

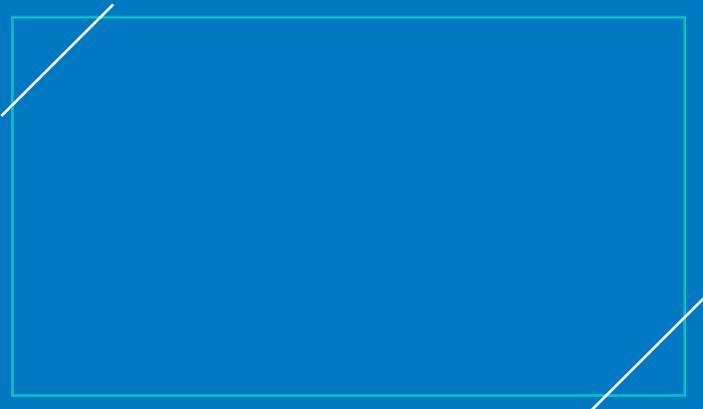


NorthShore Orthopaedic & Spine Institute

# Arthroscopic Shoulder Surgery

Information about your procedure and recovery





 **Orthopaedic  
& Spine Institute**

 **NorthShore**  
University HealthSystem



## Welcome to the Sports Medicine Center of the NorthShore Orthopaedic & Spine Institute

Your decision to have your arthroscopic shoulder surgery performed by a sports medicine expert from NorthShore Orthopaedic & Spine Institute provides you with a unique opportunity to partner with your doctor and the other healthcare professionals who will be part of your successful surgical recovery.

Through a premier, comprehensive program dedicated to athletes of all ages, NorthShore sports medicine experts focus on keeping serious competitors and weekend warriors active and in the game. Our multidisciplinary team offers expertise in orthopaedic surgery, primary care sports medicine, concussion evaluation and physical therapy. Our physicians have access to the latest technology, including advanced imaging techniques and diagnostics. Providing comprehensive care for active people of all ages, our sports medicine specialists coordinate treatment ranging from preventive care and injury diagnosis to surgical repair, recovery and rehabilitation.

NorthShore clinicians and staff are trained to address your individual needs. Our multidisciplinary team has created a “pathway” that will guide you every step of the way, including pre-operative preparation and education, coordination of hospital care and post-operative rehabilitation. This book is designed to provide you with important information that will guide you through the surgical process. It is your workbook. Please bring this book with you to the hospital or surgical center for reference and further guidance.

Your involvement is very important to our team. We look forward to partnering with you for a successful surgery and recovery. Thank you for choosing NorthShore Orthopaedic & Spine Institute.

If you have any questions, please contact the sports medicine team at **(855) 929-0100**.

The information in this booklet provides general guidelines and instructions, however, your surgeon may have slightly different preferences that he/she will discuss with you directly. Please defer to your surgeon’s orders, which are tailored to fit your individual needs.

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# Understanding Your Surgery

The shoulder features a ball-and-socket joint. Its unique anatomical structure allows for substantial mobility due to the large ball and small, shallow socket. The trade-off is that this wide range of motion often comes at the sacrifice of joint stability.

Injury or arthritis and other conditions can cause pain and limit freedom of motion in your shoulder. Sports and recreational activities often put the shoulders at risk for ligament and cartilage tears. Common injuries requiring arthroscopic shoulder surgery include rotator cuff tears and labral tears.

