



Set yourself up for success! **Preparing** for your Shoulder Arthroscopy

Preparations for the days and weeks prior to your procedure

- Discontinue use of aspirin, NSAIDs** (ibuprofen, Advil, Motrin, naproxen, Aleve) ten days prior to surgery. These medications may cause increased bleeding during the operation or postoperative period. If aspirin is prescribed for cardiovascular reasons, please discuss with your physician.
- Obtain any preoperative labs, x-rays, EKGs, medical clearance** if so advised by your surgeon or primary care physician.
- Discontinue herbal supplements ten days prior to surgery, as these may interact unpredictably with anesthesia medications.
- Stop smoking/tobacco use** or decrease use as much as possible. Smoking and nicotine use impair postoperative healing and increase risks of cardiopulmonary complications, including blood clot formation, during and after surgery.

Arrangements for the day of surgery

- Nothing to eat or drink past midnight the evening prior to surgery**, unless advised otherwise. You may take daily medications with a sip of water only.
- Patients with diabetes, please do not take insulin or oral hypoglycemic meds the day of surgery
- Wear glasses rather than contacts; leave jewelry and valuables at home.
- The evening before or the morning of your surgery, please shower and wash your operative shoulder with gentle soap. Avoid harsh scrubbing and **DO NOT SHAVE** the operative area. You will be advised to avoid showering for 72 hours following surgery to avoid getting the incisions wet.
- Most patients will be discharged home the day of their procedure. **You will NOT be allowed to drive after surgery. A responsible adult must be able to drive you home and accompany you through the night after surgery.** It is preferable that the adult who will be your primary caregiver accompanies you to the hospital the day of surgery so that the surgeon and anesthesiologist can communicate operative results and plan for followup care effectively. This person will also need to participate in discharge teaching by the surgery staff. Most patients have impaired memory of the postoperative period, which necessitates the presence and supervision of a responsible adult.
- Although your actual surgical time may be less than an hour, preoperative preparations, postoperative recovery and discharge teaching will take multiple hours. You should **anticipate spending the majority of your surgery day at the hospital.**
- You will likely receive a prescription for pain medication the day of surgery. This prescription can be filled by the adult accompanying you while you are in the operating room.
- After surgery your shoulder incisions will be dressed with gauze and adhesive bandages. This dressing is to remain on the incisions for 72 hours following your procedure. Your arm will be in a shoulder sling. **Bring a loose-fitting button-down or zippered shirt**, as this will be much easier to put on your operative arm when you are ready to be discharged home.

Anticipating your rehabilitation needs after surgery

- Activity restrictions following shoulder surgery are quite strict in order to allow the repaired tissues to heal. **Typically, you will not be allowed to carry anything, lift anything, reach overhead or side to side with your operative arm for 6 weeks.** This means that you will be performing activities of daily living with the use of one arm. Prior to surgery, it is helpful to anticipate this by arranging your most commonly used items in the kitchen, bedroom, and bathroom in easy to reach places. You may also want to identify items of clothing that will be easier to dress in with one usable arm.
- Most shoulder arthroscopy will require the patient to wear a **shoulder sling with a pillow nearly 24 hours a day for 6 weeks after surgery.**
- Using only one arm is a significant disruption in daily life. You should arrange to have an **adult caregiver available the majority of the first week after surgery.** Initially, you will need help with dressing, bathing, cooking, and bandage changes. After this time, patients become remarkably smoother and more efficient performing tasks with one arm and become gradually less dependent on others.
- You will be able to eat and drink what you feel like after surgery. We recommend that you start "little and light" with foods such as broth, crackers, toast, Jello, juice, and soda, as the anesthesia medications may cause your stomach to be upset. If you are tolerating light foods well you may progress to eating whatever feels good.
- For the first 3-7 days following surgery, we will want you to spend several 30-40 minute sessions a day icing your surgical shoulder.** This will help to control postoperative swelling and pain. It is easiest to apply ice in a form that will mold to your shoulder, i.e. blue gel ice packs or frozen bags of vegetables vs. ice blocks. Never apply ice to bare skin.
- Return to work and school following these procedures is patient specific. You should anticipate **a minimum of 3-5 days of dedicated recuperation** and then gradually advance your activities based on how you are feeling. However, you will need to wear the brace and follow your activity restrictions for 6 weeks, despite returning to school or your place of business. It may be helpful to discuss this with your employer now.
- During the entire time you are taking narcotic medication you should not drive, drink alcohol or be responsible for tasks that require judgment, coordination, insight, or short term memory, i.e. operating heavy power machinery, childcare, legal/financial decisionmaking.*
- You will see the surgeon for **your first postoperative appointment 10-14 days following surgery** at which time your stitches are usually removed from your incisions. You may schedule your followup appointment with Dr. Lamblin prior to your surgery.
- Dr. Lamblin will typically prescribe **physical therapy following shoulder surgery.** The frequency and duration may vary among patients, but in general, you should expect to begin PT within one week following surgery and to attend therapy sessions 1-2 times a week for 4-6 weeks. **Attendance at therapy sessions and adherence to the instruction of the physical therapist is key to a successful recovery!** See enclosed sheet for recommended therapy providers.

Should you develop any new health issues prior to your surgery or if you have further questions or concerns, please call Fremont Orthopaedic Associates (307)332-9720.

Instructions reviewed with patient:

Patient signature

Staff signature

Date