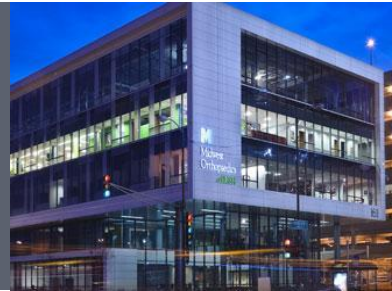




Brian J. Cole, MD, MBA

Sports Medicine and Surgery
Shoulder, Elbow, and Knee
Cartilage Restoration



POSTOPERATIVE INSTRUCTIONS ARTHROSCOPIC SUBACROMIAL DECOMPRESSION/BICEPS TENOTOMY/DISTAL CLAVICLE EXCISION

DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the elbow, wrist, or hand occurs
- It is normal for the shoulder to bleed and swell following surgery – if blood soaks through the bandage, do not become alarmed – reinforce with additional dressing
- Remove surgical dressing on the second post-operative day – if minimal drainage is present, apply band-aids over incisions and change daily
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your sling starting the day after surgery – NO immersion of operative arm (i.e. bath)

MEDICATIONS

- Pain medication is injected into the wound and shoulder joint during surgery – this will wear off within 8-12 hours
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
 - Primary Medication = Norco (Hydrocodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Do NOT take additional Tylenol (Acetaminophen) while taking Norco
 - Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
- If constipation occurs, consider taking an over-the-counter laxative
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed (312-243-4244 – ask for Dr. Cole's PAs)
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen 400-600mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.

ACTIVITY

- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort

- Do not engage in activities which increase pain/swelling (lifting or any repetitive above shoulder level activities) over the first 7-10 days following surgery
- 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

IMMOBILIZER

- Your sling should be worn for *comfort purposes only* – Encourage you to discontinue sling once block is worn off.

ICE THERAPY

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep arm supported while icing
 - Motion Medical Ice Machine “Gameread”/Vasothermic device may be used.
 - Use unit as frequently as tolerated x 14 days
 - Unit is programmed hour on/hour off continuous of compression and ice alternating
 - If braced* - Loosen brace to avoid added pressure
 - If issues with Vasothermic device, please contact Motion Medical 773-248-6400 or Dr Cole’s office or PA’s at 312 432 2379, ColePA@Rushortho.com

EXERCISE

- Begin pendulum, elbow, wrist, and hand exercises 24 hours after surgery – complete 3-4 times per day until your first post-operative visit
- Perform all exercises on discharge exercise sheet unless otherwise indicated
- Formal physical therapy(PT) will begin after initial post operative visit and evaluation

****Emergencies****

- Contact Dr. Cole or his PA at **312-432-2379** or by email **ColePA@Rushortho.com** if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101° – it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist, hand or lower extremity
 - 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, call 312-243-4244 and you will be connected to our page service – they will contact Dr. Cole or one of his fellows if he is unavailable. Do NOT call the hospital or surgicenter.**
- ****If you have an emergency that requires immediate attention, proceed to the nearest emergency room.**

Follow-Up Care/Questions

- Kyle Pilz, PA-C, Kevin Shinsako, PA-C, Charles Dowell, PA-C (Dr. Cole's Physician Assistants) will call you on your first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please email or call directly (312-432-2379)
- If you have additional questions that arise at any time, whether for Dr. Cole, Kyle, Kevin or Charles please send an email to Kyle, Kevin, or Charles for the fastest reply (**ColePA@Rushortho.com**). If email is not an option please call directly (**312-432-2379**)
- If you do not already have a postoperative appointment scheduled, please contact the scheduling office during normal office hours (312-432-2599)
- This web site also includes more postoperative information for specific procedures, which may be helpful for your recovery.