoulder and possibly your arm will probably be numb from the local anesthesia and from the nerve block that was done. This may last from 6 to 12 hours. There may be a sensation of splashing of fluid within your joint, however this normal and should not concern you.

If you find it uncomfortable to lie flat, it may be more comfortable to sleep in a recliner chair or to prop yourself up in bed with pillows in a “recliner chair” position.

Do not use your arm to lift, carry, pull, or push anything.

2. DAY AFTER SURGERY UNTIL FIRST POSTOPERATIVE OFFICE VISIT

● **Ice** – Continue to ice as much as possible to control the pain and swelling. If using the gel packs provided by the surgery center, keep them on until they thaw and then change to the alternate packs that are in the freezer for the first 2 days. If you have the cold unit, use it as much as possible.

● **Activity** – You may move your arm about at 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 toward the affected side, allowing the arm to swing out and away from your body.

Wear your sling when sleeping to protect your repair. When sitting up in a chair during the day, you may remove your arm from the sling and lay it in your lap or at your side.

● **Bandages** – You can remove the outer bandages and shower on the second day after surgery (48 hours). **Do not remove the tapes over your incisions.** Do not submerge your shoulder in a bath or spa. It is normal to have some swelling, drainage and minor redness at the incisions. It is common to have swelling of the arm and hand.

Pain medication – As needed. Please anticipate your needs for medication. **Prescriptions are not renewed on weekends.**

● **Side effects of pain medication** include constipation and nausea. For constipation you may try increased fluids, prune juice, milk of magnesia, Senekot, Colace, Miralax, or even magnesium citrate.

For excess nausea/vomiting we can prescribe Zofran as needed.

PRECAUTION: If you develop a fever of 101 degrees or greater, if the pain you feel is much greater than that expected, or if you develop severe redness or swelling, please call my office.

Although the incisions are small, you have nonetheless had a major operative procedure on your shoulder joint. Complete healing and recovery will take several months. A graduated rehabilitation program will be initiated after your first postoperative office visit. I will supervise and modify this program as necessary based upon your individual rate of healing and recovery.

POSTOPERATIVE EXERCISES

Please see the website www.benrubinmd.com

In the tab under “For our patients” then “Postoperative Instructions” is a list of shoulder exercises and photos of sling position. Do the following exercises as tolerated based on the procedure you had done:

Rotator Cuff Repair

1. Sternal Lift
2. Elbow extension
3. Lawnmowers
4. External rotation at your side

Shoulder Stabilization/Bankart

1. Sternal Lift
2. Elbow extension
3. Lawnmowers
4. Bowling

If you had a biceps tenodesis limit fully extending/straightening your elbow