

Shoulder Surgery – Postoperative Instructions

Kelowna Bone and Joint Health

Slings

Most patients will be in a sling postoperatively. The sling is not a cast or a brace – it is a comfort device to help you keep your shoulder muscles loose and relaxed. When sitting, loosen the strap off your neck and allow the arm to rest on your lap. It is usually worn for 4 to 6 weeks, including while you sleep. Patients should come out of the sling regularly to flex and extend the elbow and wrist to avoid stiffness.

Wound Care and Showering

Wound care consists of dressing changes as required:

- **Arthroscopic surgery:** after 24 hours (or up to 48 if your prefer), remove the bulky bandage and shower, but do not soak in bath or hot tub. Allow shower water to run over portal site ('surgical poke holes'). It's okay for soapy water to run over the site, but do not scrub the site. Apply simple 'Band-Aids' to each portal site. Note that the saline (salt water solution) used at the time of surgery will often leak out in the first 12 hours after surgery, and the bandage may be a little saturated. It will also likely look blood stained, and this is normal.
- **Open surgery:** 2 days after surgery, you may remove the dressing and shower, but do not soak in a bath or hot tub for 2 weeks. It's okay for soapy water to run over the site, but do not scrub the site. Absorbable sutures are used for closing the skin for most open shoulder surgery procedures. After you remove the outer dressing, you will likely see multiple tapes stuck to the skin and crossing the incision. These are 'steri-strips' and should be left on. Use soap and water and pat dry. After a shower, apply a clean gauze with tape, or a simple gauze dressing from the drugstore. A simple dressing helps keep the area clean, and prevents the steri-strips from catching on your clothing. If the steri-strips start to peel off, the loose ends can be trimmed. After 2 weeks, remaining steri-strips can be removed. On occasion staples are needed (and no steri-strips are used), and the post-operative care is the same as above.
- For changing and showering, allow the arm to dangle and lean forward a little. This will give you room to wash and dry under your arm. You can also put on a shirt sleeve this way by putting the sleeve on the surgical side first. Alternatively, a shirt sleeve can also be put on when seated with your arm on your lap, and using your unaffected arm to put a shirt sleeve on your surgical arm first.

Infection

For most procedures, the chance of infection is very low and no more than 1%. They typically occur between 5-10 days after surgery. If you notice pus draining from the wound or see increasing redness at the wound site, it may be infected and needs to be evaluated. You may also feel unwell with fevers or chills and have increased pain. If this occurs, please contact the office. If it is after business hours, you need to report to an emergency room for evaluation of the wound.

Pain Medication

Shoulder surgery is generally quite painful, especially for the first 5 days. A strong opioid pain killer is prescribed to be kind and treat the pain, but is not essential to take. Opioid pain killers are constipating, often cause nausea, and can be addictive if taken for too long. If you are

prescribed Dilaudid/hydromorphone, also take Tylenol (regular or extra-strength) as directed on the bottle. If you are prescribed Tramacet or Tylenol #3, there is already Tylenol mixed in with the opioid medication, and no extra Tylenol should be taken. Starting the day after surgery, try to wean off of the strong pain killers in the daytime on to regular Tylenol. Eventually, you can then wean off the nighttime pain killers. You should not be driving, operating machinery, or be making important decisions while taking these strong pain killers. If you feel drowsy or light-headed, you are likely taking more than is needed, and should wean off the opioid and take less. When taking opioid pain killers, it is a good idea to take over-the-counter stool softeners and laxatives. Ask your pharmacist to help you with selecting stool softeners and laxatives.

Exercise

- Go out for a walk or several walks every day. It is great for both your physical and mental health, and prevents complications such as blood clots and pneumonia (which are very uncommon with shoulder surgery). Walking also helps with a better night's sleep, and helps with bowel movements.
- You can get on a recumbent (sitting position) exercise bike if you like, but just be sure to keep your shoulder muscles loose and relaxed. Progress your bike work out very gradually.
- 'Pendular exercises' (dangling the arm and doing some very gentle circles with the arm) are encouraged after most shoulder replacement and some rotator cuff repairs, but not done for recurrent dislocating shoulders that have been stabilized. If there is any uncertainty, just hold off on 'pendular exercises' until your first post-operative follow-up. When standing or lying down, keep your shoulder relaxed and move your elbow so that your elbow gets stiff. Also keep your hand and wrist moving to prevent hand stiffness. You will be seen sometime between 5 and 12 days after surgery, and the exercise routine for the entire recovery will be outlined.

Pain at Night

Pain at night is often the biggest challenge. Sleeping upright a little in a 'Lazy-Boy' type of chair is sometimes more comfortable, but certainly not essential. Avoid napping in the daytime – this is bad 'sleep hygiene'. When you feel like having a nap after lunch, do the opposite and go out for walk.

Follow-up

Follow-up should usually be arranged within 5-12 days for a wound check. At that time the operative findings and surgery can be discussed in further details. Rehabilitation goals can be clarified and questions answered. Appointments are often arranged by the hospital in the ambulatory care department. If this has not been done, call the ambulatory orthopaedic cast clinic at Kelowna General for an appointment 250-862-4400. If there is any confusion please call the office.

Written by Dr. Derek Plausinis, reviewed and edited by Dr. Steve Krywulak and Dr. Chad Hiller