CRYSTAL CLINIC ORTHOPAEDIC CENTER

SHOULDER ARTHROSCOPY OR OPEN PROCEDURE WITHOUT REPAIR POST-OP INSTRUCTIONS

DR. SALVATORE FRANGIAMORE

Your weightbearing status is: gradual weight bearing as tolerated

- **You will wear a sling until the nerve block wears off (within 48 hours). Can be used for comfort only after this point.**
- It is important to begin passive range of motion as soon as tolerable post-operative to avoid stiffness.

Please follow these instructions carefully. If you have any questions, please contact us:

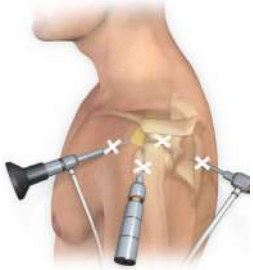
*If it is after hours, call our answering service **(440-349-7137 ext. 52015)** and you will be directed to the appropriate physician on call with Dr. Frangiamore.

*Please direct any postop medical or clinical questions, physical therapy issues, or questions related to paperwork to our team at **440-349-7137 ext. 52015**

FOLLOW-UP APPOINTMENT

We would like to see you for a post-operative visit at: 2 weeks, 6 weeks, and 16 weeks (4 months) after your procedure. If you have not made your post-operative appointments with Dr. Frangiamore, please call Dr. Frangiamore at 440-349-7137 ext. 52015 to schedule your appointment. If you live outside the Cleveland area and will be returning back to your hometown, please schedule an appointment prior to your departure. The 6 week follow up can typically be done virtually, so ask about this option if interested.

INCISION DRESSINGS:



- Your shoulder was dressed in the sterile environment in the operating room. The incisions were closed with absorbable sutures that do NOT need removed.
- These were then covered with steri-strips (thin white strips of bandage - see picture below), gauze, a large pad, and tape.
- **You may remove the gauze, large pad and tape within 3 days of surgery - leave the steri-strips in place. These will fall off on their own in about 10-14 days.**
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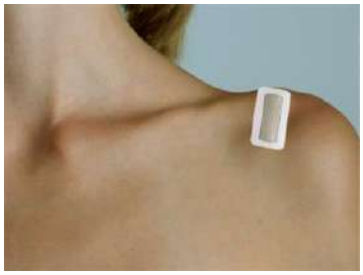
    - On a daily basis, evaluate the incision for drainage, redness surrounding the incision or red streaks. These combined with increasing pain and fever (Temp greater than 101 degrees) can be signs of infection – please notify our office right away

- **If you have a dressing around your armpit in the area below**: (if you had open biceps surgery armpit incision in addition to your shoulder scope/debridement)

Your armpit area was closed with dissolvable sutures and skin glue (dermabond) and dressed with gauze and a clear film. You will remove this on post operative day 3 and do NOT need to replace it with anything else. You may shower after post operative day 3 as the incision is covered with skin glue

- **OPEN DISTAL CLAVICLE INCISIONAL DRESSINGS** (if you had open distal clavicle excision in addition to your shoulder scope/debridement)



  - Your AC joint area (top of shoulder) was closed with dissolvable sutures and skin glue (dermabond) and dressed with a waterproof dressing .
  - **You can shower with this on on post-operative day 3 as this is waterproof.**
  - Please remove this bandage on post-operative day #7.

General Showering/Bathing:

- You may take a shower 72 hours after surgery, after removing the dressings as above, leaving the steri-strips in place.
- Clean, soapy water may run over the area, but do not attempt to scrub or wash the area vigorously. Pat the area dry after the shower and apply a new bandaid if desired.
- Soaking the incisions in a tub, pool or hot tub is NOT permitted until instructed by your physician, generally 3 weeks post-operatively.
- Avoid creams, salves or ointments unless instructed to do so by your physician.

Sutures:

- The sutures used during your surgery are typically dissolvable and will dissolve under your skin over time.
- Please keep your wounds clean and dry for the first 2 weeks by following the instructions above regarding dressing changes.
- Some incisions may have blue non-absorbable sutures which will be removed at your first post-operative visit.
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POST OPERATIVE MEDICATIONS

- You may resume your regular medicines after surgery.
- **Please take a baby aspirin (81 mg) daily for 28 days post op to prevent blood clots**
- We often prescribe narcotic pain medications to aid in controlling post-operative pain – such as Percocet (oxycodone/acetaminophen) or Norco (hydrocodone/acetaminophen). These medications may not alleviate ALL of your discomfort, but should help manage your pain along with elevation of your extremity and icing.
- You MAY take over the counter (OTC) Medications**)** in addition to your narcotic mediation and this is encouraged! Occasionally we may provide you with a prescription for an anti-inflammatory **called ketorolac (Toradol) which you can take with your pain medication** (recommend staggering timewise for maximum benefit**). If we do not prescribe this, you can use ibuprofen or naproxen (Aleve).**
- Please take medications as instructed. Do not mix with alcohol or drive while you are taking narcotics. While the prescription is written for one tablet every 6 hours, you may increase the dose if needed to 1-2 tablets every 4-6 hours.
- We CAN refill your pain medications if you require more than the typical 5-7 days of medications. To request a refill, you can: 1. Call the office 2. Send a message through the electronic medical record