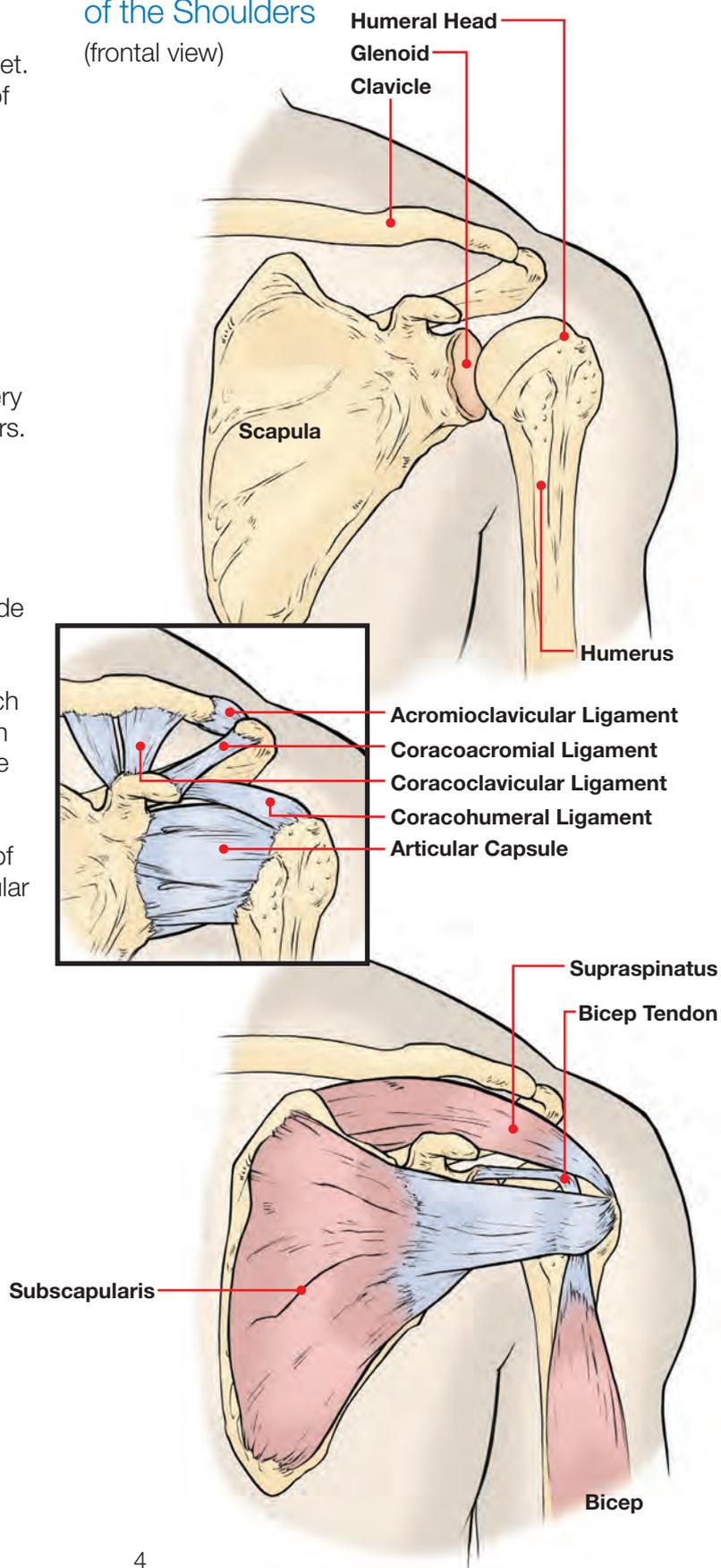
## Shoulder Anatomy

The “shoulder” is composed of the collarbone (clavicle), the shoulder blade (scapula) and the upper arm bone (humerus). The humeral head is the “ball” at the end of the humerus, which fits neatly into the “socket” (glenoid) in your shoulder blade. In addition to the ball-and-socket joint (glenohumeral joint), there is a second joint between the end of the clavicle and a portion of the scapula called the acromioclavicular (AC) joint. Muscles, ligaments and tendons hold together the bones of the shoulder.

A thin, smooth veneer of articular cartilage covers the surfaces of the ball and socket. Strong ropes of connective tissue, called ligaments, secure the bones together. The ligaments surrounding the glenohumeral joint are often referred to as the “capsule.”

## Bones, Ligaments and Tendons of the Shoulders

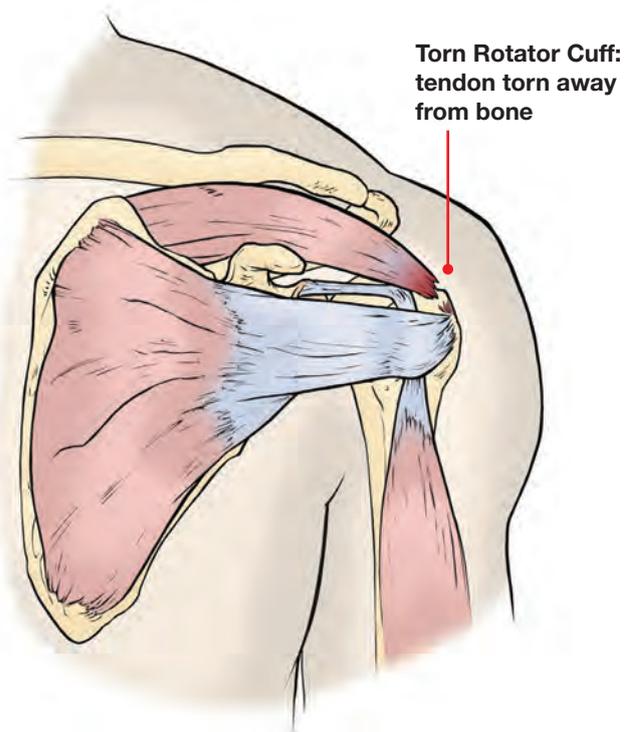
(frontal view)



