ZAHAB S. AHSAN MD
ORTHOPAEDIC SURGERY & SPORTS MEDICINE

Healthy Driven
Edward-Elmhurst HEALTH

Shoulder Arthroscopy and Biceps Tenodesis / Transfer

Post-Operative Guidelines

This document will help you plan for your post-operative recovery course following surgery. **Please read and retain this information for future reference.** Many of the questions you may have later can be answered by referring to this information.

DIET

- Begin with clear liquids and light foods (jellos, soups, etc.).
- Progress to your normal diet if you are not nauseated.

SHOULDER SLING

- **Your shoulder sling is to be worn for the first 1-2 weeks after surgery.**
- **Do not lift more than 5 lbs for the first 2 weeks after surgery.**
- We recommend you wear the shoulder sling for sleeping. It is okay to remove it from time to time in a protected (indoor) environment.
- It is okay to adjust the sling to your comfort.
- A pillow behind the elbow may help when lying down to prevent the elbow from sliding backwards.

WOUND CARE

- **Keep the surgery site clean and dry** as it heals.
- Waterproof bandages will be covering the incisions. You can keep these bandages on until your first post-op appointment, but they do need to stay clean. If they become wet, dirty, or start to peel off, then replace with Nexcare waterproof band-aids.
- Under the bandages is Dermabond, this is a surgical glue and tape that is used in conjunction with absorbable sutures to close the incision. Do not touch the Dermabond/steri strips, they will fall off on their own.
- To shower, remove the shoulder immobilizer and place the arm in a simple arm sling or let the arm relax at your side.
- Helpful Hints for comfort:
    - Apply ice to your shoulder but keep the bandages dry (additionally can use the Game Ready Machine if available)
    - Typically, patients find it most difficult to sleep lying in their bed immediately after shoulder surgery, and commonly choose to sleep in a recliner for a time or get a wedge for their bed to prop them up.
    - Use pillows to stay comfortable.

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NORMAL SENSATIONS AND FINDINGS AFTER SURGERY

- Pain
- Swelling and warmth up to 2 weeks
- Small amounts of bloody drainage for first few days
- Numbness around the incision area
- Bruising
- Low grade temperature less than 101.0 for up to a week after surgery
- Small amount of redness to the area where the sutures insert in the skin

PAIN MANAGEMENT

- A nerve block is used at the time of surgery. This will wear off within 12-24 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- **Do not drive a car or operate machinery while taking the narcotic medication.**
- Please avoid alcohol use while taking narcotic pain medication.

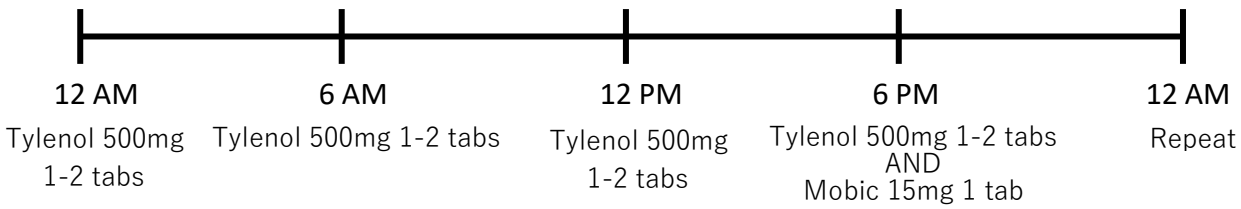
NON-NARCOTIC PAIN MEDICATIONS

Extra-Strength Tylenol (Acetaminophen) 500mg Tablets *(available over the counter)*

- Indication: pain, non-narcotic pain reliever
- Use: Take 1-2 tablets every 6 hours. Do not exceed 8 tablets in a 24-hour period.

Mobic (Meloxicam) 15mg Tablets *(Prescription sent to pharmacy)*

- Indication: pain and anti-inflammatory, non-narcotic pain reliever
- Use: Take 1 tablets daily with meals for the first 14 days after surgery.
- Side Effects: upset stomach, acid reflux. If this occurs, stop the medication.



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NARCOTIC PAIN MEDICATIONS

OPIOIDS/NARCOTICS are prescription pain medications. One of the following medications will be prescribed and should only be used if adequate pain control is not achieved with combination of ice, Aleve, and extra-strength Tylenol outlined above. Side effects include constipation, nausea, drowsiness, dry mouth, itchiness. Use a 0-10 pain scale to decide how much medication to take:

Pain 0-4/10: No narcotics necessary
Pain 5-7/10: Take one tablet
Pain 8-10/10: Take two tablets

Oxycodone (Roxicodone) 5mg tablet

- Indication: pain 5/10 or greater. Narcotic pain medication.
- Use: 1-2 tabs every 4-6 hours as needed for pain. Do not exceed more than 10 tabs in any 24-hour time period unless otherwise directed.

Tramadol (Ultram) 50mg tablet

- Indication: pain 5/10 or greater. Non-opioid *narcotic like* medication
- Use: 1-2 tabs every 6 hours as needed for pain. Do not take more than 8 tablets in any 24-hour time period.

MEDICATIONS TO MANAGE SIDE EFFECTS

Narcotics may cause nausea and constipation. Bowel regimen is recommended.

Colace (Docusate) 100 mg - *available OTC*

- Indication: constipation, stool softener. Take consistently while on narcotics.
- Use: Take 1 pill three times per day while you are taking narcotics.

Senokot (Senna) 8.6 mg - *available OTC*

- Indication: constipation, stool laxative. Take consistently while on narcotics.
- Use: Take 2 pills at bedtime. Increase to 2 pills twice daily if no bowel movement by post-surgery day 2.

Miralax (Polyethylene Glycol) 17.6 g – *available OTC*

- Indication: constipation, stool laxative. Take if above medications are not working.
- Use: Take one dose at bedtime. In addition to above with no bowel movement by post-surgery day 2.

Zofran (Ondansetron ODT) 4 mg - *Prescription sent to pharmacy*

- Indication: nausea. Take as needed.
- Use: Take 1 pill AS NEEDED every 8 hours, do not exceed 3 pills in 24 hours

ACTIVITY

- You are allowed to move your arm as tolerated. No lifting more than 5 pounds.
- NO driving until instructed otherwise by physician.
- May return to sedentary work or school 2-3 days after surgery, if pain is tolerable.

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ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not obtained) for 30-45 minutes every 2 hours daily until your first post-operative visit. Care should be taken with icing to avoid frostbite to the skin.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.

EXERCISES

- Begin exercises 24 hours after surgery (hand, wrist, and elbow movement) – images included in handout) unless otherwise instructed.
- Formal physical therapy (PT) typically begins 2-3 weeks after surgery.

EMERGENCIES**

Contact Dr. Ahsan's Team via **MyChart** or **630-646-7000** if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal).
- Unrelenting pain.
- Fever (over 101° – it is normal to have a low-grade fever for the first day or two following surgery)
- Redness around incisions.
- Color change in foot or ankle.
- Continuous drainage or bleeding from incision (a small amount of drainage is expected).
- Difficulty breathing.
- Excessive nausea/vomiting
- Calf pain.
- If you have an emergency after office hours or on the weekend, contact the office at 630-646-7000 and you will be connected to our pager service. This will connect you with the Physician on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- Your first post-operative appointment will be 7-14 days following surgery for wound evaluation and to answer any questions you have regarding the procedure.
- Typically, the first physical therapy appointment is to begin 2-3 weeks after surgery.
- If you have any further questions please contact Dr. Ahsan's team directly.