Pain medications will only be refilled in the post-operative period. The State of Ohio does not allow us to manage chronic pain, so no prescriptions will be filled past your 6 week post operative visit. It is crucial to keep this in mind as you wean off these medications. Unfortunately, some of these medications may not be covered by your insurance. If this is the case, we will not be able to obtain authorization for coverage.

****It is the strict policy of this office that narcotics and other pain medications will NOT be refilled on weekends or after hours.**

- Please note: narcotics are highly addictive pain medications that can create side effects such as constipation and lethargy. Many narcotics, such as Percocet, Norco and Vicodin, also contain acetaminophen (Tylenol), which if taken in increasing doses can cause liver failure and even death. All narcotic pain medications are highly addictive and must be used with caution because they cause tolerance whereby the body adapts to them and, in order to achieve pain relief, the body requires increasing doses.

- **Constipation:** May occur when taking oral pain medications. Please increase your water intake while taking these medications. If you are experiencing discomfort due to constipation, you may take an over the counter stool softener (Colace, Miralax, Milk of Magnesia, etc).

Reducing blood clot risk after surgery:

You may be prescribed a blood thinner after surgery, such as Aspirin. This is to be taken daily for 28 days following surgery to prevent blood clots. Alternatives to Aspirin will be utilized if you have an allergy to Aspirin. If you were on a blood thinner prior to surgery, you likely will resume that medication as instructed by your physician and may not be required to take Aspirin. If you have a history of blood clots, a different blood thinner might be required.

What can you eat?

You may eat a regular diet following your surgery. Please drink plenty of non-alcoholic, non-caffeinated beverages. Please do not consume alcohol with your pain medications.

Ice Management to reduce swelling and inflammation:

Ice your operative site 5-6 times a day 20 minutes at a time. An ice machine will be provided to you post operatively. This will help decrease swelling and pain after your surgery. Use the ice machine as much as possible when you get home at intervals of 20 minutes. You should perform this consistently for a minimum of two weeks after surgery

PHYSICAL THERAPY OVERVIEW

You are weight bearing as tolerated post operatively but limit activity for the first few weeks to allow proper healing. **(Avoid anything that you THINK you should avoid)** we can decide on a progressive plan based on your progress at the two week visit.

- You can start home therapy right away. Schedule physical therapy to start two weeks post operatively. **UNLESS YOU HAD A MANIPULATION OR CAPSULAR RELEASE (**PT should be initiated for 3-4 days sequentially starting post-operative DAY 1!!!)**. These are some great early range of motion exercises you can initiate before you begin PT.

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POST OPERATIVE SHOULDER PENDULUMS

The purpose of these exercises is to enable motion of your surgical shoulder without activating the shoulder muscles. This is called passive motion. Movement from your ankles, knees, hips and trunk ensures the movement at the shoulder is passive.

PENDULUMS (CIRCULAR):

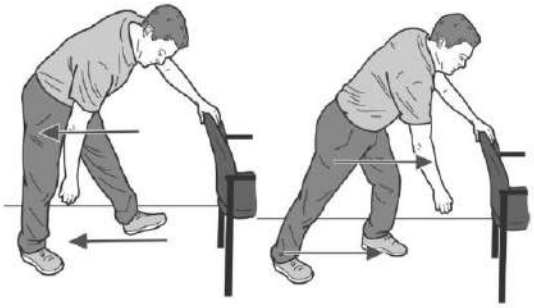
START POSITION:
Stand near a table or counter. Hold on to the table with your non-surgical arm. Slowly bend forward such that your hips are flexed between 70-90 degrees. Your operated arm should be relaxed and dangle down.

Gently, rock your body weight in a circular motion. The result should be that your surgical arm passively and freely swings in a circular manner. The size of the circles should be about 10 inches in diameter which is about the size of a large dinner plate.

PENDULUMS (FORWARD <> BACKWARD) :

Assume the **START POSITION** as noted above.

Gently, rock your body weight forward < > backward from one foot to the other. The result should be that your surgical arm passively and freely swings back wards and forwards.



PENDULUMS (SIDE TO SIDE):

Assume the **START POSITION** as noted above.