# Understanding Your Surgery

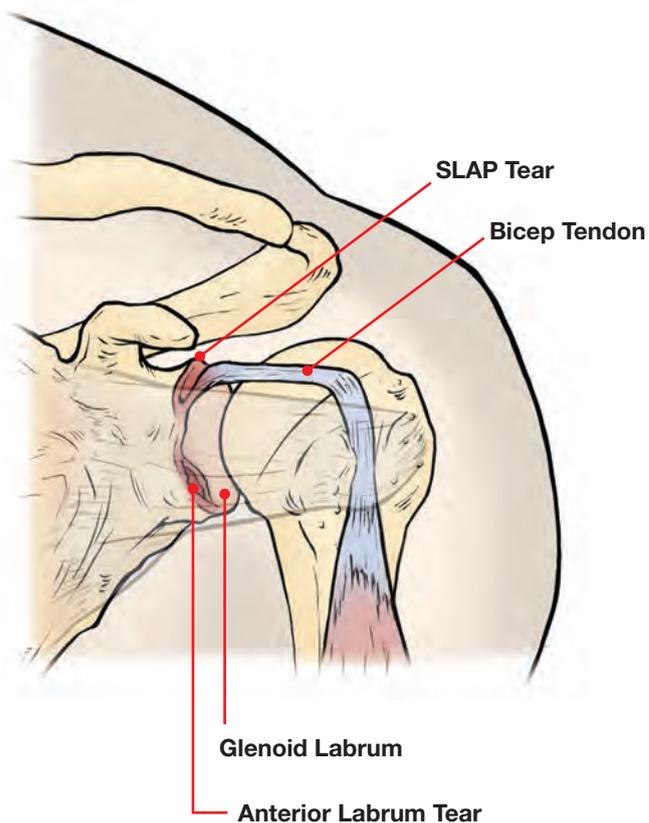
## Rotator Cuff Injuries (frontal view)

The **rotator cuff** works to keep your arm in your shoulder socket, providing shoulder stability and enabling mobility. It is composed of four muscles (supraspinatus, infraspinatus, subscapularis and teres minor) that surround, support and move the glenohumeral joint. Each muscle is connected to the humerus bone by its tendon. Tears of a rotator cuff tendon occur commonly and may be caused by trauma or degeneration.



## Labral Tears

The labrum is a type of fibrous cartilage that resides around the rim of the shoulder socket (glenoid). The labrum enhances stability of the glenohumeral joint by increasing the depth of the shallow shoulder socket, which allows for the "ball" portion of the joint to stay in place. It also provides the attachment point for key ligaments that tether the upper arm bone to the shoulder. Tears of the labrum commonly are caused by trauma (single or recurrent). Tears of the front labrum (anterior) frequently occur when the ball dislocates out of the socket. Tears of the labrum on top (superior) and back (posterior) of the socket are also commonly seen. A SLAP tear occurs where the bicep tendon anchors to the labrum.



# Understanding Your Surgery

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## Arthroscopic Shoulder Surgery

During arthroscopy, your surgeon will insert a thin viewing instrument called an arthroscope into your shoulder through a small incision in the skin. The arthroscope has a light source and a video camera attached to it. Images from the camera can be seen on a video monitor. These magnified images provide a clear picture of your joint. This minimally invasive outpatient procedure allows our experienced surgeons to repair joint problems, remove loose or foreign bodies, or monitor disease or the effectiveness of treatment. With typically smaller incisions, this procedure usually is less painful and leads to faster recovery time and more rapid return to normal activities.

At the NorthShore Sports Medicine Center, we perform state-of-the-art arthroscopic shoulder surgery to treat a variety of conditions, including:

- [Subacromial decompression](#)

Subacromial decompression is a surgical procedure used to treat impingement syndrome. Arthroscopic surgery helps relieve the pressure and pain from pinching of the rotator cuff tendons by the overlying acromion bone. Space is created by removing any scar tissue and inflamed subacromial bursa and shaving the bone away from the rotator cuff.

- [Rotator cuff repair](#)

Arthroscopic surgery may be used to treat a torn rotator cuff if the tear is significant or if nonsurgical treatment has failed to reduce pain and improve strength and movement sufficiently. Surgical repair usually involves removing bone spurs from the under-surface of the acromion and suturing the torn tendon back to the top of the upper arm bone (humerus).

- [Labral repair](#)

Often caused by sports injuries and, in particular, shoulder dislocations, tears to the labrum often require surgical repair to restore stability and eliminate pain. Labral repair involves suturing and reattaching the labrum to the edge of the shoulder socket (glenoid) using small anchors.

