

POST-OPERATIVE INSTRUCTIONS

Arthroscopic Shoulder Labral Repair

Dr. Petsche

please visit www.healthy-txt.com/drpetsche
for more detailed instructions

PAIN: Your prescription for pain medication will be given to you before you leave the surgery center. After the first day or two, as the pain lessens, you may decrease the frequency with which you take the medication. Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable.

Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this.

MILD PAIN: If you are having minimal pain and would like to switch to a milder medication, please take Tylenol/acetaminophen (extra strength or regular). Do not take Tylenol and norco together (this would be too much acetaminophen). Do not exceed more than 4000mg of Tylenol/acetaminophen in a 24 hour period.

Try to avoid all anti-inflammatory medications such as Advil, Aleve, Motrin, or Ibuprofen for about 3 months after surgery- some studies show that these medications could slow healing.

ICE: It is helpful to use ice or a cold therapy unit to decrease pain and swelling. For the first few days after surgery, please try to ice at least 5 times daily, for 20 min each time. If you have an ice therapy unit, you are encouraged to keep the ice unit on as much as possible for the first 48 hours.

DRESSINGS: You will have a soft dressing applied over your incisions. It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection. Leakage immediately after surgery is normal and actually helps to drain some of the fluid that accumulates in the joint during surgery. The dressings may become moist or blood-stained; this is normal and usually not a cause for alarm.

STIM MACHINE: A stim machine may be ordered for you to be used post-operatively. If so the stim pads will be placed under your dressing. The purpose of the machine is to help gently stimulate the muscles to bring blood flow to the shoulder to help with healing and help relieve post-operative pain. You will be instructed on proper use and operation of the machine.

BATHING: You may remove your dressing 48 hours after your surgery to take a shower. For showering, you may remove your entire sling and let your arm rest at your side. Under the surgical dressing, you will have steri-strips over your incisions (small white strips of tape). Please leave them in place until they fall off on their own or until they are removed at your first post-op appointment. You may let soap and water gently wash over your incisions, but do not scrub them. The sutures are absorbable—nothing to be removed. Pat the incisions dry with a towel, then re-cover each of the incisions with a band-aid if desired. You may not soak your shoulder in a bathtub or go into a pool or hot tub until incisions are well healed (usually takes a few weeks).

PHYSICAL THERAPY: Therapy typically starts 3 weeks after surgery. The timing for when you begin physical therapy will be individualized based on your surgery.

WHEN TO CALL: Please call our office at (630) 584-1400 if you develop a fever greater than 101°F, increasing pain that is not responding to pain medication, redness around incisions or shoulder, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood. If it is after hours, the answering service will contact the physician assistant on call.

It is normal to develop bruising to the operative arm. Some people have bruising across the chest all the way down to the hand. It can also be

normal to develop swelling to the arm and hand. Gravity tends to pull fluid down the arm- your body will be able to reabsorb this fluid but it may take a few weeks. If the swelling becomes increasingly painful and more tender to the touch, please let our office know.

AFTER SURGERY: You will be receiving a post-operative phone call from the surgical staff within a few days after surgery to check on you and assist you with any concerns.

OFFICE VISIT: Your first post-op visit will be scheduled 7-10 days after surgery. At this visit, we'll check your incisions and answer any questions you may have.

DRIVING: Please do not attempt driving for about 4-5 weeks after surgery. This is for your safety, as well as other drivers- please do not attempt to drive with only one hand. Reasons for no driving post operatively: A quick, reactive motion of the shoulder while driving could damage your surgical repair. Secondly, you should not drive while taking any narcotic pain medications.

SLING: The "arc" sling has 2 components: Hinged waist strap and sling. The 2 components should be worn at all times when you are up and walking around. While you are sitting/resting, you may remove the sling occasionally as long as your shoulder stays near your body.

Wearing the hinged waist strap to sleep is optional based on your comfort. If you go without waist strap, you should try to wear the sling portion at night.

The purpose of the waist strap (with the small bar that extends) is to hold the shoulder in a "neutral rotation" position, which allows for less tension on your repair during the healing process.

A few times daily you may remove the sling and gently bend and straighten your elbow, keeping your shoulder near the body. Typically the sling will be worn for 5-6 weeks. However, the use of the sling may be individualized based on your surgery. Some patients will wear the sling for 6 weeks to protect their surgical repair.

MOTIONS TO AVOID: Do not lift shoulder out in front of body, out to your side, or reach behind your back until your physical therapist has progressed you to that point in therapy. Usually, it is 4-6 weeks before you'll be moving the shoulder on your own. It is ok to bend/straighten your elbow and use your hand to do things like typing (as long as your shoulder stays near your body). For example, you should put a computer keyboard in your lap instead of reaching out on a table for your keyboard). Initially in therapy, your therapist will do "passive motions," which means your muscles won't be doing the work. This protects your surgical repair and allows your body to heal.

