

Moore Orthopedic Clinic Outpatient Surgery Center

**#1 Post-Operative Instructions for Shoulder Arthroscopy (No repairs performed)**

**Dr. Frank K Noojin, III**

**803-296-9320 or 803-296-9200 (afterhours)**

**Pain:** A medication has been prescribed for your pain. **Begin taking the medication before the numbness in your arm/shoulder wears off.**

**Swelling:** Some swelling may be present after your surgery. **For the first 3 days apply ice to the shoulder at least 4-5 times a day for 20-30 minutes each time and elevate head of the bed for 20°- 30°.** (Sleeping in a recliner chair can be very helpful.) This will help with pain and swelling. Let pain be your guide to activity. Too much pain means too much activity.

**Dressing/Sling:** **Remove dressing 48 hours after surgery and shower.** Dry the incision sites and apply dry band-aids. It is not necessary to use ointments or creams on incision sites. Do not take tub baths or swim until the incisions are healed (approximately 2 weeks after surgery). A sling is provided for comfort. **Please wear the sling until the numbness wears off and you have full control of your arm.** Once you have control, you may remove the sling and let your arm hang by your side if this is more comfortable.

**Exercise/Work:** Exercises are not necessary at this time. You will be instructed on exercise at your follow-up visit. Do not use exercise machines unless otherwise instructed. If you have a job with little physical use of your shoulder, you may return to work on the third day after surgery. If your job requires excessive use of the shoulder or heavy lifting, discuss return to work with Dr. Noojin.

**Notify MD for:** It is common to experience an increase in temperature after surgery for a few days. Call our office for persistent temperature greater than 101.5° F, unexpected redness, extreme swelling, or uncontrolled pain. For pain medicines, please try to call early in the day or before the weekend. After these hours, pain medication cannot be changed or refilled.

Patient Representative \_\_\_\_\_ Date \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

