



www.cvosm.com

Austin Crow, MD
Chippewa Valley Orthopedics & Sports Medicine
(715) 832-1400

1200 DAKLEAF WAY STE A
ALTOONA WI 54720
TEL 715.832.1400

757 LAKELAND DR. STE B
CHIPPEWA FALLS WI 54729
TEL 715.723.8514

Post-op Instructions for Shoulder Labral Repair, SLAP repair or Biceps Tenodesis

These instructions complement the information given by the nursing staff and Physical Therapists. They cover many common questions.

Wound Care

- Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding is normal. Reinforce the dressing as needed with additional gauze and tape. You may change the dressing daily starting 3 days after surgery with dry gauze and securing with tape. You may remove the steri-strips as they become loose. Continue daily dressing changes until the incisions have no drainage for 24 hours.
- You may get the incisions wet when showering 3 days after surgery. The shower should be brief, and the wounds patted dry with a clean towel. No baths or soaking the incision until 2 weeks after surgery and scabs are absent. You may remove the sling and pillow to shower and replace it with a rolled towel or empty milk jug for comfort while showering. You may also bend at the waist and gently dangle your arm to wash and dry underneath it.
- If you notice purulent drainage (thick white or greenish in color) from the wound, increasing redness, or you have a temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

Pain

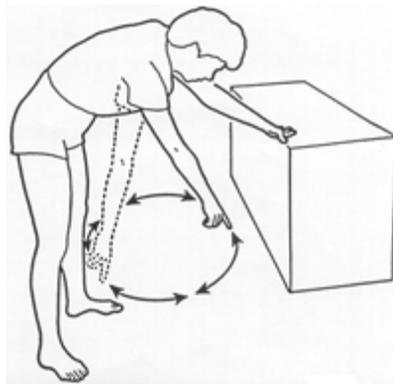
- Ice your shoulder as frequently as possible. We recommend 4-5 times per day for 20 minutes per time. You may use either the ice machine given to you at the hospital or simply place ice in a zip lock bag, wrap it in a towel, and place it on the shoulder. Do not apply ice directly to the skin as it may damage the skin if left on for long periods of time.
- Swelling is common after surgery. To reduce swelling, elevation is very helpful. Elevate the hand above the heart level for the first 2-5 days after surgery. Elevation for 30 minutes every 2 hours is a good initial recommendation. Excessive pain and swelling should be reported to your surgeon.
- Narcotic pain medication will be prescribed for use, if needed, in limited amounts. Try to wean down/off as soon as you are able. Use acetaminophen (Tylenol) and/or anti-inflammatory (Ibuprofen or Aleve) as main medications for pain control as/if appropriate. Add the narcotic medication for additional pain control if needed. It can help to stagger your pain medications. 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 as they need to be picked up. Please plan ahead.
- Also, narcotic medications can cause constipation so you may want/need to use an over-the-counter stool softeners/laxative as needed.
- You may also be prescribed a muscle relaxer to be used for cramping as needed. This medication can make you drowsy so take with caution.

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, you should NOT actively raise your arm until cleared by physical therapy. Most people start driving approximately two-four weeks after surgery.

Exercises/PT

- You will be in a sling for 4-6 weeks after surgery. Keep your arm in the sling except for showering or doing your exercises. You may adjust the sling as needed to make it more comfortable. Your surgeon and Physical Therapist will help you determine when you can stop using the sling.
- 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.
- You may use the hand for gentle activity but should avoid lifting anything after surgery until instructed by your medical team.
- You may find it easiest to wear a shirt with buttons or zipper in the front. Many patients find sleeping in a recliner to be more comfortable than sleeping in bed after surgery.
- You should also gently perform shoulder pendulums with your waist bent and your arm dangling at your side while making small circles with your hand. You should perform these 2-4 times per day starting the day after surgery. You should not attempt to elevate the surgical arm under its own muscle power. Your physical therapist will progress your activity appropriately.



Follow-up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 10-14 days after surgery.
- Please call the office/send message on the patient portal with any questions or concerns.