

# Bay Area Orthopedic Surgery and Sports Medicine

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## **Teodoro P. Nissen, MD**

*Fellowship Trained  
Sports Medicine and Sports Trauma  
Reconstructive Joint Surgery*

## **Elizabeth J. Milne, MHS, PA-C**

*Physician Assistant – Certified  
Orthopedics and Pain Management*

## **POST-OPERATIVE INSTRUCTIONS FOR SHOULDER ARTHROSCOPIC LABRAL REPAIR**

### **Activities:**

- 1) You will be given a shoulder immobilizer after your surgery, and ***this must be worn at all times***. You may only take off the immobilizer as directed by Dr. Nissen or your physical therapist. This brace is typically worn for four (4) weeks.
- 2) You may not use the operative limb to reach, grasp or lift any objects. You may not use this limb to support any amount of body weight until your physician instructs you to do so (***usually not for at least 6 weeks post-op***).
- 3) If you have an ice machine, use it as much as possible until your first post-op appointment. There should be a cloth barrier between the ice pack and your skin at all times.
- 4) If you do not have an ice machine, you can use an ice pack or frozen peas. Use this for twenty minutes every two to three hours. There should be a cloth barrier between the ice pack and your skin at all times.
- 5) Do not drive until approved by your doctor. Do not drive if you are taking narcotics or muscle relaxants as they can make you drowsy and slow your reaction time.
- 6) Return to work depends on your type of employment and can be discussed at your post-op appointment.

### **Diet:**

- 1) Begin with liquids and light food (Jell-O, soup, etc.). Progress to your normal diet if you are not nauseated. Sometimes the digestive system is slow to respond after anesthesia, in addition to the use of narcotic pain medication. The use of a mild over the counter laxative may be beneficial.

### **Medications:**

- 1) Take your pain medication as needed, though not more than every (4) four hours. Do not wait until you are in a lot of pain before taking the medication. It takes the medication (30) thirty to (45) minutes to take effect.
- 2) Strong oral narcotic pain medications have been prescribed for the first few days. Use only as directed. Do not combine with alcoholic beverages. Do not drive, operate machinery, or make important legal decisions while taking narcotics.

### **Medications - continued:**

- 1) Do not take Tylenol or Acetaminophen in combination with pain medications that include these same substances. You may find the contents of the pain medication on the bottle of your prescription.
- 2) You may take anti-inflammatory medication (Motrin, Naprosyn, Ibuprofen, Celebrex, Aspirin, etc) at the same time as your pain medication.
- 3) It is not uncommon to have some stomach upset with use of narcotic medication. For this reason, take your medication with food. If your symptoms are severe, or the medication does not treat your symptoms of post-operative pain, please call the office and we will prescribe a different medication.

### **Physical Therapy:**

After surgery Dr. Nissen will order physical therapy. This is an important part of your rehabilitation program and we strongly encourage you to participate fully in this program. This typically is ordered at your first post-operative appointment. Prior to your first follow-up appointment, please check with your insurance company and see if there are any limitations to where you can receive therapy. We will make every effort to send you to a physical therapy clinic included in your insurance plan.

### **Wound Care/Dressings:**

- 1) Expect minimal bloody drainage on surgical dressing. Call the office if the bandage becomes saturated. Do not remove your dressings unless instructed to do so. Your dressing will be removed at your first post-operative follow-up appointment.
- 2) Showering is allowed after the dressing is removed and once the wound is healed (about 10-12 days post-op). It will be necessary for you to hold your affected extremity in a protected position while you are showering. This may require assistance from another person at first. We recommend you take sponge baths until the wound is healed.
- 3) Do not put ointment on your incision, or touch the incision until cleared by the doctor.

**Follow-up Care:**

- 1) You should have an appointment scheduled post-operatively for 5-10 days after surgery. This appointment will be with Dr. Nissen, or Elizabeth Milne PA-C. The purpose of this appointment is to remove your dressings, remove the sutures or staples, and review the operative findings. Please call the office if you need to change this appointment, or if you do not have an appointment (707)645-7210.

**When to Call the Office: (707) 645-7210**

Call our office if any of the following occurs:

- 1) Difficulty breathing.
- 2) Increased swelling in the thigh or calf.
- 3) Pain in the thigh or calf.
- 4) Change of color or temperature in the operative arm.
- 5) Progressive numbness in the operative arm.
- 6) Pain in the operative arm, progressively worsening despite proper use of medication.
- 7) Fever greater than 101.5 degrees.
- 8) Excessive nausea/vomiting from use of pain medication.
- 9) Continuous draining or bleeding from the dressing.

**Exercises: Detailed exercises with pictures can be found on our web site**  
[www.bayareaorthosurgery.com](http://www.bayareaorthosurgery.com)

Hand Pumps: While still in the immobilizer, squeeze a foam ball 15 times. Rest for 30 seconds. Repeat this sequence for a total of three (3) repetitions. Do this exercise four (4) to five (5) times per day.

Additional exercises will be given by the physical therapist once treatment is initiated, about one week after surgery. You can reference the specific physical therapy protocol for rotator cuff repair on our website at [www.bayareaorthosurgery.com](http://www.bayareaorthosurgery.com)