

POSTOPERATIVE INSTRUCTIONS SHOULDER - OSTEOCHONDRAL ALLOGRAFT OF HUMERAL HEAD

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:
 - D 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

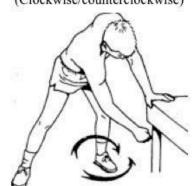
WRIST FLEXION/EXTENSION

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

ELBOW FLEXION / EXTENSION



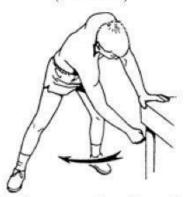
With palm either UP, DOWN, or THUMBSIDE UP gently bend elbow as far as possible. Hold for 5 seconds. Then straighten arm as far as possible. Repeat 10-15 times. Do 3 sessions per day. **DO NOT PERFORM THIS EXERCISE IF BICEP TENODESIS WAS PERFORMED** PENDULUM SWINGS (Clockwise/counterclockwise)



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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