SHOULDER ARTHROSCOPY Dr. Sean Robinson, M.D.

Date:	
Patient Name:	
MRN:	
DAY OF SURGERY **Surgery center will call you the DAY BEFORE SURGERY with your surgical time**	
Surgical Date	
Surgical Location	☐ Methodist Outpatient Surgery Center: 8220 Wymark DrSacramento, CA 95757☐ Methodist Hospital: 7500 Hospital Dr. Sacramento, CA 95823
POSTOPERATIVE VISIT	
Post-op Visit Date	

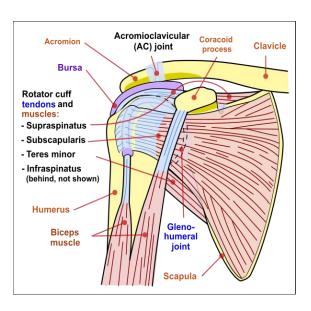
IF YOU HAVE QUESTIONS OR PROBLEMS, PLEASE CALL:

SHOULDER ARTHROSCOPY- GENERAL INFORMATION

Dr. Sean Robinson, M.D.

What is the rotator cuff?

• The rotator cuff is a group of 4 muscles and their tendons that work together to form a "cuff" around the shoulder joint. These muscles and tendons work together to help move the arm. The four tendons are the: supraspinatus, subscapularis, teres minor, and infraspinatus. These tendons insert on the ball/head of the arm bone (humeral head). A rotator cuff tear occurs when one or more of the tendons becomes injured and tears, usually near the insertion of the tendon on the humeral head. Tendons may partially or fully tear. Depending on the extent of the tear, the tendon may require surgical repair.



What is a shoulder arthroscopy?

A shoulder arthroscopy, also known as a "shoulder scope", is a minimally invasive surgical
procedure in which a small camera, called an arthroscope, is inserted through small
incisions (~ 1-2 cm) in the skin to fully evaluate the anatomy of the shoulder.

Common procedures performed arthroscopically:

- Rotator cuff repair- The rotator cuff may be repaired with the use of the camera (arthroscope) and small tools inserted through the incisions. A rotator cuff repair may consist of the use of anchors and sutures to reattach a rotator cuff muscle and tendon to the shoulder bone (the humerus), or it may consist of shaving down a small portion of tendon that is frayed. In cases of severe tears, a graft may be required. This is something that would be mentioned by your surgeon prior to the repair.
- **Subacromial decompression-** On some occasions, the acromion may compress portions of the rotator cuff. In a subacromial decompression, the underside of the acromion is shaved or smoothed down to allow more space for the rotator cuff tendons.
- Distal clavicle excision- The acromioclavicular (AC) joint can become arthritic in some
 individuals, meaning cartilage, the protective coating on bones, becomes worn down
 resulting in narrowing of the joint space resulting in pain and inflammation. A distal clavicle
 excision consists of shaving down a portion of the clavicle to allow for more space
 between the two bones.
- Biceps tenodesis/tenotomy- The biceps tendon is frequently inflamed or partially torn in people with shoulder injuries. A biceps tenodesis consists of detaching a portion of the biceps tendon and reattaching it to the arm bone with pins. A biceps tenotomy consists of releasing the tendon without reattachment.
- Labral repair- The labrum is a fibrous ring that lines the socket (glenoid) portion of the shoulder joint. The labrum provides additional stability to the shallow shoulder joint. Labral

tears may occur with shoulder dislocations. A labral repair commonly consists of the use of an anchor and suture to repair the labrum, resulting in improved shoulder pain and stability.

Keep in mind this is not a complete list of shoulder procedures performed arthroscopically. The nature of a patient's injury and their anatomy may result in additional or altered procedures.

SHOULDER ARTHROSCOPY- TIMELINE AND INSTRUCTIONS CALENDAR LAYOUT

SHOULDER ARTHROSCOPY- POSTOPERATIVE MEDICATIONS

Dr. Sean Robinson, M.D.

Postoperative Pain Expectations

• The aim of shoulder surgery is to decrease pain, improve shoulder motion, and result in a better quality of life. We do our best to minimize postoperative pain by prescribing the medications below, but it is important to note that some level of discomfort is to be expected the first few days following shoulder surgery. In most shoulder procedures, a nerve block is administered on the day of surgery. This block is very effective at decreasing pain however, when it wears off, usually 2 days following surgery, patients may notice an increase in pain. It is important to be proactive with regards to pain management during this time.

