

Patient Discharge
Instructions



Shoulder Arthroscopy with Acromioplasty or Debridement

Physician: **Dr. M Gittins**

OrthoNeuro

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The overall goal of the arthroscopic shoulder acromioplasty or debridement is to remove chronically inflamed and scarred bursa (fluid-filled sac in the shoulder joint) and shave bone or remove growths on the upper joint of the shoulder blade. The surgeon may also remove a small amount of bone from the underside of the acromion (the outer end of the shoulder blade where the collarbone is attached) and the acromioclavicular joint (the joint where the shoulder blade and collarbone meet). The goal of the procedure is to smooth any roughened areas while maintaining the normal anatomy as much as possible.

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

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 until you are no longer 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 doctor about diet and medication.

Safety and Activity

- ◆ Arrange for an adult to drive you home from the hospital and stay with you for 24 hours.
- ◆ Limit your activity for 24 hours. You may feel dizzy; take care as you walk or climb stairs.
- ◆ Do not play sports or do any lifting until Dr. Gittins approves.
- ◆ Do not operate a car, motorcycle, or any dangerous equipment for 24 hours or while you are taking narcotic pain medication. Do not drive or return to your usual activities until Dr. Gittins approves.

Safety and Activity (continued)

- ◆ Do not make important personal decisions or sign legal papers for 24 hours.
- ◆ Keep your arm in the sling for the first 24 hours after your surgery.
- ◆ Frequently move your fingers to lessen the swelling.
- ◆ Perform Venous Return Exercises on the operative arm 10 times per hour while awake for 24 hours. Then perform these with the Shoulder Arthroscopy Exercises on page 4.
 - Open and close your fist.
 - Move your wrist up and down.
 - With your arm at your side, bend your arm at the elbow.
- ◆ To decrease stiffness and swelling, perform the exercises on page 4, 3-4 times per day. Start the exercises in 24 hours.

Pain Management

- ◆ You received pain medicine in your shoulder by the anesthesiologist before the surgery. This medicine may control your pain for up to 24 hours.
- ◆ Begin taking pain medicine as directed by Dr. Gittins, when feeling first begins to return to your hand on the operative arm.
- ◆ Use ice on your shoulder as often as possible for the first 48 hours after your surgery. Do not leave ice on for more than 20 minutes at a time. Do not apply ice directly on your skin. Place a towel between your skin and the ice pack.

Wound Care

- ◆ 24 hours after your surgery you may remove your dressing and shower. Clean site with soap and water. Do not scrub incision sites. Do not soak in the tub.
- ◆ After showering, cover incision sites with Band-Aids.
- ◆ Clean incision sites with soap and water and reapply new Band-Aids once a day.

Post Anesthesia Instructions

- ◆ If you received general anesthesia, you may have a dry, raspy throat. Throat lozenges may relieve this. You may also have 1-2 days of muscle soreness.
- ◆ Regional anesthesia can provide superior pain relief, minimize side effects and get you home sooner. However, you must be prepared for when it wears off. On average you will get 12-18 hours of pain relief from the time the block was placed. Occasionally the numbness may persist for over 24 hours. This time period may be your most comfortable for several days. Movement in the hand returns first and proceeds up the arm. Sensation then returns in a similar fashion.

Post Anesthesia Instructions (continued)

- ◆ The last of the numbness can resolve quickly, therefore, be prepared to take pain medication even before the first sensation of shoulder discomfort. Because of the timing of placement, the block may wear off during the night. Even if your shoulder is still numb, taking pain medication at bedtime may make the transition more tolerable. Anti-inflammatory medications such as Tylenol or Ibuprofen are good options if acceptable to your surgeon. Alternatively, you can take one tablet of your prescribed pain medication. You will be fitted with a sling to both support your shoulder and protect your arm as you will have little control of it. For this reason we suggest that you sleep in a recliner the first night if your arm is still numb to avoid turning and subconsciously getting it into a compromising position. There are several other nerves that live close to the nerves that supply your shoulder. For this reason they can also be temporarily numbed. This may cause your eyelid to droop and your pupil to be smaller on the side of the block as well as occasional hoarseness and/or difficulty taking a deep breath. All of these side effects are normal and will resolve well before the numbing of the shoulder. Should you experience chest pain or shortness of breath please contact the hospital immediately. Some mild pain at the injection site is normal for 1-2 days. If you have severe pain at the injection site, contact the Anesthesia Department at (614) 775-6600.

Follow-Up Appointment

- ◆ Follow up with Dr. Gittins in 7-10 days after your surgery. If you do not already have an appointment, call Dr. Gittins's office to schedule one.

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.
- ◆ Any other problems or concerns.

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

Pendulum Exercise **Start in 24 hours.**

- ♦ Lean forward at the waist letting your operative arm hang freely.
- ♦ Support yourself by placing the opposite hand on a chair, table, or counter as shown.
- ♦ Slowly sway your *whole body* forward and back, causing your arm to move freely.
- ♦ Perform this exercise in a clockwise pattern ten times and a counterclockwise pattern ten times.
- ♦ This exercise needs to be performed 3-4 times per day.



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Wall Walking Exercise **Start in 24 hours.**

- ♦ Walk your fingers gently up the wall with the assistance of your opposite arm.
- ♦ Stop when your elbow is at shoulder level.
- ♦ Hold this position for ten seconds.
- ♦ Repeat this exercise three times per session.
- ♦ 3-4 sessions of this exercise need to be completed per day.