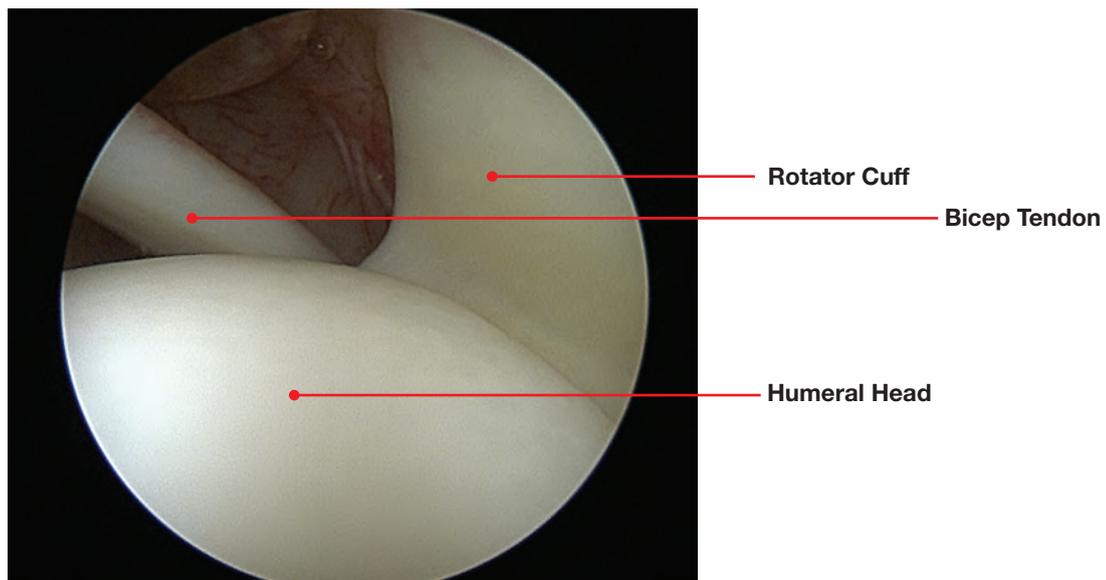
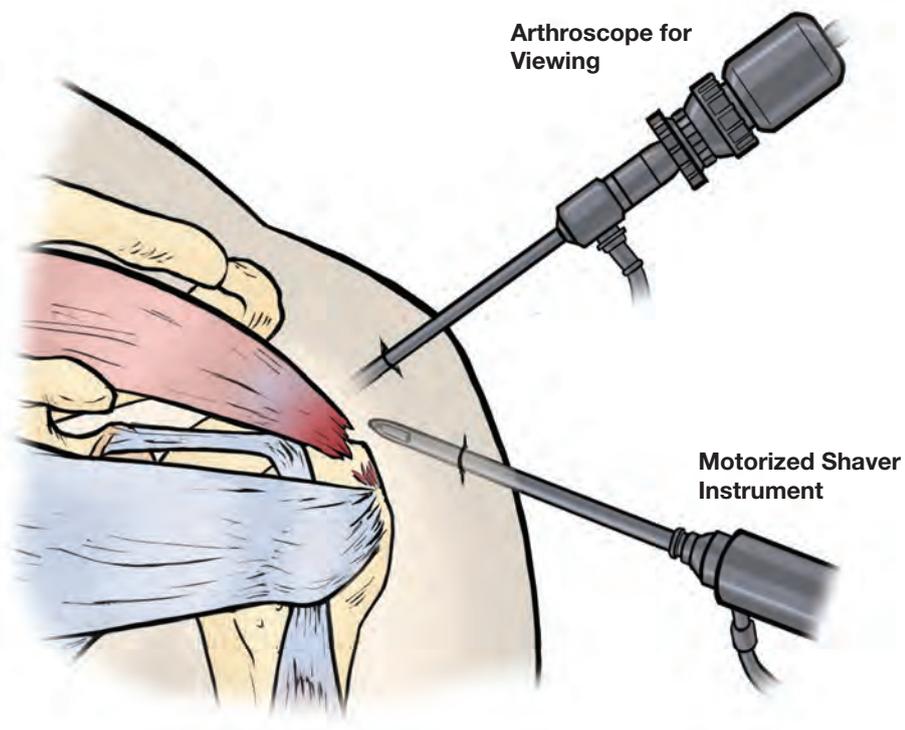
- [Manipulation/lysis of adhesions](#)

Arthroscopic surgery can help alleviate the buildup of scar tissue (adhesions) that can develop around the shoulder joint in a condition called “frozen shoulder” or adhesive capsulitis. The procedure usually involves cutting the thick, scarred ligaments to restore range of motion and reduce pain.

# Understanding Your Surgery

## Arthroscopic Instruments

Shoulder arthroscopy involves placing both viewing and surgical instruments inside the shoulder.



An "inside" view of shoulder arthroscopy during surgery

# Preparing for Surgery

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## Pre-Operative Work-Up

Requirements for pre-operative testing may vary depending on the location of your surgery. Pre-operative testing is **REQUIRED** for surgeries performed at the affiliated hospitals of NorthShore (Evanston, Glenbrook, Highland Park and Skokie).

Discuss the tests with your surgeon to see which are required for you:

- Complete history and physical (within 30 days)
- Nasal swab (within 30 days)
- EKG (within six months for patients over age 50)
- Other evaluations, as needed

Pacemakers or implanted defibrillators must be evaluated within three months of surgery. Evaluation arrangements can be made by calling (847) 570-2640.

Pre-operative testing can be completed at:

- Your primary care physician's office

Have your doctor's office fax all results and notes to Pre-Admission Testing at the NorthShore Orthopaedic & Spine Institute hospital where you are having surgery:

– Skokie Hospital. Fax: (847) 933-6772

OR

- Any NorthShore University HealthSystem Medical Group office

Schedule your pre-operative testing by calling (847) 733-5707.