Postoperative Pain Medications and Instructions

- Percocet 5/325 mg (oxycodone 5mg/acetaminophen 325 mg) ***Optional
 - o Take 1 or 2 tabs every 4-6 hours as needed for postoperative pain.
 - Percocet is a narcotic pain medication and may cause constipation. If constipation occurs, you may use Miralax or Colace which can be purchased over the counter at your local pharmacy.
 - Percocet should not be taken in combination with prescribed sleep medication.
 - It is not safe to use more than 4,000 milligrams of acetaminophen in one day (24 hours).
 - If you are regularly prescribed pain medication from another provider, you will need to call your pain medication prescriber for postoperative narcotic pain medications.
- Ibuprofen 800mg (Advil); an NSAID (Non-steroidal Anti-inflammatory)
 - o Take 1 tab by mouth, with food, every 8 hours as needed for postoperative pain.
 - If you have renal impairment or take blood thinners other than aspirin, please discuss the use of Ibuprofen with your primary care physician prior to its use.
 - Other NSAIDs (ex. Aleve, Motrin, Meloxicam, etc.) should not be taken with Ibuprofen.



- Alternate Ibuprofen and Percocet every 4 hours
 - o Example: 8am- Ibuprofen, 12pm- Percocet, 4pm- Ibuprofen, 8pm- Percocet...
- Ice

Other Important Notes

- We recommend that for the first night and day following shoulder surgery, patients take
 the Percocet and Ibuprofen (if tolerated). As pain improves you may stop the Percocet
 and take the Ibuprofen and Tylenol (acetaminophen) as needed.
- Many patients find they may have improved pain in the daytime hours following their operation, with continued pain at night. In these instances, pain medication (Percocet)

- may be used. If you have a history of sleep apnea or respiratory problems, you should discuss medications with your primary care provider prior to their use.
- Your pharmacist is a great resource for medication questions. You may also call our office with any questions preoperatively.

SHOULDER ARTHROSCOPY- TIMELINE AND INSTRUCTIONS Dr. Sean Robinson, M.D.

BEFORE SURGERY

5 days before surgery:

- Stop all blood thinning medications (Ibuprofen- Advil, Motrin, Naprosyn-Aleve, Aspirin, Fish oil, Vitamins (i.e. E, C), Supplements, St. John's Wort, Glucosamine, etc.)
- Ensure pre-operative clearance received
- Do not shave surgical area

2 days before surgery:

- Cleanse the surgical site with Benzoyl Peroxide 10% wash: (sold over the counter) use the solution over the operative shoulder and axilla for 3 consecutive mornings before surgery in the shower:
 - Start wash on preoperative day-2, followed by preoperative day-1 and again the morning of surgery. Apply the solution to the rinsed shoulder for 3 minutes before washing it away. This will decrease your risk of surgical infection. Do not use this solution after the surgery.
- Place ice packs in freezer
- Purchase press & stick Saran Wrap.
- Ensure postop medications are picked up from pharmacy. See attached sheet for medication instructions.

o 1 days before surgery:

- Ensure you have a family or friend driving you home from surgery.
 Patients will not be discharged to an Uber, Lyft, taxi, etc.
- The surgery center will call you 1 day before surgery with your arrival time and surgical time.

Day of surgery:

- Stop all food and drink at midnight. You are okay to brush your teeth.
- If you have high blood pressure, blood pressure medications need to be taken the morning of surgery.
- Wear a loose fitting or button up shirt to the surgical center
- Keep your schedule open, surgical times are subject to change
- Remember to bring your sling to the surgical center.

AFTER SURGERY

Postop Day 1

- Ice the shoulder continuously for the first 24 hours, then every 20 minutes as needed.
- Start postop medications. Reference postop medication sheet for medication instructions.
- Wear your sling
- Have adult supervision for 24 hours postoperatively.

o Postop Day 2

Continue icing as needed

- You may remove bulky shoulder dressing. <u>Do NOT remove steri-strips. These</u> will be removed at your postoperative visit.
- You may shower but surgical incisions MUST remain covered. Incisions need air to heal, do not keep steri-strips covered unless showering.
- Begin gentle ROM exercises at 48 hours postop to help avoid a frozen shoulder. Instruction sheet attached, please reference for exercises.

