



JAGLOWSKI
ORTHOPEDIC
INSTITUTE

Shoulder Arthroscopy Post-Operative Care

Dr. Jeffrey R. Jaglowski
jagsortho.com

**** The following instructions represent general guidelines. Your personal instructions may be slightly different and will be conveyed to you by Dr. Jaglowski if this is the case. Post-operative instructions, physical therapy protocols, and useful information regarding your post-op care may be found electronically at www.jagsortho.com.****

Wound Care

- Keep large foam tape bandage on for 3-4 days. You may reinforce the edges with tape if the dressing started to come up.
- You may shower immediately with your bandage. Please keep as dry as possible and replace if becomes soaked.
- Showering with exposed wounds is okay in 4 days; be sure to pat the incision dry afterwards and **DO NOT** scrub your incisions.
- ***DO NOT*** scrub the area; just allow water/soap to wash over you.
- ***DO NOT*** apply ointments or creams to your incision sites. They should remain clean and dry.
- ***DO NOT*** bathe or swim until approved by your surgeon. You **CANNOT** submerge your incisions (pool, hot tub, bath, beach, etc.) for approximately **4 weeks** following your surgery to help prevent infection.

Ice

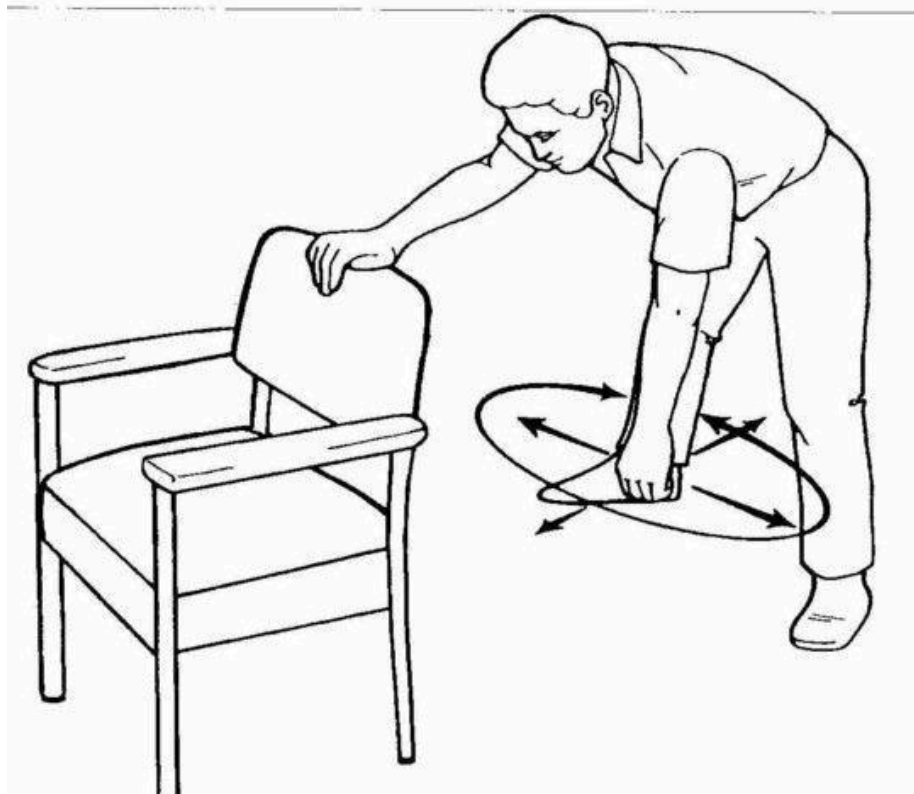
- We recommend that you use ice on a consistent basis for the first 48-72 hours. This will help reduce post-operative swelling.
- You can simply apply an ice pack to your knee 3-4 times per day until the swelling resolves.
- Use ice for 20-30 minutes at a time. You may repeat this every 2 hours if desired.
- Use a cloth between the ice and your skin. **DO NOT** place ice directly on skin as this may cause frostbite. Do not leave ice wrap or cold therapy on for more than 20-30 minutes without checking your skin.

Sling & Weight Bearing Status

- With this surgery, you will be placed in a sling. It is for your comfort, and you may begin to discontinue use of the sling per the guidance of Dr. Jaglowski. For rotator cuff repair, sling is required for usually 4-6 weeks post-op. It is required at all times (except for showering) for the first 3 weeks, including while sleeping.
- You should avoid any heavy lifting or overhead exercise until cleared by your surgeon.

