

Post-Op Instructions for Arthroscopic Subacromial Decompression And/Or Distal Clavicle Excision

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DIET

- Begin with clear liquids and light foods (jello, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing until the third post-operative day.
- It is normal for the shoulder to swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed, replace with a new dressing
- 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.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning the day after surgery.
- Keep the wound dry until the sutures are removed by using waterproof Band-Aids. After suture removal, the wound may get wet in the shower. NO immersion in a bath until given approval by our office.

MEDICATIONS

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours. Patients commonly 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 directed on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. We recommend a stool softener such as Colace (docusate) available over the counter and be sure to drink plenty of water.
- 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**
- 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 (600 –

800mg) 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 2 weeks following surgery take one aspirin 81mg tablet daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

ACTIVITY

- Begin exercises (pendulums and active elbow extension/flexion 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) typically begins after you are seen at your first post-operative appointment 2 weeks after surgery. A prescription and protocol will be provided at your first post-op visit.
- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

Sling Immobilizer

- You may use the sling for 1-2 days as needed for comfort. Transition out of the sling when your pain permits.

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 20-30 minutes every 2 hours daily until your first post-operative visit. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- 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

- No exercises or shoulder motion until after your first post-operative visit unless otherwise instructed.
- You may begin elbow, wrist, and hand range of motion on the first post-operative day about 2-3 times per day
- Formal physical therapy (PT) will begin after your first post-operative visit

EMERGENCIES

Contact Dr. Stone's office at **859-218-3131** if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain or calf pain
- Fever (over 101° F – it is normal to have a low grade fever (<100°) for the first day or two following surgery) or chills
- Redness around incisions
- Color change in foot or ankle
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

If you have an emergency **after office hours** or on the weekend, contact the office at **859-323-5321** for our pager service. This will connect you with the Physician on call. Do NOT call the Center for Advanced Surgery/Lexington Surgery Center. You can also call University of Kentucky Hospital at 859-323-5000 and ask for the operator to page the orthopedic resident on call.

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 859-218-3131 to schedule.
- Your first post-operative appointment will be scheduled with either Dr. Stone or his designated assistant for a quick wound check, physical therapy protocol and to answer any further questions you have regarding the procedure
- Typically, the first post-operative 7-10 days following surgery for suture removal.
- If you have any further questions, please contact Dr. Stone's office.