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POSTOPERATIVE INSTRUCTIONS

Subacromial Decompression, Distal Clavicle Excision,, Biceps Tenotomy/Tenodesis

Initial recovery after shoulder surgery entails healing, controlling swelling and discomfort, regaining some shoulder motion . The following instructions are intended as a guide to help you achieve these goals until your 1st postoperative visit

DIET

- Your first few meals after surgery should include light, easily digestible foods and plenty of liquids, since some people experience nausea as a temporary reaction to anesthesia
- Progress to your normal diet if you are not nauseated
- Remember to stay hydrated and eat a high-fiber diet with extra fresh fruits and vegetables

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the hand occurs
- It is normal for the shoulder to bleed and swell following surgery. If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- To avoid infection, keep surgical incisions clean and dry – before the 3rd day after surgery, you may sponge-bath but keep the dressing dry
- Remove surgical dressing on the THIRD post-operative day – if minimal drainage is present, apply band-aids or a clean dressing over incisions and change daily.
 - If an open biceps tenodesis was performed, this incision near the armpit should remain dry and covered with waterproof bandage for 7 days
- You can get your wound site wet in the shower on the 3rd postoperative day. Let the water run over the incisions but no rubbing on the incisions and do not place any creams, ointments or lotions near the incisions
 - If an open biceps tenodesis was performed, the waterproof dressing near the armpit must stay intact until postoperative day 7
- NO immersion in a bath until given approval by our office
- If garments irritate the incision, feel free to cover it with a band-aid or gauze

MEDICATIONS

- Local anesthetics are injected around the shoulder at the time of surgery . This will wear off within 8-12 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 .
 - **Narcotic prescriptions may be refilled up to 2 times**
- Common side effects of the pain medication are nausea, drowsiness, and constipation . To decrease the side effects take the medication with food . If constipation occurs, consider taking an over the counter laxative .

- 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. No driving is permitted while wearing sling (typically 6 weeks after surgery if sling is needed)
- Please avoid alcohol use while taking narcotic pain medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For 3 weeks following surgery take one aspirin 325mg tablet daily to lower the risk of developing a blood clot after surgery (unless you are already on a different blood thinner – i. e., coumadin, Xarelto, lovenox, etc). Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur

ACTIVITY

- You may remove the sling as tolerated when the nerve block wears off
 - You are to wear the sling placed at surgery for a total of 4-6 weeks as described by Dr. Swindell if a tenodesis is performed. This includes sleeping and throughout the day.
 - ONLY remove for hygiene, dressing and home exercise (if prescribed)
- When sleeping or resting, inclined positions (ie., reclining chair) and a pillow under the forearm for support may provide better comfort STILL in SLING
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed, the arm should remain in the sling at all times
- Avoid long periods of sitting or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician. It is illegal to drive in a sling
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.
- When getting dressed /undressed, gently assist your elbow into a hanging position and learn over with your arm hanging down like a weight on a string if you need to access your armpit or slide on a shirt sleeve – do not raise your arm from your side against gravity
- Move your wrist and fingers frequently to prevent swelling. It is ok to type, write or text and this is encouraged but no shoulder motion
- Stay hydrated and walk frequently to avoid pneumonia, blood clots and constipation

IMMOBILIZER/SLING

- Your sling with supporting pillow should be worn at all times (except for hygiene)
- Keep your elbow against the pillow and in front of your body at all times to minimize stress on the repair
- Keep a pillow behind the elbow when lying down to prevent the elbow from sliding backwards
- If you experience numbness to the pinky/ring finger. If this is the case, you can place a towel in the sling to reduce pressure on the inside of your elbow

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 prescribed) 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. Keep some barrier (clothing, towel, dressing) between the ice and your bare 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.

EXERCISE

- Begin exercises (pendulums and flexion/extension at the elbow without resistance) 24 hours after surgery unless otherwise instructed.
- While maintaining your elbow by the side, begin elbow, hand, and wrist exercises immediately
- Formal physical therapy (PT) may begin 2-6 weeks after surgery depending on the extent of the repair. A prescription and protocol will be provided at your first post-operative visit

EMERGENCIES

- Contact Dr. Swindell's team at 718-246-8700 or hws2109@cumc.columbia.edu 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) or chills.
 - Redness around incisions.
 - Color change in arm
 - 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 718-246-8700 and you will be connected to our answering service.
 - If you are enrolled in Epic Connect, you can also reach the office through the patient portal
 - If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE /QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 718-246-8700 schedule.

- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- At your first post operative appointment, you will have a wound check, go over physical therapy protocols and we will answer any questions you may have about the procedure.