Physical Therapy

- Please arrange for physical therapy **PRIOR** to your surgery. You will be asked where you plan to complete PT as part of your preoperative checklist. Dr. Jaglowski will give you a written prescription and you may choose a physical therapist that is convenient for you. Please visit www.jagsortho.com for a list of our preferred physical therapy providers.
- You will also receive a therapy protocol form or can view electronically at www.jagsortho.com.
- Following a **Shoulder Arthroscopy**, you should start formal physical therapy within **3-4 days** of your surgery. The prescription and protocol should be given to a physical therapist of your choice so you can begin your program as directed under close supervision of your surgeon.
- Until you begin working with a therapist, you can do some exercises at home starting immediately, such as pendulum exercises (see pictures below). You may begin **PASSIVE** motion of your shoulder immediately after your surgery. You may have **ACTIVE** motion of your elbow and wrist, but you may **NOT LIFT ANYTHING HEAVY** until cleared by Dr. Jaglowski.
- **Pendulum Exercises:** Perform 3 times daily for 5-10 minutes at a time. Gradually increase the size of the circle.



Pain Control

**You likely received a block in the hospital. Dr. Jaglowski also utilizes a local intra-articular block during your surgery. These modalities are very good at controlling immediate post-operative pain (24-48 hours). Once they wear off, pain medication by mouth becomes important. We recommend that you have some pain medication in your system routinely for the first 1-2 days so you can stay ahead of the pain, and it is not unmanageable once the block wears off. You will receive pain medication by mouth in the hospital to ensure you tolerate it and it is functional for you. As always, the sooner you can stop pain medication the better, however we realize it is an important part of your recovery but strive to wean you off as soon as possible. For more detailed information, see our “Pain Control After Surgery” section at www.jagsortho.com.

Narcotics

- You have been prescribed a narcotic pain medication.
- Have your family pick up your pain medication at the pharmacy before you go home so that they are available for you.
- Use the medication only as prescribed. Take it with food.
- Do not drive or use any type of heavy machinery, drink alcohol, make any life-changing or legal decisions, or participate in activities that require a lot of physical skill while on pain medication.
- Take an over-the-counter stool softener (Colace or Senna) while taking the narcotic medication, because narcotics may cause constipation.
- There is Tylenol (acetaminophen) in your pain medication. The usual dose per pill is 325mg but this may vary.
- You **SHOULD NOT** exceed 4000mg of Tylenol in a 24-hour period. Therefore, you **SHOULD NOT exceed 12 tablets in a 24-hour period and should NEVER take Tylenol in addition to your pain medication.**
- If your pain medication causes you to itch, you may try Benadryl to help with the symptoms. This may cause additional drowsiness so please exercise caution.
- ***Pain medication WILL NOT be refilled on the weekend. If you are approaching the end of your prescription or anticipate running out of pills over the weekend, please call the office during normal business hours during the week for consideration of refill.***

Non- Steroidal Anti-Inflammatory Medications (NSAIDs)

- Your doctor will advise when it is appropriate to re-start anti-inflammatory medication such as Motrin, Advil, Ibuprofen or Aleve.
- NSAIDs are typically held as they can lead to prolonged bleeding time and/or impaired bone healing.
- The timing of resuming NSAIDs will be determined by Dr. Jaglowski

Blood Clot Prevention

- No medication is typically needed for blood clot prevention after shoulder surgery.
- Calf pumps as described above will also reduce the risk of blood clots.
- You may choose to wear a compression stocking to manage swelling and reduce risk as well.
- Walking and active circulation is the best preventative measure so please be as mobile as possible.

Driving

- Identify a Caregiver/family member to assist in driving you to and from appointments.
- ABSOLUTELY NO DRIVING while taking narcotic pain medication- it is against the law to operate a motor vehicle under the influence of any controlled substances (even when legally prescribed). Narcotics impair both motor ability and judgment.
- As a result of your surgery, your reaction time will be greatly slowed. Thus, in the case an emergency arises – i.e. you need to slam on brakes, depress the clutch, or turn the wheel, you may not be able to do so quickly and risk harm to yourself or others.
- You should be cleared by your physician prior to returning to work.

Return to Work

- In general, you may return to work as soon as you are comfortable and able to safely weight bear without crutches or a walker. This typically will occur 1-4 weeks post-op, depending on your job type. Return to work notes can be obtained from Dr. Jaglowski at your first post-op appointment. ***You should be cleared by your physician prior to returning to work.***

Follow-up Appointments

- Your first post-operative appointment will be scheduled approximately 10-14 days following your surgical procedure. At this appointment your sutures will be removed, if any. If you do not have a post-operative appointment scheduled when you leave following surgery, please call (281) 316-0121 to make the appointment. You may also book at www.jagsortho.com.
- The timing of your second post-operative visit will be determined after your first 2-week post-operative visit. Please make subsequent appointment when checking out of your first post-op appointment.

Signs & Symptoms to Immediately Report

- Call 911 or go to the nearest hospital if you are having chest pain or trouble breathing.

Call the office at: (281) 316-0121 to report any of the following:

- Excessive bleeding from the incision site
- Excessive non-bloody wound drainage beyond the first 5 days from surgery
- Poor pain control with your medications
- Numbness or tingling of the leg not related to bruising (If you had a nerve block, then numbness and tingling is expected for the first 48 hours. Please contact the anesthesiologist if you have persistent numbness after the first 48 hours)
- Fever > 101.5° after postoperative day #3
- Increased redness along incision
- Calf pain or leg swelling
- Any other concerns or questions