

Pre-operative Information – Shoulder Instability Repair

The Sports Medicine Center

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Shoulder instability repair is a rewarding surgical procedure with a published success rate of 85 to 95 percent. Most patients with symptomatic shoulder instability will respond to a rehabilitation program and not require surgery. The shoulder is stabilized by an inner layer of cartilage and ligaments and an outer layer of muscles called the rotator cuff. If the inner layer of ligaments is damaged, the rotator cuff muscles may become ineffective in keeping the ball centered on the socket. This instability may produce pain and apprehension. Looseness of the shoulder may limit activities of daily living, interfere with overhead sports, and occasionally require a trip to the emergency room to put the shoulder back into place. The decision to continue with non-operative treatment or undergo surgery is between you and your physician. We hope that the following information will help you prepare for your surgery, give you an idea of what to expect after surgery, and make your surgical experience as pleasant and easy as possible.

Pre-operative Instructions:

1. Do not eat or drink anything after midnight the night before your surgery.
2. Please discontinue aspirin 10 days prior to your surgery when possible to minimize bleeding.
3. Please discontinue the use of anti-inflammatory medicines such as Motrin, Aleve, Advil, and Ibuprofen 10 days before your surgery if possible to minimize bleeding.
4. You may take anti-inflammatory medicines such as Celebrex, Mobic, or Bextra prior to surgery because these medicines do not affect your bleeding time or clotting capability.
5. Please discontinue the use of any herbal supplements two weeks before your surgery to minimize anesthetic risks. Some herbs are biologically very important. The following specific herbs should definitely be discontinued prior to surgery: valerian, echinacea, ephedra, ginkgo, kava, garlic, ginseng, and St. John's wort.
6. Please discontinue diet medications such as Phentermine, Contrave, and Hydroxycut 14 days prior to surgery.
7. Anesthesia: The type of anesthesia used is between you and the anesthesiologist. However, we recommend that you strongly consider a general anesthetic with an interscalene nerve block (a numbing shot). The nerve block may significantly help with postoperative pain, particularly the first eight hours following surgery.
8. If you are over the age of 55 or have any significant medical problems such as hypertension, diabetes, or heart disease, please contact your primary care physician to discuss what your risks may be of sustaining a medical complication

during or after surgery. We will be happy to refer you for a pre-operative medical consultation when necessary as well.

9. Make certain that you arrange for someone to drive you home the day of surgery and stay with you the night of surgery.

Surgery:

1. Surgery is done very effectively as an outpatient.
2. Surgical time is usually between one to two hours after induction of anesthesia, positioning, and sterily preparing the operative shoulder.
3. A sling will be provided to you on the day of surgery by the hospital or surgery center.
4. Time in the recovery room immediately after surgery is usually between one and two hours.
5. Most unstable shoulders may be repaired arthroscopically. Repair is accomplished through two to four small, one centimeter incisions using a camera and instrumentation specifically designed for arthroscopic shoulder surgery. However, in some instances repair may require an open incision to achieve healing.

The Night of Surgery:

1. If you received an interscalene block (numbing shot), you may experience minimal to no pain for the first 8 to 24 hours after your surgery. Numbness in the hand and arm is expected until the numbing shot loses its effect. At that point you will experience significant pain unless you take some pain medication. I usually recommend taking two Oxycontin 20 mg tablets as soon as you feel any discomfort. Itching is a common side effect of Oxycontin and is relieved by either taking Benadryl or discontinuing the Oxycontin. You may also take the other pain pill (Tylox, Percocet, Lortab) one or two tablets every six hours as needed for breakthrough pain. Therefore, every twelve hours it is conceivable that you could take two Oxycontin tablets and two Oxycodone tablets at the same time if your pain is at a very high level and not relieved by lesser amounts of medication. When taking any pain medications, however, caution should be exercised not to overmedicate. Too many pain pills in your system at the same time may affect breathing and lower your blood pressure.
2. You may also take anti-inflammatory medicine (Aleve, Advil, or Motrin, etc.) in addition to the narcotic pain medication for extra pain relief.
3. An ice bag placed on the shoulder is recommended to reduce swelling, decrease pain, and decrease inflammation.
4. Sleeping in a recliner chair with your sling on may be most comfortable for the first few days after surgery.
5. Phenergan pills may help with any nausea or vomiting experienced after surgery.

6. If you are unable to urinate the night of surgery, you should go to the emergency room for possible catheterization. A rare side effect of anesthesia is an inability of the bladder to contract resulting in urinary retention.
7. Your first meal after surgery should be clear liquids (soup) in case of nausea and / or vomiting from anesthesia.