**Your surgery is subject to cancellation if proper medical clearance is not received two to three days in advance.**

# Preparing for Surgery

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## Home Safety Preparation

Setting up your home prior to surgery is an essential step to ensure a safe environment after discharge from the hospital. Listed below are points to consider BEFORE SURGERY while setting up your home.

### Bathroom

- Be prepared to talk to your surgeon's team about your bathroom setup (e.g., do you have a shower stall or a tub?). Your physical therapist can make equipment recommendations based on your specific environment to ensure safety at home.
- Do you have grab bars in the shower?
  - Grab bars are a helpful way to increase your safety in the tub or shower.

### Bedroom/Living Room

- Is your home arranged for ease of movement once you return home?
  - We recommended that you remove throw rugs and other obstacles from the floor to ensure safety while walking.
- Are items in cabinets and dresser drawers easily accessible?
  - You should not be on step stools or ladders after discharge, so be sure to move items as necessary so you can reach them easily (not too high and not too low).
- Sleeping
  - You may find it helpful to sleep in a recliner or with the support of multiple pillows on your bed.

### Children/Pets

- Do you have small children or pets?
  - Small children may need some education on how to interact with you in a way that ensures their safety and yours.
  - Take steps to ensure that your pet does not try to jump on you or bump you while walking.

# Preparing for Surgery

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## Family Member/Caregiver Support

A family member or close friend will be an important member of your extended team to help you prior to surgery and throughout your recovery. Please review this book with your family members/caregivers prior to surgery. Also, remember to introduce these individuals to your doctor.

Please invite your family member/friend to attend a physical therapy session after your surgery so that the therapist can explain how the family member may be able to help you at home. These family members/friends may also help with:

- Transportation to and from the hospital
- Providing support around the home during the first week after surgery
- Meal planning

## Medications

Some medications you currently take may prove harmful during your procedure because they thin your blood and increase the risk of bleeding after surgery. If you take medications that contain aspirin, anti-inflammatories (such as ibuprofen, Motrin, Advil, Aleve, etc.) or blood thinners (such as Warfarin), ask your surgeon when it is best for you to stop taking these medications. Also, be sure to let your surgeon know if you are taking any vitamins or herbal supplements.

During your visit with your primary care physician for your history and physical, your medications will be reviewed again. **You will be instructed on which medications or supplements you must stop taking before surgery.**

## Staying Active and Healthy Prior to Surgery

Continue normal activities for as long as you are able up until your surgery date, but do not begin any **new** exercise or activities. Your doctor or therapist may recommend pre-operative exercises tailored to your individual needs to improve your strength and range of motion.

- Drink enough fluids prior to surgery to keep your body well-hydrated.
- Try to maintain good nutrition with a balanced diet and sufficient protein intake in the days leading up to your surgery.
- Keep alcohol intake to a minimum, and avoid alcohol altogether for 48 hours prior to surgery.

**If you develop a cold, sore throat or other illness prior to surgery, notify your physician as soon as possible.**

# Preparing for Surgery

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## Pre-Operative Nutrition

- Drink enough fluids prior to surgery.

Your body should be well-hydrated prior to surgery. Your physician may adjust these guidelines if you have any other medical conditions, so please discuss them prior to your surgery.

- Make sure your protein intake is adequate EVERY day.

Protein helps your body heal. It can be found in meat, fish, poultry, eggs, dairy products and legumes. You should have no fewer than two servings a day.

- Increase your fiber intake.

Since you will be receiving medications that can contribute to some constipation after surgery, it is recommended that you increase your fiber. “Bulk up” your diet with a variety of food like raw fruits and vegetables, whole-grain breads or muffins, cereals, nuts and beans.

- Make sure you are getting adequate calcium.

Calcium is necessary to maintain the strength of your bones. The Centers for Disease Control and Prevention recommends 1,500 mg daily. Try to take some of your daily calcium as servings of milk, yogurt or cheese. Do not exceed 500 to 600 mg of calcium at any one time; spread out your calcium intake throughout the day.

- REMEMBER: You need vitamin D to absorb calcium.

You need 1,000 IU daily. Vitamin D is frequently in multiple vitamins, milk products, fortified cereals and calcium supplements.

- Try to stop smoking.

- Decrease your alcohol intake.

It is recommended that you drink no more than one alcoholic drink per day and none at all for 48 hours prior to surgery.

# The Day Before Surgery

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## Pre-Operative Phone Call

A nurse will call you between **8 a.m. and 5:30 p.m.** the day before your surgery to confirm your procedure and review your medical history, including dental, allergies, etc. The nurse will also give you directions to the hospital and confirm your arrival time to Ambulatory Surgery.

During this phone call, you will be instructed to avoid all food and liquid after midnight the night before surgery. You will be told which medications you should take the morning of surgery with a small sip of water.