Gently, rock your body weight through your hips from side to side over your feet, left < > right. The result should be that your surgical arm passively and freely swings left < > right.

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SHOULDER TABLE SLIDES

The purpose of this exercise is to allow early safe PASSIVE motion of your shoulder. It is important that your non operative arm does all the work. Your operative arm is to remain PASSIVE, fully supported by your strong uninvolved arm. Your doctor may limit how far you can move the operative shoulder in the initial few weeks. Your therapist will educate you on these limitations.

SHOULDER TABLE SLIDES:

Sit in a chair facing a table/desk. Position a towel on the table. Position both hands on the towel.

- Grasp tightly with the non surgical hand, pull the towel forward as you lean your body forward over surface. This action passively slides the surgical arm forward, increasing shoulder motion as tolerated. The surgical arm is passively supported throughout the motion.
- To return to the start position, slowly return to the upright position while maintaining a tight grasp and pull on the towel with the non surgical hand. This action passively slides the surgical arm towards you while you return to the start position.
- Hold each repetition for 5-10 seconds. .

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SELF PASSIVE SHOULDER ELEVATION / FLEXION

The purpose of this exercise is to allow early safe PASSIVE motion of your shoulder. It is important that your non operative arm does all the work. Your operative arm is to remain PASSIVE, fully supported by your strong uninvolved arm. Your doctor may limit how far you can move the operative shoulder in the initial few weeks. Your therapist will educate you on these limitations.

SELF PASSIVE SHOULDER ELEVATION / FLEXION: Lie on your back. Try with no pillows. Use pillows as needed, as instructed by your therapist. Position your legs comfortably.

- Firmly grasp the wrist of your operative arm wrist with your opposite (non operative side) hand. Maintain a firm grip on the surgical side throughout the complete motion from start to finish.

- Lift your surgical arm up and overhead as shown below. The surgical arm is to remain relaxed throughout the motion, with FULL ASSIST provided by the opposite strong uninvolved hand. Hold for 3-5 seconds.

- Slowly return to start. The surgical arm is to remain relaxed throughout the motion, with FULL ASSIST provided by the opposite strong uninvolved hand.

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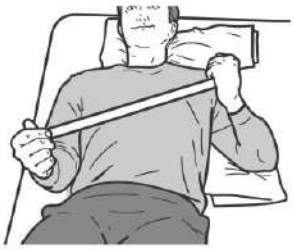
SELF PASSIVE SHOULDER EXTERNAL ROTATION

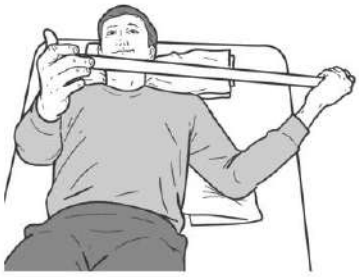
The purpose of this exercise is to allow early safe PASSIVE motion of your shoulder. It is important that your non operative arm does all the work. Your operative arm is to remain PASSIVE, fully supported by your strong uninvolved arm. Your doctor may limit how far you can move the operative shoulder in the initial few weeks. Your therapist will educate you on these limitations.

SELF PASSIVE SHOULDER EXTERNAL ROTATION: Lie on your back. Try without a pillow under your head, if needed, then provide pillow support as needed. Rest your legs comfortably. Place a thick towel (or pillow) under your operative shoulders upper arm to elbow as shown. Position a cane/stick in palm of hand as shown.

- Your uninvolved arm/hand is holding (and fully supporting) the cane/stick on the opposite end); **arm is straight and should be hovering about the level of your hip to begin.**



- Using your opposite hand arm to rotate your operative shoulder passively into external rotation.
- **Motion should only occur at the shoulder joint, not at the elbow. Be sure to maintain 90 degrees at the elbow throughout the range of motion.**



- IF you had a biceps tendon repair in addition to your rotator cuff repair, please avoid ACTIVELY FLEXING (bending) your elbow past 90 degrees for the first two weeks

You will be given a specific physical therapy rehabilitation program which will help maximize your recovery and surgical outcomes. Physical Therapy protocols have been developed by Dr Frangiamore to provide the best surgical outcome possible. Questions about your Physical Therapy protocol can usually be addressed by your specific therapist, but if there are further questions you can always reach out to the office.

COMMON QUESTIONS AND ANSWERS

When can I drive after surgery?

- This is dependent on which arm was operated on (dominant versus non dominant), the frequency and distance you will be driving, and your confidence level using your operative arm for support only. You must also be off of narcotic pain medications prior to driving. You can usually resume within 4-5 days of the operation.
- We often recommend practicing in an empty parking lot before getting on the roads for the first time if there is any question in your ability and comfort level. There can be NO HESITATION!

When Can I go back to work?

