POSTOPERATIVE INSTRUCTIONS

SUBACROMIAL DECOMPRESSION / BICEPS TENOTOMY / DISTAL CLAVICLE EXCISION

DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to you normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the elbow, wrist, or hand occurs
- It is normal for the shoulder to bleed and swell following surgery if blood soaks through the bandage, do not become alarmed reinforce with additional dressing
- Remove surgical dressing on the second post-operative day If minimal drainage is present, apply band-aids over incisions and change daily
- To avoid infection, keep surgical incisions clean and dry please cover incisions with large waterproof bandaids OR you may shower by placing a large garbage bag over your sling starting the day after surgery NO immersion of operative arm (i.e. bath)

MEDICATIONS

- Regional anesthesia and/or pain medication has been injected into the wound and shoulder joint during surgery this will wear off within 8-12 hours
- Most patients will require some narcotic pain medication for a short period of time this can be taken as per directions on the bottle
 - Primary Medication = Percocet (Hydrocodone)
 - Take 1 2 tablets every 4 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Do NOT take additional Tylenol (Acetaminophen) while taking Percocet
 - Common side effects of the pain medication are nausea, drowsiness, and constipation to decrease the side effects, take medication with food.
 - Ibuprofen 400-600mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.
- You have been prescribed Colace to help combat constipation associated with taking narcotic pain medication
- You have been prescribed Zofran to help combat any nausea or vomiting
- Do not drive a car or operate machinery while taking the narcotic medication

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ACTIVITY

- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under theforearm for support may provide better comfort
- Do not engage in activities which increase pain/swelling (lifting or any repetitive above shoulder level activities) over the first 7-10 days following surgery
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

IMMOBILIZER

• Your sling should be worn for comfort initially. After block has worn off discontinue sling as tolerated, does not need to be worn.

ICE THERAPY

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit remember to keep arm supported while icing

EXERCISE

- Begin shoulder, elbow, wrist and hand exercises 24 hours after surgery, 3-4 times per day
- Formal physical therapy (PT) will begin after your first post-operative visit

EMERGENCIES

- Contact the office at 610-237-2770
- Painful swelling or numbness
- Unrelenting pain
- Fever (over 101° it is normal to have a low grade fever for the first day or twofollowing
- surgery) or chills
- Redness around incisions
- Color change in wrist, hand or lower extremity
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, call 610-237-2770
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room

Follow-Up Care/Questions

• If you do not already have a postoperative appointment scheduled, please contact the scheduling office during normal office hours 610-237-2770