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SHOULDER ARTHROSCOPY INSTRUCTIONS

- 1) Description of what we found and did _____

- 2) You may shower in 72 hours. On day 3 remove all of your bandages and after you shower dry off the sutures and apply one band-aid over each suture site.
- 3) Expect some swelling, discomfort, and ecchymosis (bruising). This is normal. The swelling can last from several days to several weeks depending on the type of surgery you had. Ways to lessen the amount of pain and swelling:
 - a. **Rest** in the **upright sitting position** (usually this is more comfortable)
 - b. Use **ice** continuously on and off for 20-30 minutes at a time every couple of hours for the first 24-48 hours. Then, 20-30 minutes, four times a day.
- 4) Medications prescribed:
 - ☐ Percocet (oxycodone) for pain: one to two pills every 4 hours as needed for pain
 - ☐ Toradol (ketorolac) anti-inflammatory: take as directed
 - ☐ Zofran 4mg one pill every 8 hours as needed for nausea
- 5) Other medications you may take for breakthrough pain after you have completed the medications above:
 - ☐ Tylenol 500mg (extra strength) two tablets every 6 hours as needed
 - ☐ Advil (Ibuprofen) 200mg two tablets every 8 hours with food – **do not take within 2 weeks of rotator cuff repair**
- 6) The pain medication may cause constipation. You were prescribed **Colace**, which should help with this. Drink plenty of fluids. If you do not have a bowel movement within 5 days then drink ½ a bottle of magnesium citrate, which is sold over-the-counter at your local pharmacy.
- 7) You are to use the sling/swathe for _____ days / weeks. The **Sling** is to be worn at all time. Even when you sleep. Sleeping is difficult for the first week; you may sleep in a reclining chair or propped up on pillows. Pain tends to increase at night, this is normal.
- 8) Start scheduling appointments with your physical therapist. We may have sent you home with a prescription for physical therapy. You will need to start in _____ days/weeks. This is **very important**.
- 9) **Your follow up appointment date and time are: Date: _____ @ _____ am / pm**

If you cannot make this, please call 617-643-0907 to reschedule your post op office visit for 10 – 14 days from the date of surgery.
- 10) Although there is a very low risk of infection, notify my office if you develop fever > 101° F, with increase pain, redness, and warmth. Report any pus or unusual drainage immediately.
- 11) Exercises:
 - ☐ Rotator cuff protocol
 - ☐ Biceps Tenodesis protocol-no active elbow flexion or supination x 6 wks
 - ☐ Labral repair protocol
 - ☐ Subacromial decompression protocol
- 12) Other: ☐ Pendulum exercises