This is dependent on your surgery and what type of work you do, but generally speaking for an arthroscopic surgery you can return to a sedentary desk job or sitting job anywhere from 1-3 weeks, high demand overhead job at 1-3 months.

Other Useful Post Operative Information: (Extracted information from Cracknell, D PT and Interior Health “After Your Shoulder Surgery”

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General rules for dressing

1. Begin with the operated/injured arm when putting clothes on. When removing clothes, start with the non-operated/uninjured arm.

2. Place shirt on your lap with the inside of the shirt facing you and label up. The collar should lay close to your stomach and the tail or bottom of the shirt at your knees.

3. Allow your arm to dangle. Loosen and relax the shoulder muscles. Place your injured/operated hand and arm into the sleeve and slowly draw the sleeve up past your elbow.

4. Hold the collar of the shirt on your non-operated/uninjured side. Lean forward and bring your non-operated/uninjured arm over and behind your head. Now you can pull the shirt over to your non-operated/uninjured side.

5. Put your non-operated/uninjured arm into the sleeve opening.

6. To straighten out the shirt, lean forward, allow your shoulder muscles to relax and loosen, bring the shirt past your shoulders, reach back and pull the tail or bottom down. Button as usual. Make sure to not move your operated/injured arm away from your body.

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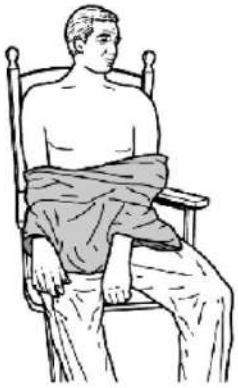
Putting on a T-shirt or knit shirt

		
1. Place the shirt on your lap with the front of the shirt face down and the collar or tag at your knees.	2. Roll the bottom edge of the shirt back to expose the sleeve for the operated/injured arm. Move the sleeve opening for the operated/injured arm between your knees and open it as large as possible.	3. Use your non-operated/uninjured hand to grab your operated/injured arm and place the operated/injured hand into the sleeve opening. Make sure your fingers do not get caught in the sleeve. Allow your shoulder muscles to relax and loosen, lean forward and let your injured/operated arm drop down into the sleeve.
		
4. Pull the shoulder seam up the arm past the elbow.	5. Put your non-operated/uninjured arm into the other sleeve opening.	6. Before fully inserting non operated arm, pull the shirt on the operated/injured side up to the shoulder as much as you can.

Putting on a T-shirt or knit shirt *(continued)*

		
7. Gather the back of the shirt up in your non-operated / uninjured hand.	8. Lean slightly forward, lower your chin and pull the shirt over your head. Use your non-operated / uninjured hand and push the bulk of the shirt material over your operated / injured shoulder towards your back.	9. Pull the shirt down over your stomach on both sides. Pull to adjust as needed.

Taking off the shirt

		
1. Reach back with your non-operated / uninjured hand behind your neck and start to gather the shirt up in your hand.	2. Lean slightly forward, lower your chin and pull the shirt over your head.	3. Pull your non-operated / uninjured arm out of the sleeve. Use your non-operated / uninjured hand to pull the other sleeve off the operated / injured arm.

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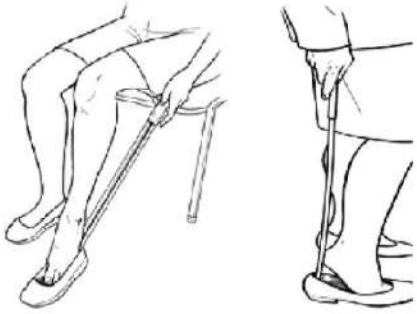
Putting on socks

- Put your non-operated/uninjured hand inside the sock, just over the fingers, not up to the palm.
- Cross your leg resting your ankle on the opposite knee or prop your foot up on a stool if you are able to lean forward.
- Slide your toes into the sock, opening the sock by spreading your fingers.
- Pull the sock up to your ankle.

Putting on shoes

- Use shoes that slip on or use Velcro closures. Avoid shoes that are too loose or flip-flops that may cause you to slip or trip.
- Replace standard shoelaces with elastic laces.
- A long handled shoehorn may be helpful but not necessary if you can manage without.



Toileting

- Use a raised toilet seat and/or a grab-bar on the non-operated/uninjured side to help you sit and stand.
- To help with wiping, try long-handled tongs to reach. You may purchase a commercial toilet aid.

Other

- When reading, use 1 or 2 pillows on your lap to keep the book near eye-level.
- Use rubber bands around each ½ of the book to keep pages open. As you read, slide the next page under the rubber band.
- Use a clipboard to keep paper still while writing.
- Wear a fanny pack at your waist for personal items instead of using purse.
- Try to buy cans with pop-top lids or use a one-handed can-opener.