SLEEPING: Please try to wear the sling while you are sleeping for about 1 month after surgery- this provides good support to the shoulder. Some people find it more comfortable to sleep upright (in a recliner chair) for a few days to weeks after surgery- this is optional.

RETURN TO WORK: This depends on the nature of your job. If you have a desk job or can work from home, you may be able to do computer/phone work within 1 week of surgery. However, you may not drive yourself to work for 4-5 weeks.

If you have a labor job, or job that requires heavy lifting/repetitive use of your shoulder, you may need to be off work for months. You will have restrictions for up to 6 months after your repair. Some employers allow light-duty, and we can give you work restriction notes at each post-operative visit if necessary.

RETURN TO SCHOOL: You may return to school once pain is tolerable and can be managed during school hours without narcotic pain medications. Most patients return to return to school within 3-7 days after surgery. If you need any notes for missing class or "no gym," we can give you these at your first post op visit.

MOST COMMON QUESTIONS

SHOULDER LABRAL REPAIR (SLAP and BANKART)

How should I be using my sling? The sling should be worn at all times when you are up and walking around. While you are sitting/resting, you may remove the sling occasionally as long as your upper arm/shoulder stays near your body. You may gently bend and straighten your elbow, keeping your upper arm near the body. Typically the sling will be worn for 5-6 weeks total. However, the use of the sling may be individualized based on your surgery. Some patients will wear the sling for 6 weeks to protect their surgical repair.

If you have an “arc” sling (with waist portion): The waist strap should be on when you are up walking. The purpose of the waist strap with the small bar that extends is to hold the shoulder in a “neutral rotation” position, which allows for less tension on the labrum repair during the healing process.

What motions should I avoid? Do not lift shoulder out in front of body, out to your side, or reach behind your back until your physical therapist has progressed you to that point in therapy. Usually, it is 1 month to 6 weeks before you’ll be moving the shoulder on your own. It is ok to bend/straighten your elbow and use your hand to do things like typing (as long as your shoulder stays near your body). For example, you should put a computer keyboard in your lap instead of reaching out on a table for your keyboard).

Initially in therapy, your therapist will do “passive motions,” which means your muscles won’t be doing the work. This protects your rotator cuff/labrum repair and allows your body to heal.

When can I drive? Please do not attempt driving for about 4-5 weeks after surgery. This is for your safety, as well as other drivers- please do not attempt to drive with only one hand. Reasons for no driving post operatively: A quick, reactive motion of the shoulder while driving could damage your surgical repair. Secondly, you should not drive while taking any narcotic pain medications.

How should I be sleeping? Please try to wear the sling while you are sleeping for 4 weeks after surgery- this provides good support to the

shoulder. Some people find it more comfortable to sleep upright (in a recliner chair) for a few days to weeks after surgery- this is optional.

What about pain medications? Take the narcotic medication regularly for at least the first few days after surgery. If you have having minimal pain and would like to switch to a milder medication, please take Tylenol/acetaminophen (extra strength or regular). Do not take Tylenol and norco together (this would be too much acetaminophen). Do not exceed more than 4000mg of Tylenol/acetaminophen in a 24 hour period. After your labral repair, try to avoid taking NSAID anti-inflammatories such as Advil (Ibuprofen), Motrin, and Aleve (Naproxen)- there are studies that show these anti-inflammatories may slow healing of your repair. If, for example, you get a headache and would like to take an occasional anti-inflammatory that is fine._

HOW CAN I LEARN MORE ABOUT SHOULDER LABRAL TEARS

Please visit AAOS site: <http://orthoinfo.aaos.org/topic.cfm?topic=a00426>

SPORTS SPECIFICS

LABRAL REPAIR (SLAP REPAIR, BANKART REPAIR)

We know you are eager to return to your sports and hobbies. We want to guide you safely through that process. Please use the following as a guide

GOLF

6 weeks post-op: Putting

3 months post-op: Chipping, pitching, and half-swings with your short irons

4-5 months post-op: Full but gentle swings with irons

6 months post-op: Full play with no restrictions

BASKETBALL

3 months post-op: jogging, light dribbling drills

4-5 months post-op: Free-throws, passing drills, “shooting around,” but no contact

6 months post-op: No restrictions

FOOTBALL

3 months post-op: Jogging

4-5 months post-op: Agility/plyometric training with the guidance of a professional

6 months post-op: No restrictions

WRESTLING

3 months post-op: Jogging

4-5 months post-op: Agility/plyometric training with the guidance of a professional

6 months post-op: No restrictions

BASEBALL/SOFTBALL

3 months post-op: Jogging

4-5 months post-op: Throwing/batting drills (with guidance of physical therapist or trainer)

6 months post-op: No restrictions

WEIGHT LIFTING

Please follow the instructions of your physical therapist. Once you are nearing the end of physical therapy (typically 3 months post-op), your therapist can create a safe “return-to-lifting” program. Physical Therapists and Athletic Trainers can outline a specific plan for you.