**DO NOT eat or drink anything (including water) after midnight the night before your surgery.**

## What to Bring to the Hospital

### Things to bring or do:

- Advanced directives
- Insurance card
- CPAP machine
- Wear loose-fitting clothing

### Things **not** to bring or do:

- Valuables such as jewelry, credit cards and money that are not essential during your stay (Hospital nursing and/or administrative staff cannot take responsibility for your personal property.)
- Medications from home

**Your physician has requested that you wear “street clothes” as soon as possible (following surgery) in order to facilitate rehabilitation. Loose, buttoned shirts are recommended.**

## Transportation

**You are not allowed to drive in the days immediately following your surgery. It is mandatory that a responsible adult either drive or accompany you home after your procedure.**

# The Day of Surgery

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## Check-In at Ambulatory Surgery

Please arrive at the Ambulatory Surgery patient registration area at your designated admission time. This is typically one and a half to two hours before surgery is scheduled. If you are running late, please call the Ambulatory Surgery Unit where your surgery will be performed:

**Skokie Hospital** (847) 933-6500

Enter at the main entrance off of Gross Point Road. After passing through the double doors, the information desk will be immediately to the left. There you will receive directions to the Ambulatory Surgery Unit.

**Sameday Surgery River North** (312) 649-3939

Enter at 1 East Erie Street, Chicago. Take the elevator to the third floor and proceed to Suite 300 for registration.

Following your check-in at Ambulatory Surgery, the process to prepare you for surgery will begin. You will start meeting various members of your care team, including your surgeon, anesthesiologists and operating room nurses, and others who are committed to helping you through your surgery and beyond to a successful recovery. You will become accustomed to being asked your name, birth date and confirmation of the surgery you are having as part of our patient safety procedures. Family members/caregivers are allowed to remain with you.

**Please understand that time of surgery is subject to change.  
Length of procedures may vary and affect that day's schedule.**

# The Day of Surgery

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## For Your Safety

### Verification

- You will be asked your name and birth date frequently.
- Prior to surgery, you also will be asked many times what procedure you are having done and to identify which shoulder is involved.

### Medication Reconciliation

Prior to administering medications, we need to know:

- The name of all medications you currently take
- The dosage of each medication
- The frequency (how often) of your medications
- When your last dose was taken

### Infection Prevention

- An antibiotic will be given before surgery through your intravenous (IV) line.

## Pre-Operative Holding

Family members/caregivers can view your progress on the waiting room monitor (some locations only). You will be in the pre-operative holding area where you will stay for one to three hours.

During that time, the following will occur:

- Your health history and physical examination will be reviewed.
- Advanced directives will be noted.
- Your operative site will be prepped.
- Your anesthesiologist will review your health history and physical exam results and will discuss your options for anesthesia with you.
- An IV will be started.
- The surgeon will review the arthroscopic shoulder surgery procedure with you and mark the site of surgery on your body.



# The Day of Surgery

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## Anesthesia

The Department of Anesthesiology at NorthShore has prepared this brief informational section to help you understand the anesthesia and pain control options available to you for your arthroscopic shoulder surgery.

### The Anesthesia Care Team

At NorthShore, anesthesia care is directed by board-certified anesthesiologists. You will meet your care team members in the pre-operative holding area near the surgical suite. We work together to provide you with a safe anesthetic experience.

### Pre-Operative Preparatory Work

Preparatory work for your surgery begins in the pre-operative area. An intravenous (IV) line will be started, and an initial set of vital signs will be taken. Your anesthetic care team will review your medical history and laboratory reports and perform a brief physical exam. After discussing your various anesthetic options with you, your anesthesiologist will formulate a specific anesthetic plan.

### Intra-Operative Anesthesia Alternatives

Your anesthetic options will be guided by your medical history, your preferences and the planned surgical procedure.

### Regional Anesthesia

A regional block is often used for ambulatory surgical procedures involving the shoulder. Supplemented with general anesthesia, this method provides excellent surgical anesthesia, quick awakening and a smooth transition home with improved management of post-operative pain. Regional anesthetic for the shoulder involves an injection of local anesthetic at the base of your neck that “blocks” the nerves that provide sensation to the shoulder, arm and hand. It should numb only those areas of your body.

### General Anesthesia

Under certain circumstances, a general anesthetic is preferred, alone or following administration of a regional anesthetic. With a general anesthetic, medicine is injected through your IV line and you will drift off to sleep. At that time a breathing device will be inserted in your mouth to control your airway and provide oxygen to your lungs.

# The Day of Surgery

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## The Anesthetic Procedure

- Your anesthesiologist will review details of the anesthetic with you.
- An IV line will be placed to administer fluids and sedative medications.
- Your surgical site will be confirmed.
- An ultrasound will be used to identify the location of the nerves in your neck area and the planned injection.
- Mild sedation will be administered.
- Injection of the local anesthetic will be performed.

## Risks

Anesthesia is very safe, but there are recognized risks and complications. At the time of your surgery, your anesthesia care team will discuss the anesthetic risks with you in detail.

## Pain Medications

As part of NorthShore's multifaceted pain management program, you will be offered oral or IV-administered medications to help with pain management before and after your operation. They are to be taken in addition to the other modalities described above.

