

*Information for Patients Undergoing
Arthroscopic Shoulder Surgery*

Many patients who desire to proceed with a shoulder arthroscopy to treat their shoulder pain and weakness have questions regarding what will occur prior to, during, and after their hospitalization. Please review the information in this handout which should answer many of those questions and remember that your individual recovery may vary somewhat from what I have written here due to differences in the severity of your instability, weakness, stiffness or general health. Please refer to this as a general guide to help you make arrangements with family, friends and work. At each appointment, I will discuss with you how you are healing and what your next step in recovery will require. If you have additional questions regarding your particular medical care or recuperation, please do not hesitate to ask me or my staff.

- 1) ***Picking a Surgery Date*** – We will do all we can to accommodate your scheduling needs. I perform arthroscopic shoulder surgeries on Wednesdays and Fridays at the surgery center.
- 2) ***Hospital*** – Unless otherwise arranged, all shoulder arthroscopic procedures are performed at Main Street Specialty Surgery Center located downstairs from our medical offices. The surgery center is not a part of our office and may or may not be a provider for your insurance plan. Please check with them prior to your surgery about any financial arrangements necessary to have your procedure performed there.
- 3) ***Blood Donations and Transfusions*** – All patients lose a minor amount of blood during a shoulder arthroscopy, but the amount of blood loss would not require a blood transfusion.
- 4) ***Pre-Operative General Medical Clearance*** – To take all safety precautions with your health, I request that patients have a general medical evaluation prior to their surgery. This will include several blood tests, and if you are over 50 years of age a chest x-ray and an EKG (heart test) will likely be necessary. This is to ensure that you are in the best health possible pre-operatively, and will promote a safer and more rapid recovery from your surgery. This evaluation can be performed by your personal medical physician. If you do not have a personal physician, please discuss this with me.

5) **Smoking** - It is important that you understand that cigarette smoking significantly increases your risk of complications during and after surgery. Smokers have a greater likelihood of chest colds, pneumonia, strokes, blood clots and heart problems after surgery compared to non-smokers. Also, wound healing and bone healing are significantly reduced in smokers compared to non-smokers. For all of these reasons and more, I respectfully ask that if you are a smoker, you quit smoking at least 1-2 weeks before your surgery and refrain from resuming this habit for 3 months afterward.

6) **Pre-Operative Appointment** – Approximately one week before your surgery, you will meet with me in our office to review the risks and possible complications associated with your procedure. We will answer any additional questions you may have, and make all final arrangements necessary for your surgery. Please be sure to provide me with a current list of all medications you take on a daily basis (including their dosages). We will provide you with a prescription for your post-operative pain medication. Please get this filled prior to your surgery so you have it waiting for you when you return home. Do not bring this medication to the surgery center; you will not need it there. At the conclusion of this appointment, you will also schedule an appointment with my office staff to see me in our office approximately 1 – 1 ½ weeks after your surgery. Please discontinue the use of any herbs or herbal remedies (whether being used for weight loss or other health reasons) at least 2 weeks prior to your surgery as they can have serious side effects during general anesthesia. Please discontinue any use of aspirin Advil, ibuprofen, Aleve or other “anti-inflammatory medications” at least 7 days prior to your surgery as they will interfere with blood clotting after your surgery and you may have increased blood loss and bruising if they are used. During these last few days before surgery you may use Tylenol (acetaminophen) for your pain needs. Although you may have ongoing pain in your shoulder prior to your surgery, do not use the prescription pain medicine until after your surgery.

7) **Cold Therapy** – If permitted by your insurance company, we will arrange for you to use a cold therapy unit for the first week after your surgery. This is a device which circulates cold water through a special sterile pad applied to your shoulder after your surgery. This is used to decrease swelling and pain and to improve your recovery. If your insurance will not pay for this, you will have the choice of paying for this device yourself or using ice packs to cool the shoulder.

8) **Day of Surgery** – You will be asked to arrive at the surgery center 1-1 1/2 hours before your scheduled surgery time to allow the staff ample time to get you prepared for your procedure. I will visit you in the pre-surgical area approximately 5-10 minutes before your surgery. You will meet your anesthesiologist at this time as well and they will review with you what to expect from the anesthesia administered for your surgery.

9) **Surgery** – Shoulder arthroscopy may take 1-3 hours of surgical time depending upon the procedure performed. Once you are in the recovery area, I will speak with your family or friends to let them know that you are finished with the procedure and to inform them how your procedure went.

10) **Post-Operative Convalescence** – The first night after your surgery you will be quite tired and you can expect that you will not feel up to having visitors other than close family or friends. It is necessary that you have someone stay with you that first night to assist you with getting up, walking and getting to the bathroom.

11) **Wound Care** – When you leave the surgery center, there will be clean bandages in place over your incisions. There is no need to change this dressing on your own, I will do this for you at your first office visit approximately one week later. If the bandage becomes soiled or loose, please apply a clean gauze bandage with tape or several large bandages to keep the incisions clean. There is no need to apply antibiotic ointments or to cleanse the incision unless I instruct you to do so.

12) **Use of Your Sling** – When you leave the surgery center, your arm will be in a sling to limit stress and strain to your shoulder. It is necessary that you remove the sling three times daily to do the range of motion exercises with your hand, wrist and elbow. During the daytime, it is ok to leave your arm out of the sling (if comfortable to do so) unless I've indicated otherwise. When outside your home you should wear the sling at all times to prevent injury to your shoulder repair. You should wear the sling at night for sleep until I instruct you otherwise.

