

Shoulder Arthroscopy: A Guide to Recovery After Surgery

Arthroscopic Shoulder Surgery is done to examine the shoulder joint and to do surgery such as 'clean up' the joint, fix the rotator cuff tendons, remove pieces of bone or tissue, or address other problems such as a dislocating shoulder.

During the surgery, a lighted telescopic lens called an "arthroscope" is inserted directly into the shoulder joint to see what is happening in the joint. Several small cuts are made in the skin in order to place the arthroscope and surgical instruments. Sometimes, a larger cut is made to do a repair without the telescope.

Shoulder arthroscopy is performed in the operating room under general anesthesia. The surgery typically takes between 45-90 min.

Going Home:

- Arrange to have someone take you home after surgery, even if you are taking a taxi

Showering and Care of your Incision and Wound:

- If there is a bulky outer dressing, you can remove this at 2 days post op, but leave the inner dressing on and dry for 5 days post op by avoiding direct water running over it. The inner dressing may have dried blood on it which is normal.
- At five days post op, the inner dressing can be removed for showering, if desired. If there are steri strips in place – small pieces of tape that are right on top of the wound – these are left on until they fall off on their own or until you see your surgeon.
- With the dressing off, and only the steri strips or staples in place, you can shower, but do NOT scrub or spray the wound directly. Water will only splash on the wound or

lightly run down it, along with any soap or shampoo from you but not directly applied, as you take your shower.

- When you get out of the shower, very lightly pat the wound dry with a clean towel or piece of paper towel and let it air dry well.
- Then cover the incision (steri strips or staples) with a Mepore dressing that can be purchased at a Pharmacy. This Mepore is removed prior to any shower you have and a new Mepore is put on afterwards.
- DO NOT attempt to clean the wound more than this and DO NOT put anything on it – this includes any kind of antibiotic ointment or special cleaning solutions or scar creams – these are NOT to be applied.

How to change your dressings if they accidentally become soiled or wet, apart from as discussed above:

- Wash your hands with soap & water before you take care of your wound
- Remove all wet dressing layers that are currently in place and discard. Let the site air dry well if damp.
- Do not remove the steri strips- small tapes that are right on top of the wound. They will fall off themselves. Do not attempt to further clean the wound.
- Cover wounds with a new Mepore dressing as discussed above.

Important points to Review:

- Blood on the dressings you remove is normal.
- Steri strips, if in place, are not removed. They generally fall off on their own.
- A wet dressing CANNOT be left on the wound and must be changed as above.
- DO NOT apply any ointments or creams, of any kind, to the wound.

Activity:

- Your surgeon will tell you how long you need to wear your sling for. After some surgeries, like a subacromial decompression, the sling can be worn for comfort and you can come out of as you tolerate.
- Remove the sling at least 3 times per day and stretch the elbow; make sure to fully straighten or 'extend' the elbow to make sure it does not get stiff.
- Do pendular exercises 3 times per day. Instructions on pendular exercises are at the end of this handout.
- Gradually resume normal activities like walking; recovery is gradual and it is normal to feel weak and tired for a couple of weeks after surgery
- You can begin physiotherapy within a week or two
- Your surgeon will give you a prescription for physiotherapy if it is needed

Tips for Living with a Sling:

- Many normally simple activities, like dressing, putting on shoes etc. can be more difficult with a sling on.
- This guide offers many tips on how to prepare for your time in a sling.
- Please review it prior to surgery and after.
- See: http://rebalancemd.com/wp-content/uploads/2017/08/General_Information_for_After_Shoulder_Injury_or_Surgery.pdf

Pain:

- Discomfort will be moderate for the first few days and will gradually get better
- Use any pain medications as prescribed by your surgeon
- Gradually reduce your pain medications as your pain decreases

Swelling

- Expect swelling for a few weeks following the surgery. This is due to fluid that was introduced into the joint during surgery and inflammation
- When resting, sit with the affected limb supported with pillows

Icing:

- Apply ice packs or use a Cryo Therapy 'Ice Machine' to reduce pain and swelling
- Apply ice for 10-15 minutes, 4-6 times per day
- Never apply ice directly to skin

Return to Work:

- When you are able to return to work depends on:
 - the kind of job you have and its physical demands
 - how much pain & swelling you have after your injury
 - how your recovery is progressing
 - if you are able to modify your job or work from home
- Your surgeon will help you decide when to return to work
- Expect to take off at least 1-2 weeks for a desk job that does not require much use of both hands
- Expect to take off 2-4 months for more physically demanding work

Healthy Eating:

- Start with clear fluids after surgery
- Gradually increase to a well balanced diet as your appetite allows
- Drink at least 6 cups of fluids daily

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Smoking:

- Smoking causes problems with the healing of bones and tissues
- Not smoking or smoking less for 2 months before surgery and for 3-6 months after surgery will reduce the chance of a problem with healing
- visit www.quitnow.ca for information about tools and medications to help you quit smoking

Going to the Bathroom:

- Changes in medications, activity and diet can cause constipation (hard, dry bowel movements)
- To avoid constipation: drink lots of fluids, eat high fibre foods such as prunes, fruits, bran, whole grains and vegetables
- Take a stool softener or laxative if needed. Ask your surgeon or pharmacist to suggest one.