# The Day of Surgery

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## Operating Room and Post-Anesthesia Care Unit (PACU)

### Operating Room

Inside the operating room, you will be cared for by doctors, nurses and skilled technicians. The total time required for surgery differs from patient to patient depending on the complexity of the procedure.

While you are in the operating room, your family can monitor your progress on a screen located in the waiting room. For privacy, you will be identified by a unique identification number, which will be given to your family members/caregivers.

### During Surgery

Once your shoulder is numb, you will be transferred to the operating room and comfortably positioned on the operating table for the surgical procedure. At this point, you will be given further sedation through your IV and likely begin drifting off to sleep. During the procedure, the anesthesia team will monitor your blood pressure, pulse, oxygen level, level of sedation and other vital signs at all times to keep you safe and comfortable. You may awaken during the procedure but should not experience any pain. Usually you will have very little memory of your experience in the operating room.

### PACU (Recovery)

After your surgical procedure is completed, sedation will be discontinued and you will be transferred to the recovery room. We will monitor you as the effects of the anesthesia wear off and you begin to wake up. You may feel groggy from the anesthesia. You will spend approximately one hour in the PACU while you recover from the effects of anesthesia. You will be transferred out of PACU when an anesthesiologist determines that you have recovered from the anesthesia.

- Nursing staff will monitor your:
  - Vital signs
  - Progress as you emerge from anesthesia
  - Pain, and provide interventions as necessary
- Your surgeon will meet with your family members/caregivers to provide a post-surgery recap.
- After recovery, you will be transported to the nursing unit. Your family members/caregivers can visit you after this point.

Once you are sufficiently awake, you will receive cookies or crackers and a drink and will be reunited with family and friends.

Our goal at NorthShore is to provide you with a safe and comfortable experience.

# Outpatient Discharge Planning

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In your post-operative room, a nurse will take your vital signs and evaluate your IV, surgical site and recovery from the anesthesia. Your family and friends may see you after the nurse has completed this assessment.

If you experience discomfort, nausea, chills or a sore throat after surgery, please notify your nurse so that appropriate medication or treatment can be administered.

The anesthesia may make you feel dizzy and unsteady. Please ask for assistance when getting out of bed for the first time or whenever you need help.

When it is time to be discharged from the hospital, your nurse will review your surgeon's written discharge instructions. It is important that you understand these instructions so that you know what to expect when you are at home. Please ask the nurse to clarify any information that you do not understand.

## Discharge Criteria

Prior to discharge, you must:

- Have stable vital signs
- Have adequate pain control
- Tolerate fluids
- Walk without dizziness
- Have a responsible adult present to take you home

## Discharge Instructions

### Medications

- Review the medication instruction sheet given to you by your nurse for your prescription medications.
- If you experience nausea or vomiting, limit your intake of solid foods until you are able to tolerate clear liquids.
- Take prescription pain medication as directed by your surgeon.

### Diet

- Eat a well-balanced diet.
- Pain medication may cause constipation. We encourage you to drink lots of fluids and increase your intake of fruits and fiber.

### Incision Care

- Keep your original dressing on per your surgeon's recommendation.
- When removing your dressing, wash your hands with soap and water then take off the dressing and gauze.
- DO NOT remove the Steri-Strips or sutures.
  - These will be removed at your first post-operative appointment.

# Outpatient Discharge Planning

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## Showers

- You must keep your incisions dry until your sutures are removed.
- You can wrap a plastic wrap, such as Saran Wrap, around your shoulder while you shower.
- Alternatively, tape a sheet of plastic to the base of your neck so it covers your shoulder like a cape. If it gets wet, just blot it dry.

## Sling

You will be given a sling post-operatively. Unless instructed otherwise, please remain in the sling until you are seen at your post-operative visit with your surgeon. You will be given further instructions at this point.

## Daily Activity

- You may not drive prior to your first post-operative visit. The decision to resume driving your car is made by your surgeon, and will be determined based on which procedure has been performed.
- Exercise demonstration sheets are included in this book on pages 23 and 24. You may begin exercises after surgery once you have full feeling in your arm (typically, the day after surgery).

## Work

Anticipate taking two to three days off from work following surgery. If your job requires manual labor or significant lifting, climbing, kneeling, bending or squatting, return to work will be determined with your surgeon based on your procedure and progress in recovery.

## Travel

If possible, avoid prolonged car rides and flying for two weeks following surgery. If you must travel, please discuss your plans with your surgeon.

## When to contact your doctor

If you notice any of the following symptoms, please call your surgeon's office immediately:

- There is excessive bleeding that soaks your dressing.
- The incision becomes red and very hot.
- You experience fever/chills.

# After Surgery—At Home

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## Post-Operative Exercises

You should start your exercises after surgery once you have full feeling in your arm (typically, the day after surgery). When starting, do what you can but not to the point of being in pain. Performing your post-operative daily exercises is critical for your recovery. These exercises are shown on pages 23 and 24 of this book.

## Controlling Pain at Home

### Goal of Home Pain Control

You will be able to control pain to allow you to gradually increase your activity level and mobility, and to follow the prescribed exercise program while decreasing reliance on prescription pain medications through the use of alternative measures.