13) **Bathing** – I prefer that you keep the incision dry for approximately three days after your surgery. During that time it is best if you simply “sponge bathe”. Thereafter you may get in a shower to bathe but do not scrub the incision, simply let the water run over the incision and then blot it dry with a clean towel once you are finished. Do not submerge the incision under water until I give permission to do so.

14) **Medications** – Please resume all your regular prescription medications after your surgery unless I have instructed you otherwise. You will receive antibiotic medication while you are under anesthesia. Unless I specifically say otherwise, there will be no need for additional antibiotics once you go home.

15) **Diet** – A healthy diet with an assortment of lean meats, fresh vegetables and fruits is important for good health and healing. After a surgery, your body will need additional nourishment as it heals your incisions and rebuilds your strength. Dietary supplementation with a good multi-vitamin with additional vitamin C and D may be a good idea for several months after your surgery. A high fiber diet can be valuable to promote good bowel habits after surgery as the pain medications have a tendency to constipate many individuals. Should constipation develop, two tablespoons of Milk of Magnesia once or twice can be of benefit to help relieve this problem.

16) ***Sleeping*** – It is often difficult to sleep in bed for several weeks after a major shoulder surgery. The muscles around your shoulder will be swollen and tender resulting in soreness and pain. At night, the discomfort from your surgery becomes more apparent and is aggravated when pressure is applied to these muscles either from lying partially on that side or simply from moving about in bed. Most patients find that they rest better if they sleep in a recliner chair, on a couch or arrange their pillows in bed to position their trunk and shoulders to remove pressure from their shoulder.

17) ***Driving an Automobile*** – It is not appropriate to consider operating a motor vehicle if you are taking pain medication as this will cause a dangerous decrease in your alertness and slow your reaction time to traffic changes. You are not to drive until I have given permission for you to do so. Once you are no longer using narcotic pain medications during the daytime, it may be possible for you to drive using your non-surgical hand to steer the driver's wheel and using your surgical hand to steady the driver's wheel in your lap. Please discuss this with me prior to attempting to do so as there may be other considerations requiring that you not drive.

18) ***Post-Operative Office Appointments*** – At your first post-operative appointment I or my associate will examine your incisions, check your range of motion and review your home exercise program. In some circumstances we will begin outpatient physical therapy after this appointment, but most often this will not occur until after your second appointment. Before you leave the office, you will schedule another appointment to return approximately 3 weeks later. If you require additional pain medication, please discuss this with me at this appointment; do not wait until you are out of medicine and then call for refills as there may be delays in either our office or at the pharmacy resulting in inconvenience to you as well as increased discomfort.

19) ***Subsequent Office Visits*** – Your second post-operative appointment will be approximately one month after your surgery. At this time you should have sufficient improvement in your discomfort that you no longer require pain medication. If this is not the case, please discuss this with me at this time. Most patients begin outpatient physical therapy after this appointment. We will recommend an appropriate facility for this purpose and provide you with a prescription for the therapist to begin treatment. Your therapy visits will occur two or three times weekly and will last approximately 1 – 1 ½ hours each. I will ask that you return for office visits on a monthly basis to monitor your recovery and to individualize your rehabilitation program as necessary to ensure an optimal recovery. Most patients require formal physical therapy visits for approximately 2 ½ - 3 ½ months after surgery. Thereafter, patients continue a home exercise program for an additional 6-9 months to promote maximal recovery and improvement in shoulder function.

20) ***Renewal of Pain Medication Prescriptions*** - In most cases, it is not possible to renew prescriptions for pain medication during a weekend. Prior to the beginning of a weekend, please check to ensure that you have enough pain medication to last you until the following Monday. If it appears you may not have a sufficient number of pain pills to last you through a weekend, you should call for a refill during office hours on Thursday, or at the latest, on Friday morning.

21) ***Airport Security Issues*** – If there are any metallic devices implanted within your shoulder at the time of your surgery (such as suture anchor devices or screws) it is extremely unlikely that they will set off airport security screening devices. If the walk-through monitors are activated by your shoulder implants, the security agents will screen you with a wand.

22) ***General Comments on Post-Operative Return of Shoulder Function*** – As a result of your shoulder injury or abnormality and the associated decrease in use of your arm, there is undoubtedly some degree of muscle atrophy and weakness and perhaps some stiffness present within your shoulder joint. These pre-operative abnormalities in your shoulder combined with the pain, swelling and scarring which occur after an operation often cause patients to temporarily have significant restrictions in shoulder joint mobility. In general, pain and soreness persist for 4-8 weeks after surgery, with substantial stiffness persisting for as long as 1-3 months and mild stiffness persisting on an intermittent basis for as long as 1-2 additional months. Although many patients are happy with their recovery at 3-4 months after their surgery, all patients seem to have additional improvement which continues for up to a year. It will take time and dedication to your rehabilitation to recover from this weakness and stiffness. Even with an excellent recovery, I feel it is necessary to point out the obvious; that this surgery cannot provide you with a perfectly normal shoulder joint. You may notice occasional sensations of clicking, catching soreness and stiffness - these are not abnormal.

Finally, I want to thank you for reviewing this information and for entrusting the care of your shoulder condition to me and my staff. If we can do anything to improve your understanding of this process or if you have additional questions or concerns not addressed within this document, please inform us and we will do our best to assist you.

Sincerely,



Scott P, Fischer, M.D. and staff