

Patient Discharge
Instructions #5



Anterior Shoulder Labrum & Capsule Repair

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OrthoNeuro

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There are arthroscopic techniques and open-incision techniques. The overall goal is to reattach the labrum (the ring of cartilage) to the glenoid (the shallow cup of the joint) and tighten the capsule and ligaments. Arthroscopic techniques involve using small incisions (arthroscopy portals) to repair the labrum to the glenoid with sutures, with or without surgical anchors, which are inserted into the glenoid rim. If the capsule and ligaments are stretched, the shoulder is tightened either by folding the excess capsule underneath itself and sewing it together or by using heat to shrink it.

Please view our website at: www.OrthoNeuro1.com for more information. Click on Patient Education, then click on Knee. The Viewmedica window has information on anatomy, conditions, and surgical techniques. There is also an option to print the information.

Before Surgery

- ◆ Please read all of your instructions and follow them carefully.
- ◆ Dr. Berasi tries to speak with every patient immediately before surgery. On rare occasions, he may not be able to do so, if your case is moved to a different OR in order to expedite your treatment.
- ◆ Your surgery time is an estimate that depends upon coordinating patients, personnel, doctors, OR rooms, and equipment. We apologize if you must wait, but rest assured that we will take all the time needed to do your surgery.
- ◆ Dr. Berasi will call your family immediately upon completing your surgery. If your family is not available at that time, please call our office the following day.
- ◆ Arthroscopic pictures will be taken and explained to you at your first office visit. You will also receive a copy of the pictures.

Diet

- ◆ Return to your normal diet slowly. Start with liquids. Progress to a regular diet if you are not nauseated.
- ◆ Do not drink any alcoholic beverages for 24 hours or while you are taking narcotic pain medication.
- ◆ You will need a diet high in fiber until you return to your usual activities.
- ◆ If you are diabetic, check with your family physician about diet and medication.

Safety and Activity

- ◆ Arrange for an adult to drive you home from the hospital and stay with you for the first 24 hours after surgery.
- ◆ Limit your activity for 24 hours. You may feel dizzy; take care as you walk or climb stairs.
- ◆ Do not drive or operate machinery for 24 hours or while you are taking narcotic pain medication.
- ◆ Do not make important personal decisions or sign legal papers for 24 hours.
- ◆ Your arm must remain in the same position at all times.
- ◆ You must remain in your sling at all times except when showering. When showering, your arm must remain in the same position; the palm of your hand should be placed on your belly and remain there until your sling is reapplied.
- ◆ Return to sports depends on the type of sport, the position played, and arm dominance. Typically, patients do not return to full athletic activity for 6 months.
- ◆ Return to work depends on the type of employment. Seated work can usually be performed in a few days using your non-operative arm only, while heavy labor jobs may require 3-6 months. Please discuss with Dr. Berasi if you have any questions.

Pain Management

- ◆ Your physician will prescribe pain medication. Many patients do well taking ibuprofen, 600mg-800mg every 8 hours with food, if they have no known contra-indications.
- ◆ If you have no contraindication, also take one 325mg aspirin daily with food for the first 2 weeks.
- ◆ Icing the shoulder for 15-20 minutes each hour will help reduce swelling. Do not apply ice directly to the skin. Use a towel to wrap the ice.

Wound Care

- ◆ You may change the dressing and shower in 2 days. Apply band-aids to the incisions. Keep the wound clean.
- ◆ Swelling and the sensation of fluid within the joint are normal for the first few days.
- ◆ Bruising around the shoulder, chest and upper arm are normal.

Post Anesthesia Instructions

- ◆ If you received general anesthesia, you may have a dry, raspy sore throat. Throat lozenges may relieve this. You may also have 1-2 days of muscle soreness.
- ◆ If you received spinal or epidural anesthesia, you may have pain at the injection site. Rarely patients may have a headache. If you do, stay in bed (getting up to go to the bathroom only), drink plenty of fluids and take Tylenol (Acetaminophen) 650 mg. every 4 hours. Do not exceed 4000 mg. in a 24 hour period. Call us at (614) 775-6600 if you have not urinated within 6 hours, your headache persists after 2 days, you develop new leg weakness or numbness, or you experience an inability to control your bowels or bladder.
- ◆ After a regional nerve block, you may not have return of movement or feeling to the operative leg for up to 24 hours after the block is placed. Protect the affected leg until normal movement and feeling return. No weight bearing on any blocked (numbed) leg until weakness and numbness is completely gone. Some pain at the injection site is normal. If you have severe pain at the injection site, contact the Anesthesia Department at (614) 775-6600.

Follow Up Appointment

- ◆ Make an appointment to see Dr. Berasi 6-10 days after your surgery.

Contact your doctor immediately if you have any of the following:

- ◆ Heavy or persistent bleeding.
- ◆ Difficulty breathing or swallowing.
- ◆ Fever over 101°F.
- ◆ Changes in the color or temperature of your hand or fingers.
- ◆ Sudden onset of numbness after nerve block resolved.
- ◆ Sudden, severe pain or pain not relieved by medication.
- ◆ Redness, swelling or pus around the incision.
- ◆ Inability to urinate within 6 hours of leaving the hospital.

For after hour emergencies, contact the doctor at (614) 890-6555. If symptoms are severe, go to the nearest emergency room or call 911.