

POSTOPERATIVE INSTRUCTIONS SHOULDER - ARTHROSCOPIC DISTAL CLAVICLE EXCISION

PLEASE READ THESE INSTRUCTIONS COMPLETELY AND ASK FOR CLARIFICATION IF NECESSARY - DIRECT QUESTIONS TO YOUR NURSE BEFORE LEAVING THE HOSPITAL OR VIA PHONE TO DR BLAKE'S STAFF AFTER ARRIVING HOME

OFFICE PHONE NUMBER 605-504-1100

WOUND CARE

- Remove surgical dressing 48 hours after surgery – large band-aids can be placed over the incisions, covering them completely. It is okay to shower directly over the band-aids as long as the incisions stay dry until your first post-operative appointment in clinic.
- Loosen bandage if swelling or progressive numbness occurs in the extremity.
- It is normal for the joint to bleed and swell following surgery – if blood soaks onto the bandage, simply reinforce with additional gauze dressing for the remainder of day and check again.

LEAVE THE STERI-STRIP TAPE IN PLACE OVER INCISIONS UNTIL FIRST APPOINTMENT

MEDICATIONS

- Pain medication is injected into the wound and joint during surgery – this will wear off within 8-12 hours. It is recommended to begin the prescription pain medication provided to you upon arriving home, and continue every 4 hours for the first 1-2 days after surgery.
- If you are having problems with nausea and vomiting, contact the office to possibly have your pain medication changed or something additional prescribed for nausea (605-504-1100 – ask for Dr. Blake's team.)
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To help minimize risk of side effects, take medication with food – if constipation occurs, consider taking an over-the-counter stool softener such as Dulcolax or Colace.
- Do not drive a car or operate machinery while taking the narcotic medication.
- As long as you have no personal history of adverse response to anti-inflammatories, use an over-the-counter anti-inflammatory such as Ibuprofen (i.e. Advil/Motrin) 600-800 mg as frequently as every 8 hours with food to help swelling and pain in addition to the prescribed pain medication.

ICE THERAPY

- Begin immediately after surgery - use the ice machine (when prescribed) as directed for the first 2-3 days following surgery. Ice at your discretion thereafter. When using "real" ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of skin. In either case, check the skin frequently for excessive redness, blistering or other signs of frostbite.
- Remember to keep the extremity elevated while icing when able.
- For technical questions regarding the ice machine, please contact the vendor directly using the telephone number on the device.

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ACTIVITY

- Remain in sling at all times other than personal hygiene and wardrobe changes.
- Okay to remove sling 3x daily for bending of elbow, wrist, hand beginning on the first post-operative day.
- Do not engage in activities which increase shoulder pain over the first 7-10 days following surgery.
- NO driving until off narcotic pain medication.
- Okay to return to work when ready and able. Please notify office if written clearance is needed.

EXERCISE

- Begin exercises 3x daily starting the day after surgery (wrist flexion/extension, elbow flexion/extension, shoulder range of motion, pendulum swings) unless otherwise instructed. See attached pictures of exercises for reference. Three sets of 10-15 repetitions each is advised. If the exercises cause pain, stop and try again later in the day.
- Shoulder stiffness and discomfort is normal for a few days following surgery.
- Avoid movement of the arm against gravity or away from the body.
- Formal physical therapy (PT) will begin after your first post-operative visit if necessary.

DIET

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

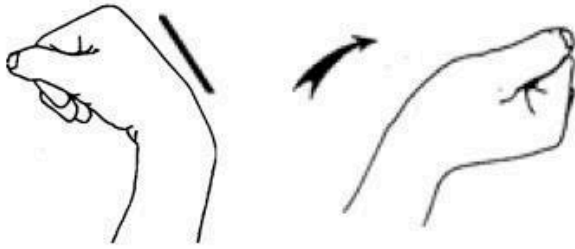
****EMERGENCIES****

- Contact Dr. Blake's team at 605-504-1100 if any of the following are present:
 - Painful swelling or numbness that progressively worsens
 - 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 that worsens
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting

DO NOT CALL THE HOSPITAL OR SURGICENTER FOR EMERGENCIES
IF YOU HAVE A NEED THAT REQUIRES IMMEDIATE ATTENTION, PROCEED TO THE NEAREST EMERGENCY ROOM

POST OPERATIVE SHOULDER EXERCISES

WRIST FLEXION / EXTENSION



Actively bend wrist forward.
Then backwards as far as you can.
Repeat 10-15 times. Do 3 sessions per day.

ELBOW FLEXION / EXTENSION



With palm either UP, DOWN, or THUMBSIDE UP
gently bend elbow as far as possible.
Hold for 5 seconds.
Then straighten arm as far as possible.
Repeat 10-15 times. Do 3 sessions per day.
****DO NOT PERFORM THIS EXERCISE IF
BICEP TENODESIS WAS PERFORMED****

SHOULDER RANGE OF MOTION

(Self-stretching activity)

Slide arm up wall with palm
toward you by moving
closer to the wall.
Hold 10-15 seconds.
Repeat 3 times.
Do 3 sessions per day.



PENDULUM SWINGS (Clockwise/counterclockwise)



Let arm move in a clockwise circle,
then counterclockwise by rocking body
weight in a circular pattern.
Repeat 10-15 times. Do 3 sessions per day

PENDULUM SWINGS (Side to side)



Gently move arm from side to side
by rocking body weight from side to side.
Let arm swing freely.
Repeat 10-15 times. Do 3 sessions per day

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