



Shoulder and Elbow Surgery Information

Understanding your treatment plan

This handout explains care after your Shoulder Surgery while you are in the hospital and then details care issues while you recover at home. Information is also given about follow-up exams, medication refills, and when to call your doctor or nurse.

While You Are in the Hospital

- Pain is generally controlled with a patient-controlled analgesia (PCA) device the day of and night following surgery. This device is hooked up through an intravenous (IV) line and allows the patient to manage his/her own pain by pushing a button.
- We generally switch our patients over to oral pain medications on the day following surgery to allow for longer acting pain control and to prepare patients for out of hospital pain management.
- Our physical therapist will guide you through the personal physical therapy exercise prescribed to you by the shoulder team. These exercises are vital for your post surgical management of your shoulder and we need to make sure that you understand how to and are comfortable doing these exercises prior to discharge.
- Our nursing staff will assist you in walking and moving around after your surgery and show you how to take care of your incision site and shower for the period following surgery.
- Once pain is under control with oral medications and you are able to perform your physical therapy exercises, we will determine when you can be discharged from the hospital.

Follow-up Exams

- Your first follow-up exam is generally around 2 weeks after your surgery. We will check your incision, examine you and assess your physical therapy progress.
- Your staples or sutures will be removed, and will be replaced with steri-strips. Please wait 24 hours before taking a regular shower and the steri-strips can be removed a week your follow up visit.
- Generally, the next follow-up will be at 6 weeks after your surgery. You may get an x-rays at this visit, so that we can reassess placement of your new shoulder. If you have met your physical therapy goals, we generally progress physical therapy to include strengthening or flexibility exercises that may be needed.
- The third follow-up is generally set at 3 months post up. We will assess your shoulder function to determine if you would benefit from additional exercises.

Home Care

Call the Shoulder Service right away if you:

- Have a fever higher than 100°F, or feel very sick.
- Notice any warmth, redness, and/or increased drainage coming from your incision.

Incision Care:

- You may see a small amount of drainage from your incision. This is normal and should decrease daily until completely dry.
- You should keep the incision covered with a clean, dry and sterile dressing until your staples are removed. **DO NOT SOAK YOUR INCISION SITE.** If there is drainage, change your dressing daily.
- You may shower, but will need to cover your incision site until your staples are removed. Make sure that your incision is dry after your shower. Twenty-four hours after your staples are removed, you can have normal showers and baths.
- Please allow your armpit area a chance to air out a little. If you are keeping your arm at your side a lot, please place a dry hand towel in your arm pit to help prevent a yeast infection.

Medications:

- We will discharge you with enough medications to get you through to your first follow-up visit. At that time, we will only refill your pain medications if you still need them.
- We expect you will no longer need your pain medication 4 weeks after your surgery. If you are still on pain medicine you should follow-up with your primary care provider for this.
- See your primary care provider at least 2 months after your surgery for a follow-up visit if you have any other medical issues.
- Do not take any NSAIDS (anti-inflammatory medications) such as ibuprofen, aspirin, and/or Celebrex for 6 weeks after your surgery unless directed to by one of our surgeons. These drugs slow bone growth and this may lead to poor healing. If you were taking aspirin prior to your surgery for cardiac reasons, it is ok to resume this.
- You may take Tylenol (acetaminophen), but not more than 4,000mg in a 24-hour period. If you have liver problems, please consult your doctor prior to using Tylenol.
- The goal is to be off of all pain medications before 3 months after your surgery.

Activity

- Lifting: No lifting of anything heavier than a coffee cup until at least your 6 week follow-up.
- Driving:
 - No driving or operating of heavy machinery while taking any narcotic pain medications.
 - No driving of a vehicle driving for at least first 6 weeks after your surgery. Remember that your shoulder is still healing as is in a weakened state. In that event that you need to react to a dangerous driving situation, you may stress and possibly tear off one your muscles from your new shoulder repair and/or lose control of your vehicle.
- Walking: Getting up and moving around is good for your general health. If you go out in public, you may want to use a shoulder sling so that people will avoid bumping into your shoulder. At home, you should remove your sling when it is not needed.

Smoking:

- Stop smoking before, during and at least 3 months after your surgery. Smoking interferes with and slows bone and tissue healing.
- If we didn't tell you during one of your visits, or stay in the hospital – smoking not only interferes with your surgical recovery, but is also very bad for your health. This would be a good time to stop smoking and you should not start afterwards.

Physical Therapy

- This is vital part of your shoulder repair. Failure to perform your physical therapy exercises as prescribed can result in stiffness and failure of your surgical repair. Please do these at least 5 times a day each day or as directed.
- Each patient is prescribed a personal set of physical therapy goals and limitations prior to discharge. If you misplaced your goal sheet or have any questions, please contact the shoulder team as soon as possible.

Notes

Questions?

Your questions are important to us. So please call your doctor or health care provider if you have any questions or concerns. UWMC Clinic staff is also available to help at any time.

UW Medicine Bone and Joint Center:

Monday through Friday –
8 a.m. to 5 p.m.

Phone: 206-598-4288

Fax: 206-598-5876

UW Medical Center at:
4245 Roosevelt Way N.E.,
2nd Floor
Box 354740
Seattle, WA 98105

After 5:00pm and on
weekends and holidays, call
the UWMC Emergency
Department:
206 598-4000

Or, call the operator at 206
598-6190 and ask to page
the Orthopedic Resident on
call.

UNIVERSITY OF WASHINGTON
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