

SVO

SILICON VALLEY
ORTHOPAEDICS

Postoperative Instructions: Shoulder MUA +/- Arthroscopy

❖ GENERAL

- ❖ You will be put to sleep for this procedure and your surgeon will manually manipulate your shoulder to maximize shoulder range of motion. You may or may not have concurrent shoulder arthroscopy. If you did you will have 3-4 incision port sites around the shoulder. It is normal to experience some sharp pain in the shoulder when working on moving your shoulder. You are not doing any damage by moving the shoulder and feeling this pain.

❖ DIET

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

❖ WOUND CARE

- ❖ If you did not have arthroscopy, you will not have any wound to care for post op.

If you did have arthroscopy:

- It is normal to notice some blood on your operative dressing following surgery- if blood soaks through the bandage, do not become alarmed- reinforce with additional dressing.
- Remove surgical dressing on the **third post-operative day**- if minimal drainage is present, apply dry gauze over incisions and change daily- you may then shave around the wound as long as the wounds remain sealed with a large piece of gauze and tape.
 - **REMOVE THE ACE WRAP, GAUZE WRAP AND GAUZE. DO NOT REMOVE THE WHITE BANDAIDS (STERISTRIPS) ACROSS THE SKIN OR ANY SUTURE MATERIAL YOU NOTICE.**
- If you note increasing drainage on the gauze, increased redness around the wound (spreading), or milky drainage from the wound, please call the office.
- To avoid infection, keep surgical incisions clean and dry- you may shower the day after surgery, however; you cannot immerse the wound (i.e. bath or pool) and let water run over the wound.

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❖ MEDICATIONS

- The incisions are injected with a medication that makes the area numb; however, this will wear off in 8-12 hours. We recommend that you start pain medications when you get home so that it's in your system before this wears off.
- Most patients will require narcotic pain medications for a short period of time (max. 6 weeks)- this must only be taken as prescribed/written on the bottle.
- 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, please contact the office at (510) 739-6520 and speak with a staff member about possible medication changes.
- **Do not** drive a car or operate machinery while taking the narcotic medication.
- Ibuprofen 800mg (i.e. Advil) may be taken in between narcotic pain medication to provide baseline relief, reduce the overall amount of pain medication required, and to help increase the time intervals between narcotic medication usage.

❖ SLING

Use sling for comfort only.

❖ ACTIVITY

- Home pendulum exercises can start right away. See image below.



- NO driving until instructed otherwise by physician and no driving while taking narcotic pain medications.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable. If any work/school notes are needed, please contact Becca or your designated clinic (U.S. Healthworks).

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❖ EXERCISE

- Formal physical therapy (PT) should begin ASAP to maintain your range of motion. You can start physical therapy as soon as the same day of surgery unless told otherwise by your surgeon.

❖ ICE THERAPY

- Begin immediately after surgery.
- Use ice machine or ice (if machine not prescribed) every hour for 20 minutes daily until your first post-operative visit. Icing is a perfect time to also perform elevation.

❖ EMERGENCIES**

- Contact Becca (cell phone: 408-707-0613) if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever greater than 101.5° at least 48 hours after surgery or chills
 - Redness that is spreading around incisions
 - Continuous drainage or bleeding from incision (a small amount is expected)
 - Excessive nausea/vomiting
 - Difficulty breathing/chest pain- Consider going directly to the nearest emergency room if this is persistent
- **If you have an emergency after hours or on the weekend, contact Becca on her cell number. She can connect you with me.
- ***Do NOT call the hospital or surgery center.**
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

❖ FOLLOW-UP CARE/QUESTIONS

- You will receive a call within 48 hours of your surgery to check on your status.
- If you have additional questions, please feel free to email them to becca.lopez@formortho.com
- If you do not already have a postoperative appointment scheduled, please contact the office during normal business hours (8:00am-5:00pm) and ask to schedule between 7-14 days after your surgery.

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Please discharge patient when discharge criteria have been met. Patient is alert, oriented, and ready for discharge.

PHYSICIAN SIGNATURE

DATE

RN SIGNATURE

DATE