POSTOPERATIVE INSTRUCTIONS

Weight bearing

- You are NON weight bearing after surgery
- o Keep your sling on at all times until the follow up appointment

Movement

- o It is beneficial to change positions often after shoulder arthroscopy.
- You may use the pillow portion of the sling for comfort if desired
- o **DO NOT STAY IN BED.** We recommend at least 10 minutes of walking every hour.

Sleep

- Keep your sling on during sleep
- Many patients are most comfortable sleeping in a reclining chair for the first 1-2 weeks

Ice

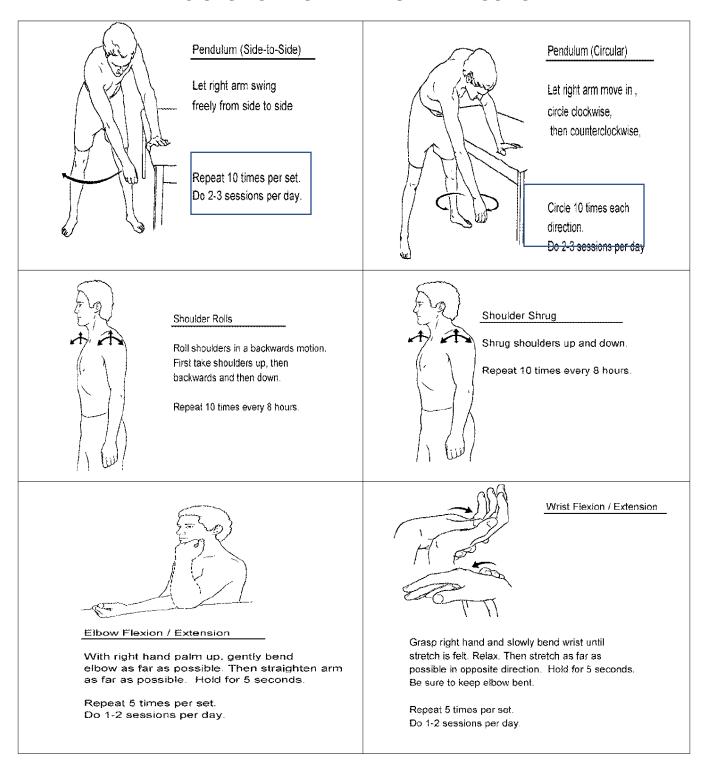
- Use bagged ice as much as possible when you get home at intervals of 30 minutes on and off. You should use ice for approximately two weeks. Do not use ice while you are sleeping.
 - Place the ice onto the shoulder over a thin layer of clothing or a towel, but never directly on the skin.

• Wound care, Dressings/Bandages

- Leave surgical bandage on and do not shower for 48 HOURS
- After 48 hours, remove bandages and gauze, but leave steri-strips (white tape) in place during showers.
- Its normal to see bloody soaked fluid on the bandages.
- Apply waterproof band-aide (i.e. shower shield) to each incision prior to showering. If wounds get wet while showering, this is OK; however, we prefer for keep the wounds dry during the first 5 days after surgery.
- In between showers, leave the incisions open to air with steri-strips in place. You may place BANDAIDS over the incisions
- Do not apply lotions or ointments to the incisions.
- Do not soak incisions in any pool/spa/bath water until 3 weeks after postoperatively or until your incisions are completely closed.

SHOULDER ARTHROSCOPY- POSTOPERATIVE EXERCISES Dr. Sean Robinson, M.D.

EXERCISES TO BEGIN 2 DAYS AFTER SURGERY





Benzoyl peroxide 10% Acne Medication Face wash.

Wash shoulder and armpit region with this starting 2 days before surgery, 1 day before surgery and on the morning of surgery.

Apply the solution to the rinsed shoulder for 3 minutes before washing it away. This will decrease your risk of surgical infection.

Do not use this solution after the surgery.

OR



If you cannot find benzoyl peroxide, use Hibiclens [ask pharmacist for location].

Wash shoulder and armpit region with this starting 2 days before surgery, 1 day before surgery and on the morning of surgery.

Follow instructions on the bottle.

Do not use after surgery.

Pre-Op Shopping Checklist:

- Post-op Meds
- Cleansing solution
- Gel Packs
- Miralax (if needed)