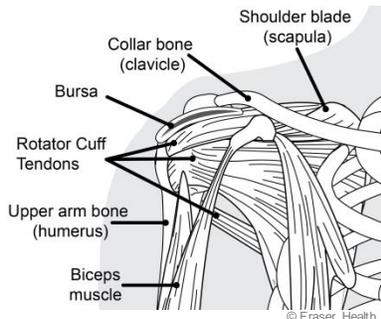


Shoulder Repair

Your Surgery and Recovery at Home

Shoulder surgery is done for few reasons such as sports injuries, repetitive injuries, and broken bones (fractures).



I am having:

- Arthroscopy** – Look inside the shoulder joint and possibly repair the tissues in and/or around the joint. Might include removing bone spurs or arthritis.
- Rotator Cuff Repair** – Repair to a tear or strain in the group of tendons that hold the shoulder joint together and help it move.
- Superior Labrum Anterior and Posterior (SLAP) Repair** – Repair of the top (superior) part of the cartilage that surrounds the shoulder joint (called the labrum) where the ligament(s) and tendon(s) attach at the front (anterior) and back (posterior).
- Bankart Tear Repair** – Repair of a tear to the front part of the labrum by tightening or reattaching the labrum and ligaments.

These surgeries can take between 45 minutes to 1.5 hours. You usually go home the same day or 1 day after the surgery. It depends on your recovery and your health before the surgery.

Appointments after surgery

See your surgeon after surgery.

My appointment is on: _____

X-ray before your appointment Yes No

See your family practitioner* _____ days after surgery.

My appointment is on: _____

*Family practitioner refers to family doctor or nurse practitioner

Going home checklist

- You have someone to drive you home.
- You have a responsible adult to stay with you for the first 24 hours or longer, if needed.
- You know what medicine(s) to take, as well as when and how to take them.
- You know what you cannot do for 24 hours (because of anesthetic) including:
 - × **No** driving or operating hazardous machinery
 - × **No** drinking alcohol or using any substance or street drug
 - × **No** making important decisions or signing legal documents

Note: No matter what type of shoulder surgery you have, your arm will be in a sling for a few weeks. This means you will need to manage every day activities with one hand and arm.



Caring for Yourself at Home

Activity and Rest

Balance your activity and rest for the first few days. Try to get 8 hours of sleep each day.

Some swelling and pain is normal. Follow these instructions to reduce the swelling and pain, and help with healing.

- ✓ For the first 2 weeks, wear your sling during the day between exercises and at night. (This reminds you to not reach with your arm.)



If you had a tendon or ligament repair, you might need the sling for 4 to 6 weeks.

- ✓ When sitting or lying down:
 - Support your arm on pillows.
 - Place an ice pack over the shoulder for 10 to 20 minutes, 4 to 5 times a day.
 - Open and close your hand repeatedly for 1 to 2 minutes, 4 to 5 times a day.
 - **Do not** sleep on your surgery side.



- ✓ When up and moving about:
 - **Do not** use your operated arm to lift, push or pull anything
 - **Do not** carry anything heavier than a glass of water.
 - **Do not** drive until your surgeon says it is safe to do so.

Your surgeon tells you when it is safe to use your operated arm.

Shoulder Exercises

We give you a list of exercises to do after surgery.

Usually, you start your exercises 2 or 3 days after the surgery. Do them slowly and within a range that does not cause you pain.

Put the ice pack on your shoulder for 10 to 20 minutes right after your exercises.

For the first 2 to 6 weeks (depending on the type of surgery), **do not** try to raise your arm over your head or lift your arm away from your side using the muscles in that arm (unless told differently by your surgeon, physiotherapist, or nurse).

Incision Care

You can take showers starting the day after the surgery. The bandage covering your shoulder is waterproof.

- **Do not** remove the bandage. Your surgeon removes your bandage at your follow up appointment.
- **Do not** take tub baths until your surgeon says it safe to do so. Pushing up out of the tub can damage your healing shoulder.

Always wash your hands before and after touching around your incision. No creams or lotions on the incision unless instructed to by your surgeon.

Drinking and Eating

Return to your normal diet. You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from caffeine, carbonated soft drinks, and acidic fruit juices while feeling sick.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. It can make your nausea worse.

If you continue to feel sick, try taking a medicine to settle your stomach such as Gravol®. You can buy either pills to swallow or suppositories to put in your rectum (up the bum). Follow the directions on the package or ask your pharmacist.

You can get constipated if you are less active, eating less fibre, or taking opioid pain medication.

To prevent constipation:

- Drink water throughout the day.
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Walk and move around as much as you can.

If you are still constipated, talk with a pharmacist or family practitioner about taking a laxative.

Managing pain

During surgery, your shoulder might have been injected with long-acting freezing. If so, expect your arm to be numb for up to 24 hours. You might not be able to move or control your arm so keep it in the sling at all times. You will also have less feeling. Protect your arm from being hurt or bumped. As the freezing wears off, you will notice tingling in your arm. This is normal.

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

Your surgeon gives you instructions to take pain medicine. This could include both prescription and non-prescription (over the counter) pain medicine. Follow the instructions given by your surgeon.

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities. Take your pain medicine regularly for the first day or so, even if you have just a little pain. Also, do other things to help ease your pain or distract you from the pain, such as slow breathing, listening to music, watching T.V.

Always read the label and/or information from the pharmacist about how to take medication safely.

Questions about medications? Speak to your local pharmacist. After-hours, call 8-1-1 and ask to speak to a pharmacist

Non-prescription pain medicines:

- acetaminophen (Tylenol®)
- non-steroidal anti-inflammatory drugs (NSAIDs)

Examples: ibuprofen (Advil®, Motrin®)
 naproxen (Naprosyn, Aleve®)

NSAIDs are not for everyone after surgery. If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

Prescription pain medicines with opioids (narcotics):

- Tramacet® (tramadol and acetaminophen)
- Tylenol #3® (codeine and acetaminophen)
- Oxycocet®/Percocet® (oxycodone and acetaminophen)

Note: These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

Safe use of opioid pain medicines

If you are using any medicines that have opioids (narcotics) in them, take note of the following safety information.

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.
- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines, **do not** drive, drink alcohol, or start taking any new sleeping pills.
- Store opioid medicines in a secure place. Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.
- Take any unused opioid medicines back to your pharmacy to be safely disposed. **Do not** keep unused medicines at home.

When to get help

Call your surgeon or family practitioner if you have any of the following:

- a fever over 38°C (101°F)
- a red and swollen incision that is hot to touch
- pus (yellow/green fluid) draining from or a bad smell coming from the incision
- continued bleeding from the incision
- pain does not ease with pain medicine, or stops you from moving or recovering
- numbness that lasts longer than 24 hours if long-acting freezing was used for surgery
- increasing or new numbness and tingling in your hand or fingers

Can't contact your surgeon or family practitioner?
Have any questions about your recovery?

• Call Fraser Health Virtual Care

10:00 a.m. to 10:00 p.m., daily

1-800-314-0999

fraserhealth.ca/virtualcare

• Call 8-1-1 (HealthLinkBC) to speak to a registered nurse any time - day or night.

HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

• Call 9-1-1 if you have any:

- trouble breathing or shortness of breath
- chest pain
- sudden severe pain