Driving:

- Do not drive while taking pain medications
- Discuss with your surgeon when it is safe to drive
- If your ability to safely drive (e.g swerve sharply, perform an emergency stop) is impaired, your insurance may not be valid in the case of an accident

Supplies/special equipment:

- A sling will put on in the operating room.
- **Alternative Shoulder Sling:** If you find the sling supplied by the hospital quite irritating or uncomfortable, you may wish to buy a more padded sling which some patients find more comfortable. This is entirely optional. These can be bought at One Bracing @ Rebalance^{MD} or other medical supply stores such as McGill & Orme, Island Orthotics and others.

- Your surgeon may have prescribed you a special sling prior to your surgery. If so, please bring it to your surgery.
- If you purchase a sling, make sure that you have it fitted BEFORE your surgery so that it is properly adjusted. This should be done where you purchase your sling
- **Cryotherapy "ice machines":** are an alternative to ice packs. They can be extremely helpful to reduce pain and swelling. These can be bought at One Bracing @ Rebalance^{MD} or other medical supply stores such as McGill & Orme, Island Orthotics and others.

Your Medications:

- Resume your regular medications unless instructed otherwise by your surgeon

Follow Up Appointment:

- A post-operative appointment should be scheduled for approximately 10-14 days post surgery
- Call the office if you do not have an appointment scheduled
- Write down your questions for the surgeon before the appointment

Call your Surgeon if you have:

- Increasing pain or swelling that is not relieved by elevation, ice and pain medications
- Incisions that are red, puffy, hot or leaking fluid more than 48 hrs after surgery
- Fever greater than 38°C
- Signs of circulation problems (e.g coolness, change in skin colour, numbness) which is not relieved by rest
- Persistent nausea and vomiting
- Inability to pass urine for more than 8-10 hours

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If you cannot reach your Surgeon:

- Call your family doctor, go to a walk-in clinic or hospital emergency department

Non-emergency health information and services:

- HealthLinkBC www.healthlinkBC.ca
- Tel: 811 from anywhere in BC
- Tel: 711 for deaf and hearing impaired assistance (TTY)

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Physiotherapy Exercises for Shoulder Surgery Patients

You may begin these exercises immediately after surgery unless told otherwise by your surgeon. Do the exercises 2-3 times per day for around 10 repetitions each each.

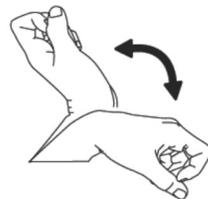
Your surgeon will give you a prescription to see a physiotherapist and tell you when to see a physiotherapist.

Elbow Movement Exercises:

1. **Elbow Flexion-Extension:** sitting up or lying down, take your sling off and keep your arm by your side. Straighten your elbow as far as possible. You can use your non-operated arm to help guide. If you have had a biceps tendon repair, do not do this exercise until approved by your surgeon.

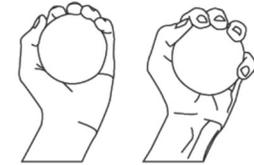


2. **Wrist Flexion-Extension:** Keeping your arm at your side, bend your wrist forwards and

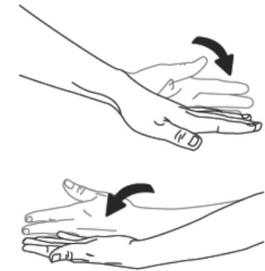


backwards as far as possible. You may need to help with your non-operated hand.

3. **Grip:** Make a fist or squeeze a rolled up cloth or tennis ball



4. **Palm Up/Palm Down:** keeping your arm at your side, start in a hand shake position. Slowly rotate your palm down as fully as possible and up as fully as possible until you feel a stretch in your forearm. If you have had a biceps repair, do not do this exercise until approved by your surgeon.

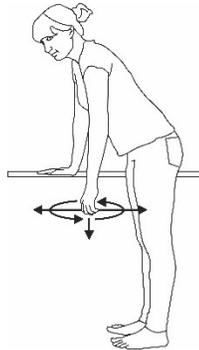


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Shoulder Pendular Swing Exercises

Spend about 15 minutes, 3 times a day exercising your shoulder.

- Rest your good arm on the edge of the table
- Bend over from your waist
- Allow your affected arm to hang down – it should hang limp and loose
- Swing the arm back and forth in a smooth pendular motion about 10 times
- Then allow the arm to circle gently in a clockwise direction with circles that grow gradually larger. Repeat 10 times.
- Now go counter clockwise. Repeat 10 times.



The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or direction given to you by your surgeon.