

Shoulder Surgery Post-Operative Instructions

Medications

- Numbing medicine is often used during the surgery or provided by the anesthesia team in the form of a block. When this medication wears off, it is not uncommon for pain to increase. To avoid “getting behind” we advise patients to take pain medications before numbing wears off.
- Take Tylenol (acetaminophen) 500-650 mg 1 tablet every 4 hours (maximum of 3 grams per day) **as needed** for pain. The oxycodone prescribed does not contain Tylenol. Initially after surgery, stagger Tylenol and Oxycodone to receive one medication every 2 hours.
- Take Aleve (naproxen) 250 mg 1 tablet every 12 hours **as needed** for pain.
- With the combination of Tylenol, Aleve, and ice, many patients **do not require** oxycodone.
- Take Oxycodone 5 mg 1-2 tablets every 4-6 hours **as needed** for pain.
 - o The most frequent side effects of oxycodone include drowsiness, constipation, nausea, and itching. Do not drive or operate machinery while taking Oxycodone. Oxycodone can be habit forming and should be avoided if possible. While some patients need Oxycodone after shoulder surgery, many are able to avoid it. The minimum dose should be taken as infrequently as possible. Please keep all medications in a secured location. Dispose of Oxycodone when it is no longer needed. Oral Benadryl (Diphenhydramine) can be helpful for itching, but can compound drowsiness.
 - o Please note that refills for this medication will **not** be dispensed after 3 PM on Fridays.
- Take Aspirin 81 mg 1 tablet twice a day **scheduled** for two weeks to prevent blood clots.
- Take Colace (Docusate) 100 mg 1 tablet twice a day **as needed** for constipation. If you experience loose stools or diarrhea, stop taking colace. If constipation persists, over-the-counter Milk of Magnesia, Dulcolax, and Miralax can all be helpful.
- Take Zofran (Ondansetron) 4 mg 1 tablet every six hours **as needed** for nausea.

Diet

- Resume a regular diet as soon as possible. Start with clear liquids and light foods (jello, soup, etc.). Once nausea has resolved, Dr. Chalmers recommends a diet rich in fruits, vegetables, and fiber to provide your body with the nutrients it needs to heal.

Sling

- Use the sling as needed, for 2 weeks, for 6 weeks. Once you are beyond this period, you may discontinue the sling, but you may prefer to continue to use the sling in unpredictable situations and in crowds, to alert others that you recently had shoulder surgery.
- Remove the sling while keeping the shoulder still for: dressing, bathing, and exercises.
- To remove the sling: unfasten the neck strap, unfasten the waist strap, and slide the arm out while allowing the elbow to straighten. Reverse the process to replace. Keep the arm by the side during this process. If the sling is correctly positioned, the arm is parallel to the floor and the hand is at the belly button.
- Sleep in your sling. You cannot remove the sling to drive. We cannot recommend driving while wearing a sling. Insurance companies will NOT cover accidents while wearing a sling.
- Remove the sling 3 times a day for 15-20 minutes at a time. During this time, maximally straighten and bend your elbow. Maximally straighten and bend your wrist. Make a tight fist and then maximally straighten your fingers. Repeat each of these exercises for 10 repetitions. These exercises are very important to retain mobility in your elbow, wrist, and hand.

Activity

- Increase your activity levels as anesthetic medication wears off.
- Place a pillow behind the elbow when sitting or lying down to decrease pain.
- Most patients finding sleeping in a “recliner” position, either in a chair or with pillows in bed, to be the most comfortable after surgery. Return to normal sleeping when you are comfortable.
- Long periods of sitting and long-distance travel within the first two weeks after surgery may increase discomfort but is not dangerous. If this is necessary, take frequent breaks.
- Most patients return to desk work or school 3-4 days after surgery, if pain is tolerable.
- For the first 6 weeks after surgery, do **not** lift anything heavier than 2-3 pounds, do not use the arm or elbow to “push off” when rising from a chair or bed, and do not reach behind your back.

Dressing care

- Do not remove clear dressing over incision.
- You may shower immediately. Let water run over clear dressing, do not scrub dressing. Pat the dressing dry. Do not place any alcohol, lotion, or ointment on dressing.
- Do not immerse the shoulder in a bath, pool, pond, or ocean until four weeks post-operatively.
- A small amount of wound drainage is common. If noted, please cover the area with small band-aids or gauze until it clears.
- It is normal for the shoulder to bleed and swell following surgery. Bruising of the shoulder, arm, chest, and flank are common and normal even with arthroscopic surgery.
- Ice is very important after shoulder surgery and should be used continuously over the dressing for the first three days. Following dressing removal, use the ice three to five times per day for 20-40 minutes, especially before sleep. You may use ice within a plastic bag, gel ice packs, or an ice machine. Always place a towel or cloth between ice and skin to avoid frostbite.

Follow-up

- A follow-up appointment has already been made for you:
Time: _____ Date: _____ Location: _____
- Please return to the ER if you experience: excessive wound drainage or drainage for longer than five days after surgery, redness surrounding the incisions, difficulty breathing, calf pain, or numbness or tingling in the arm or hand that was not present before surgery and has lasted more than 24 hours.
- Fevers are not uncommon after surgery and usually are not a sign of an infection. If you experience a fever in the first five days, take Tylenol and continue to monitor your temperature. Please contact the office with any fever that occurs beyond five days post-operatively or continues despite Tylenol and other adjuvants.

Contact Info

- Medical Assistant Jessica Robinson: (801) 587-0064
- Surgery Scheduler Adriana Martinez: (801) 587-2177
- After Hours Emergency Contact: (801) 581-2121 (Ask for the orthopaedic resident on call)
- Practice e-mail: chalmerspractice@hsc.utah.edu