



First Postoperative Visit for SHOULDER INSTABILITY SURGERY

Edward G. McFarland, M.D.
John Hopkins Sports Medicine
(410) 583-2850

What to expect at this visit:

The first visit after surgery is to make sure that you are doing well and that all of your questions are answered. The main events in this visit will be to examine your shoulder and to remove your stitches. In some instances we may need to get an X-ray of your shoulder. For your examination the doctor will need to see your whole upper extremity, so women will need to be in a shoulder gown and men will have to remove their shirts. The immobilizer you were given can be worn during the visit if it makes you more comfortable.

First the doctor will check your incision and examine your arm. You should have good motion of your elbow, wrist and fingers with little swelling. Let the doctor know if you have any areas of tingling or numbness. Most patients with a shoulder instability operations should be able to do pendulum exercises as shown in the hospital and may be asked to demonstrate.

What should you do for pain?

Pain relief after surgery is very important and you should discuss it with the doctor. You should take medication as needed to keep you comfortable and also to allow you to move the shoulder so that it does not get stiff. The best medicine for pain relief is narcotics and you should let the doctor know if you are running low on medicine. Oftentimes the medicine you were given when you left the hospital is too strong as your pain improves, so a prescription can be written for a pain medicine not as strong.

Another way to keep the pain down is to use an anti-inflammatory medication, such as ibuprofen, naproxen or other arthritis medicines. You should not use these medicines if you have a history of ulcers, peptic ulcer disease, kidney disease, liver disease or if you are on blood thinners. If these tend to upset your stomach or if you are on blood thinners, new medicines such as Celebrex or Vioxx might be better.

There are also some pain medications which are not narcotics but give good pain relief. An example of this is Ultram. This medicine can also upset your stomach but it depends upon the individual.

Lastly, the ice device you were given will continue to keep down your pain. We recommend that you use it at least two to three hours a day for the first three to four weeks after surgery. It may still be helpful at night prior to bedtime for awhile and some patients find that they sleep better when wearing it. You should use it as long as you find it helpful, and there is no harm using it many hours of the day. It is helpful sometimes to use it after doing your exercises and stretching.

What about my brace?

You should use your brace as much as you need for comfort. We recommend that you use it outdoors and at night for the first four weeks after surgery. If you are a fitful sleeper, we recommend that you use it for the first six to eight weeks after surgery. You do not need to wear the brace during the day as long as you support the arm. If letting the arm hang causes you pain, then you should not let it hang down without support. It is perfectly all right to go without the brace some to let your skin air out or to use the arm some. When using the brace you should wear it over a your clothes so that your skin does not become irritated. Some patients prefer using a sling during the day, but we recommend that you use the brace at night. After about four to six weeks we recommend that you discontinue the brace completely unless you feel better wearing it.

What about showering or bathing?

Every physician will have his own opinion about this, but we recommend that you not get the incision wet for four or five days after surgery. Even then we recommend only a shower and that you not soak the incision in the bathtub or in a hot tub. We generally recommend that you not use a bath to get the incision wet for two to three weeks after surgery. Heating your shoulder such as in a hot tub may get it irritated so use your judgment.

What can I do with my shoulder?

What you can do depends upon how much pain you have and upon your exact surgery. Generally it is all right for you to move your shoulder under your own power to reach your mouth, to eat, to hold a newspaper and to reach out in front of you. Generally there is nothing wrong with using the arm at table height and we recommend that you lift nothing heavier than a coffee cup. Usually lifting the arm in front of you will not damage the tendons repaired as part of the surgery, but you should use caution when reaching out to the side (called external rotation or rotation away from the body). This motion is usually restricted to certain limit in the first five to six weeks to let things heal. The therapist will work with you to know what you can and cannot do.

When should I start therapy?

Formal physical therapy should begin about the time you get your stitches out. We recommend that you stretch everyday at least once, but twice is optimum. Strengthening is important, but the most important goal in the first three months is to get your motion back or to improve your motion. Having strength is an important part of getting back your motion, but the goal is not to make you a body builder. As a result, light strengthening is all right but you should concentrate upon getting motion back as dictated by your physician and therapist.

When can I drive?

It is generally good policy not to drive your car until you can drive normally. There are several reasons for this. First, you do not want to be in a situation where you need to control the wheel but

cannot because of your shoulder. That could lead to a bad problem for you or for someone else. Secondly, the last thing you need is to be in an accident and injure your shoulder or damage the repair. There are no hard and fast rules as to when you should or should not drive, but generally it takes at least a couple weeks after this surgery before patients can drive well.

What about work?

The answer to this question depends entirely upon what you do for a living. The same is true for activities that you do for fun or exercise. Most students can be back to school after three or four days as long as their pain is controlled. If you do “white collar work” or work which involves paperwork or working at desktop level, then we recommend that you return to work around one to two weeks after surgery. If you do work which requires any lifting at all, such as over a few pounds, then we recommend that you wait longer. Most physicians recommend that you not do any lifting over a few pounds in the first three months. Heavy laborers may take longer to have normal function and ability to lift overhead.