

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, loosen bandage if swelling of the foot and ankle occurs
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed, reinforce with additional 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.
- You can get your wound wet in the shower on the **3rd post-operative day**. Then 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 325mg 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 – remember to keep leg elevated to level of chest while icing. 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** and you will be connected to our pager service. This will connect you with the Physician on call. Do NOT call the Center for Advanced Surgery. 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 one of 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 appointment following ACL reconstruction is made for 2-3 days following surgery and 10-14 days following surgery for suture removal.
- If you have any further questions please contact Dr. Stone's office.