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Post-op Instructions for Shoulder Decompression, A-C Joint Resection or Debridement

These instructions are to compliment the information given by the nursing staff and physical therapists. They cover many of the common questions.

Wound Care

- Dressings are to be kept clean and dry. You may change the dressing daily if desired. After removing the old dressing replace with 4x4 gauze pads and secure with tape. A small amount of clear drainage or bleeding is normal. If this is happening, the dressing should be changed daily.
- You may get the incision wet when showering 2 days after surgery. The shower should be brief and the wound patted dry with a clean towel. No baths or soaking the incision until 2 weeks after surgery and scabs are absent.
- If purulent drainage (thick white or greenish in color) is coming from the wound, or the wound has increasing redness, or if you are having a temperature of 101, please report these symptoms to your surgeon or the doctor on call.

Pain

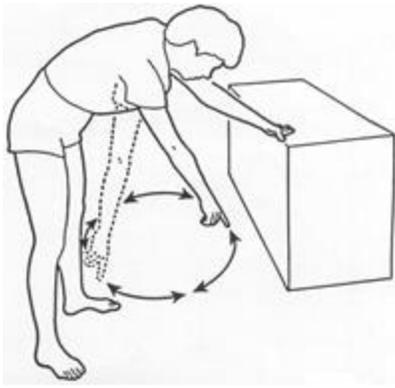
- Ice your shoulder as frequently as possible. We recommend 4-5 times per day for 20 minutes per time. You may use either the ice bag or cooling device given to you at the hospital. Or you may simply place ice in a zip lock bag, wrap it in a towel, and place on the shoulder. Do not place ice or the cooling device directly on the skin as it may damage the skin if used for prolonged periods of time.
- Narcotic pain medication may be prescribed for use after you leave the hospital. Try to wean down as tolerated. These medications can cause constipation and you may want to use an over the counter stool softener. Tylenol products may be used instead of the prescribed pain medication. The prescribed narcotic medications should not be taken at the same time as plain Tylenol. You may supplement your pain medication by using ibuprofen or Aleve for any breakthrough pain. It can help to stagger your pain medication with ibuprofen or Aleve as needed. If a refill of medication is needed, please call the office during regular business hours, Monday-Friday 8:00 a.m. to 5:00 p.m. In general, refills will not be made after hours or on weekends, so please plan ahead.

Driving

- To drive you must no longer be taking narcotic pain pills (plain Tylenol is allowed). Also, you must feel strong and alert. You may take your arm out of the sling to hold the bottom of the steering wheel. Most people start driving approximately 1-2 weeks after surgery, but use your judgment as to when you feel ready to drive.

Exercises

- Leave your arm in the sling during the first several days after surgery for comfort. You may take it out of the sling for range of motion exercises and showering. Feel free to adjust the sling as needed to make it more comfortable. The pillow underneath the sling can be removed if bothersome.



- Upon discharge from the hospital you are encouraged to perform hand, wrist and elbow range of motion exercises 4-5 times per day. These exercises will help to decrease swelling. The arm may be taken out of the sling at any time to begin gentle shoulder range of motion. Pendulum exercises are encouraged 2-4 times daily and should begin the day after surgery. These exercises consist of bending at the waist and performing gentle circles as your arm dangles from your shoulder.

Follow-up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 1 week after surgery.

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