

Provider: Mark Wood, MD

Shoulder Surgery – Pre and Post Operative Instructions

For Questions or Concerns:	
Office	919-232-5020
Non-Urgent Contact:	Manny Castro (mcastro@wakeortho.com)
Wake Ortho Managers	wo-woodteam@wakeortho.com
Urgent	Call and Request Triage Nurse

Diet & Medications

You should not eat or drink after midnight prior to surgery.

Note: If your procedure is scheduled later in the day, do not eat within eight (8) hours of surgery; however, you may have clear liquids such as water, sports drink or black coffee (no cream) up to four (4) hours prior to surgery. Continue all your normal medications, taken with a small sip of water, unless instructed otherwise (i.e. blood thinners, insulin and other medications may be discontinued prior to surgery per your primary care, cardiology and/or anesthesia doctors' instructions). Most blood thinners must be discontinued at least five (5) days prior to surgery – please follow instructions from your primary care doctor or cardiologist.

If you have a history of post-anesthesia nausea or motion-sickness, please inform Dr. Wood so a prescription anti-nausea medication can be provided prior to surgery. If you know of specific pain medications that have worked for you (as well as those that did not), please inform Dr. Wood. The anesthesia and drugs used during and after your surgery may cause nausea in some patients, despite taking anti-nausea medications. To combat nausea, drink sips of clear liquids (i.e., Ginger ale, Sprite or 7-Up) and eat small portions of dry crackers or toast.

It is very important to take pain medications, as instructed, prior to the nerve block wearing off and to stay ahead of the pain for the first 2-3 days. The anesthesiologist will provide a “nerve block” prior to surgery, which typically last at least 24 to 72 hours. Most patients will receive shorter-lasting medication (i.e., hydrocodone, oxycodone or hydromorphone) that should be taken only as needed. Unless allergic, it is also safe to take an anti-inflammatory medication (i.e., naproxen/Aleve or Ibuprofen/Motrin/Advil or Mobic/meloxicam) per instructions. If taken, the narcotic pain medications may be weaned after 2-3 days (increasing the time between doses until stopped) and the anti-inflammatory

medication can be taken with food for the first 10 to 14 days after surgery to decrease pain and swelling.

Narcotics pain medications may cause constipation, which can be prevented by proactively taking a stool softener (i.e., Colace/Ducosate OTC), drinking fluids for hydration and eating a high fiber diet. In some patients, a mild laxative (i.e., Dulcolax/Bisacodyl OTC) may need to be added and on a rare occasion a stronger agent (i.e., magnesium citrate) may be necessary.

To minimize the risk of a blood clot, please take a baby aspirin (81 mg) daily beginning in the evening after surgery and continue until ambulating normally (minimum 10 mins, 5 times per day). Early mobilization and performing ankle pumps will also decrease blood clot risk. If you have a history of blood clots, pulmonary embolism or are taking a blood thinner, please inform Dr. Wood.

Medications You Should Obtain Prior to Your Surgery Date May Include: narcotic and anti-nausea prescriptions (from pharmacist) and a stool softener, baby aspirin and anti-inflammatory medications (from over the counter).

Procedure Preparation

Shoulder Sling Use and Activity

Please bring your sling to surgery (it will be fitted in the office prior to surgery). You will wake up from surgery wearing the sling.

The sling should be worn at all times after surgery, especially in crowds or hazardous environments, unless advised otherwise. It can be removed if you are sitting in a safe position to allow elbow, wrist and hand/finger range of motion. Your elbow should remain at your side until instructed otherwise by Dr. Wood or the physical therapist.

You may find sleeping with your head and shoulders in an elevated position (lazy boy type recliner chair or on pillows) improves comfort while wearing the sling after surgery. It is safe to lie flat on your back, if more comfortable than the elevated position.

Dressing and Wound Care

After shoulder arthroscopy, the wounds will be covered with gauze and tape. Dressings can be removed after 72 hours, and wounds should be covered with Band-Aids. Due to the

large amount of fluid used during arthroscopy, it is normal to see some bloody drainage on the dressings. Do not apply any ointment to the incisions.

Showering

You may shower after 72 hours. The wounds should not be submerged in a bathtub, hot tub, sauna or pool until cleared by Dr. Wood (typically 3-4 weeks after surgery).

Modalities for Pain Control – TENS Unit and Cold Therapy

Most patients will receive a TENS unit to help decrease postop pain and swelling. On the day of surgery, a company representative will educate the patient and caregiver on operating the unit and provide a direct phone number for future questions or re-ordering pads. TENS units are covered by insurance plans and there is not an out-of-pocket cost to the patient. A rental option for the unit is available with some insurance companies.

Cold Therapy (icing) is very important for the first 3 to 4 days postoperative. While the post-op dressing is in place, icing can be continuously applied on top of the dressing. Once the dressing is removed, ice is applied as needed for 20-minute intervals (then removed for minimum 20-minutes) 3 to 4 times per day. Do not apply ice directly to the skin. There must be a barrier (dressing or wash cloth) between ice and skin to avoid frostbite. Post-op cold therapy devices (i.e., PolarCare, CryoCuff, GameReady) are available; however, due to the high out-of-pocket cost to the patient (\$175 - \$2,000), these are no longer routinely prescribed. If a cold therapy device is desired, please inform Dr. Wood so the company representative can be notified to arrange delivery of the device.

Post-Op Physical Therapy and Post-Op Appointment

Post-op shoulder patients will begin physical therapy (PT) 3 to 4 days after surgery. Scheduling the PT appointment is the responsibility of the patient and should be scheduled as far in advance as possible to assure access to begin PT. A PT prescription and protocol will be provided. If PT will be performed at a Wake Ortho location, this appointment should be confirmed at the front desk while checking out. Also, the post-operative visit with Dr. Wood (minimum 10-14 days after surgery) should also be confirmed at checkout- noting the date, time and office location.

Additional Instructions

For safety, a responsible adult is required to be available during your surgery, to drive you home and to stay with you for a minimum of one night.

Our goal is to arrange and provide all medications, equipment, education, PT and post-op appointments prior to the day of surgery, which maximizes the patient experience on the day of surgery. Manny Castro will inform you of the surgery location, arrival time and surgical time. Often, the surgical schedule may change up until the day prior to your procedure. Please only go by Manny's (or Wake Ortho medical assistant) instructions for your arrival time (not the hospital or surgery center) as the final OR case order is usually confirmed 24-hours prior based on anesthesia, patient driven or equipment related priorities. If you have any questions about your procedure, please contact Manny or a member of Dr. Wood's Wake Ortho team prior to the procedure.