Post-operative Instructions:

8. Pain is significant but manageable with narcotic pain medications for the first few days. Narcotic pain medications may be necessary for up to 4 weeks for the average person. You may also take anti-inflammatory medicines with the narcotic medicines after surgery.
9. Pain control: Pain is usually controlled by the combined use of a cooling device, narcotic medication, and anti-inflammatory medication. The typical medicines prescribed are oxycontin every twelve hours and tylox (oxycodone) or Percocet every six hours. As soon as you feel discomfort at home, the numbing shot in your shoulder (nerve block) is beginning to wear off. At that time you should take the pain medicine even if the pain is not severe. Even if your surgery is accomplished arthroscopically, you can expect significant pain the first few days after surgery. It is better to take the pain medicines as prescribed to minimize discomfort. You may also take anti-inflammatory medicines (Aleve, Advil, Ibuprofen) but not Tylenol because your narcotic medications already contain Tylenol.
10. Do's and don'ts:
You may:
 - use your hand and fingers
 - straighten and bend your elbow (without moving your shoulder)
 - you may raise your shoulder passively (by lifting it with your other arm, resting it on a table or counter, or having someone else hold it for you) for getting dressed and hygienePlease do not:
 - raise your arm with your shoulder muscles
 - lift anything heavier than 3 to 5 pounds with the operative arm
 - remove your sling (except for changing clothes or bathing) without asking your doctor (see "Post-operative instructions" given on the day of surgery)
11. Showering: You may change the dressing and shower 48 hours after your surgery. Place band-aids over your incisions. You may bathe before 48 hours after surgery but please keep the bandages on your shoulder dry (use a plastic bag or plastic wrap or bathe in a bathtub).
12. Sling: A sling will be necessary for up to 3 to 6 weeks after your surgery depending on the type of instability repair and the recommendations of your physician. It is very important to remain in the sling at all times until further instructed by your surgeon.
13. Icing: Postoperatively, ice is recommended to reduce swelling, decrease pain, and decrease inflammation. When applying this to your shoulder, please do not allow the ice wrap to directly touch your skin because this may

- cause blistering. Place the wrap around your shoulder over clothing (T-shirt) to prevent skin problems. After the first 48 hours, it is no longer necessary to use this continuously but only as needed for pain and swelling. Ask your nurse in the recovery room prior to discharge if you have any questions.
14. Sleeping: Most people find sleeping in a recliner chair to be the most comfortable for the first few days after surgery.
 15. Driving time: Driving may be accomplished when you are no longer taking narcotic pain medications. As long as you wear your sling as instructed by your doctor and are no longer taking narcotics, you may drive if you are comfortable doing so. Driving with automatic transmission (as compared to manual transmission) is recommended. Most people do not drive after the surgery for at least 10 days.
 16. What about bleeding? Do not be alarmed if you see some bloody drainage on the outside of your dressing. It is normal to have some bleeding, even after arthroscopic surgery. You may reinforce your dressing with additional gauze pads or wraps, but try not to remove the initial dressing until 48 hours after your surgery.
 17. Physical therapy: P.T. visits will be needed twice a week for up to 4 months depending upon the individual. Therapy is extremely important to achieve the best result possible from surgery. The goal of therapy is to maintain shoulder mobility and deltoid muscle mass while the cartilage and ligaments heal. Once healing has occurred, strengthening of the rotator cuff may be initiated. We will schedule your therapy visits within the first week after surgery.
 18. When will my shoulder have full range of motion? The amount of time varies depending upon the individual and the type of surgery performed. Most people have full range of motion by twelve weeks after surgery.
 19. Swelling: Significant swelling is normal for the first week after surgery.
 20. Healing time: Recovery after shoulder instability repair takes time – time for the ligaments to heal and time for your shoulder strength to return to normal. Your skin sutures are usually removed within two weeks after surgery if removable sutures are used. The ligaments of the shoulder (or labrum) require approximately two to three months to heal. It usually takes anywhere from four to six months after surgery to regain shoulder strength. Most patients feel they have completely recovered somewhere between 4 and 6 months after surgery. It is very important that you maintain your arm in the sling and avoid strenuous activities with the operative arm until released by your physician. Pain is not a good indicator of when to use the shoulder because your pain may be minimal with arthroscopic techniques. Your physical therapist will explain more to you about how to move your shoulder without jeopardizing your ligament repair.
 21. Return to work: For a sedentary, desk type of job, one can generally expect to return to work in one week. Reduced hours may be necessary initially. For a moderately strenuous job one can expect to return around six weeks after surgery for one handed duty if available. For a strenuous job with no

light duty available, return to work time can be up to four to six months after surgery.

22. Out of Work Forms: Please provide our office with any forms from work that need to be addressed. The time required to complete these forms is reduced if you answer the non-medical questions (name, address, employer information, date of injury, etc.) prior to turning them over to us.
23. Surgical complications: Most patients hopefully will experience no complications and enjoy a rewarding return to regular activities. However, like most surgical procedures, shoulder instability repair does have post-operative complications. These complications include infection, medical complications from anesthesia, blood clots, severe loss of motion necessitating additional surgery, recurrence of the instability, re-dislocation, residual shoulder pain, or nerve injury.

We hope that your experience with the Sports Medicine Center at the Moore Center for Orthopedics is as pleasant as possible. Dr. Noojin is Board-certified by the American Board of Orthopaedic Surgery and Fellowship-Trained in Sports Medicine and the arthroscopic treatment of knee, shoulder, elbow, and ankle disorders. It is their ambition to return you to activities that you enjoy in the most minimally invasive manner possible utilizing both nonsurgical and surgical methods.

Thank you for choosing the Moore Center for Orthopedics for your orthopedic needs.