



Matthew Varacallo MD

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Surgery: Arthroscopic shoulder stabilization

DIET

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

WOUND CARE

Maintain your operative dressing until the **third** post-operative day

It is normal for the shoulder to swell following surgery. If blood soaks onto the bandages, do not become alarmed, replace with a new dressing

Remove surgical dressing on the **third** post-operative day – if minimal drainage is present, apply Band-Aids or a clean dressing over incisions and change daily.

To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning the day after surgery.

Keep the wound dry until the sutures are removed by using waterproof band-aids. After suture removal, the wound may get wet in the shower. NO immersion in a bath until given approval by our office.

MEDICATIONS

Most patients will have a regional block that (most of the time) lasts until the day after your surgery. That being said, you will be given prescriptions for additional medications to start the night of your surgery. It is important to take these medications early on to help ease the transition period from when your block starts to wear off.

Patients commonly encounter more pain on the first or second day after surgery when swelling peaks and the block wears off.

Most patients will require some narcotic pain medication for a short period of time – this can be taken as directed on the bottle. Scripts will be provided the day of your surgery.

Pain Medications utilized after surgery are narcotics and the law requires that the following information be given to all patients that are prescribed narcotics:

CLASSIFICATION: Pain medications are called Opioids and are narcotics

LEGALITIES: It is illegal to share narcotics with others and to drive within 24 hours of taking narcotics

POTENTIAL SIDE EFFECTS: Potential side effects of opioids include: nausea, vomiting, itching, dizziness, drowsiness, dry mouth, constipation, and difficulty urinating.

OTHER POTENTIAL ADVERSE EFFECTS:

Opioid tolerance can develop with use of pain medications and this simply means that it requires more and more of the medication to control pain; however, this is seen more in patients that use Opioids for longer periods of time.

Opioid dependence can develop with use of Opioids and this simply means that to stop the medication can cause withdrawal symptoms; however, this is seen with patients that use Opioids for longer periods of time.

Opioid addiction can develop with use of Opioids and the incidence of this is very unlikely in patients who take the medications as ordered and stop the medications as instructed.

Opioid overdose can be dangerous but is **unlikely when the medication is taken as ordered and stopped when ordered**. It is important not to mix opioids with alcohol or with any type of sedative, such as Benadryl, as this can lead to over sedation and respiratory difficulty.

Do not drive a car or operate machinery while taking the narcotic medication

Please avoid alcohol use while taking narcotic pain medication

If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen (600 800mg) or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.

ACTIVITY

Begin exercises (shoulder pendulums and active elbow extension/flexion without resistance) 24 hours after surgery unless otherwise instructed.

While maintaining your elbow by your side, begin elbow, hand, and wrist exercises, including elbow flexion/extension WITHOUT resistance 24 hours after surgery unless otherwise instructed.

Formal physical therapy (PT) typically begins after you are seen at your first post-operative appointment 2 weeks after surgery. A prescription and protocol will be provided at your first post-op visit.

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

Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks
Elevate the operative leg to chest level whenever possible to decrease swelling.

NO driving until instructed otherwise by physician

May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

Sling Immobilizer

Your sling should be worn at all times except for hygiene and exercises

Avoid getting your sling wet! Remove for showering. When showering it may be helpful to develop a routine of incorporating elbow flexion/extension without resistance while your sling is off during showering

ICE THERAPY

Icing is very important in the initial post-operative period and should begin immediately after surgery.

Use icing machine continuously or ice packs (if machine not prescribed) for 30 minutes on and 30 minutes off as much as tolerated. Remember to keep leg elevated to level of chest/heart while icing. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.

You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable

EXERCISE

You may begin shoulder pendulums and elbow, wrist, and hand range of motion on the first post-operative day about 2-3 times per day (no resistance/weights are to be used)

Formal physical therapy (PT) will begin after your first post-operative visit

EMERGENCIES

Contact Dr. Varacallo's office at 814-375-6200 if any of the following are present:

- *Painful swelling or numbness (note that **some** swelling, numbness, and bruising is normal)
- *Unrelenting pain or calf pain
- *Fever (over 101° F – it is normal to have a low grade fever (<100°) for the first day or two following surgery) or chills
- *Redness around incisions
- *Color change in foot or ankle
- *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, contact the office at 814-375-6200

If you have an emergency that requires immediate attention proceed to the nearest emergency room

FOLLOW-UP CARE/QUESTIONS

If you do not already have a post-operative appointment scheduled, please contact our scheduler at **814-375-6200** to schedule. These appointments are normally on the first or second Wednesday following your operation.

Your first post-operative appointment will be scheduled with either Dr. Varacallo or one of his associates/assistants. The goal of your first visit will be to do a quick wound check, make sure you have started physical therapy (unless deferred), and to answer any further questions you have regarding the procedure/recovery

Other general points:

Mobilization: The best way to avoid a blood clot is to do your exercises as instructed multiple times per day. Typically you can wait to start these daily exercises until after your first physical therapy appointment. Your therapist will work with you to come up with a daily routine of home exercises to do multiple times per day.

Long travel/flights: Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks. After 2 weeks, plans for longer travel, flights, and vacations will vary from person to person and will depend on your individual recovery following your surgery. If you are planning any long travel (car or plane) in the first 2 months following your surgery, be sure to get up and walk at least once every hour .

Return to driving: Avoid driving when on narcotics and when you have a brace in place on your extremity. Beyond these two “rules”, I will discuss with you when is a reasonable time frame to expect to be able to return to driving. Again, this will vary depending on the operative extremity (right or left), the car(s) you drive (manual/stick shift versus automatic), and the distance you plan on driving. You are not cleared to drive until either myself or one of my assistants gives you permission from the office.

Return to (full duty) work: There is no “rule” on an exact time frame for return to work and this can vary significantly from patient to patient. That being said, every job varies from person to person and based on individual labor requirements, options for light duty / part-time adjustments, and I will do my best to discuss and plan with you for a reasonable time frame for expectations to return to full duty. Please contact the office if additional documentation is required.

Stool Softeners: You will be at greater risk of constipation after surgery because of being less mobile and taking the pain medications.

- Take stool softeners as instructed by Dr. Varacallo while on pain medications.
***Over the counter Colace 100 mg 1-2 capsules twice daily**
- You may stop the Colace once you stop taking pain medications after your surgery OR if you notice that your stools become too loose or too frequent
- If constipation occurs despite use of stool softeners, you are to continue the stool softeners and add at least one of the following:
 - *Over the counter MiraLax Laxative Power as directed
 - *Over the counter Milk of Magnesia 1 ounce daily as needed
 - *Over the counter Dulcolax oral tabs (bisacodyl USP 5mg) as directed
 - *Suppository or a fleets enema can also be utilized for constipation and can be obtained over the counter as well
- If above interventions are unsuccessful in inducing bowel movements, please contact your family physician's office/Dr. Varacallo's office
- Drink plenty of fluids and eat fruits and vegetables during your recovery time

Any questions, please call Shera with Dr. Varacallo's office at 814-375-6200