It is important to understand that:

- You cannot expect to be pain-free during the recovery process. Being sedentary to avoid pain will ultimately contribute to more pain and swelling.
- It is OK to take medication when pain is interfering with exercises or sleep.
- If your pain is manageable or the prescription pain medication is causing ill effects, it is OK to substitute Tylenol (acetaminophen, APAP) and use alternative measures to increase comfort. We recommend that the maximum amount of Tylenol you take should not exceed 3,000 mg in 24 hours. Please read the labels carefully or consult with your pharmacist for clarification. Many medications, including over-the-counter medications and prescriptions, contain acetaminophen.

### Guidelines for Use of Pain Medication

- Only take pain medications according to the directions from your doctor. Be sure that you do not exceed the number of tablets for each dose or how often you can take the medication.
- You should take pain medication with meals or with at least something in your stomach. Follow directions from your doctor or on the medication bottle.
- Do not wait until the pain is severe. Pills take 30 to 45 minutes to begin to work. If the pain is severe, relief will be slower and less effective.
- Use pain medication at night and before therapy as needed.
- Notify your doctor if pain medication causes you to be nauseated, shaky, disoriented or unsteady when walking or causes vomiting.
- Do not drink alcohol if you are taking pain medication.
- Some pain medications cause constipation. This can be avoided by drinking extra fluids, increasing activity, and eating prunes or other dried fruits.

# After Surgery—At Home

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## Alternative Measures to Increase Comfort

- Establish a reasonable pattern of activity without increasing pain and swelling from overuse. You should alternate periods of activity with rest to avoid increased pain.
- Use ice frequently, especially following physical therapy, for 20 to 30 minutes.
- Your therapist can instruct you in positioning to relieve pain.
- Use relaxation techniques.

## Icing Instructions

After a shoulder replacement procedure, swelling is expected. Swelling can cause increased shoulder pain and limit your range of motion, so taking steps to reduce the swelling is important. Using a cooling unit or an ice pack can help reduce swelling.

There are several types of “ice packs” you can use:

- A cooling unit
- A commercial ice bag
- Ziploc bags, doubled, half filled with ice
- Commercial gel packs that you refreeze
- Large bags of frozen peas that can be refrozen

It is important to take precautions when icing to avoid injury to the skin:

- Never apply ice directly to the skin.
- Place a towel or other cloth between your skin and the ice pack.
- Ice should never be applied longer than 30 minutes. (Exception: A cooling unit may be applied continuously throughout the day.)
- Ice should be removed if the area becomes numb regardless of how long it has been applied.

Tips for effective icing:

- Ice for approximately 20 to 30 minutes.
- Ice can be applied as often as once an hour to help control pain and swelling.

# After Surgery—At Home

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## FAQs

### **When can I drive?**

Do not drive until cleared by your surgeon. Depending on the nature of your surgery, this could be up to eight weeks.

### **When can I go back to work?**

This varies depending on what your job entails and the physical demands of your job. You can work with your home therapist on simulating your work environment and speak to your surgeon at your follow-up office visit to determine when you are safe to return to work.

### **Can I do water aerobics, swim and take baths?**

You must wait until your incision is well healed to avoid infection. You can speak to your surgeon to discuss when your shoulder has healed enough to perform these activities.

### **When can I return to golfing, jogging or other sports?**

High-impact activities should be avoided until your surgeon gives you clearance to perform them.

### **Following surgery, do I need to make special considerations when I travel?**

Airlines have various accommodations for people who need extra help traveling. It is best to call the airline ahead of time to explain your specific needs to make sure yours will be accommodated. Consider how you might need assistance, such as help entering the aircraft and getting to your seat or assistance with luggage. Try to choose nonstop flights if possible, and make reservations early so the best seats for you will be available.

## Notes

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# Home Exercises

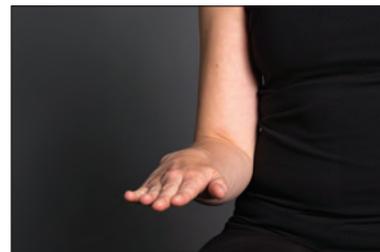
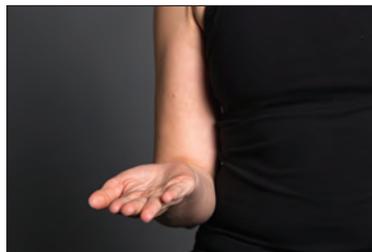
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## Exercises for Shoulder Arthroscopy

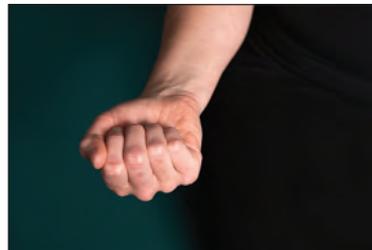
**Pendulum:** Let the operative arm hang as you bend at the waist and allow your arm to move in a circle clockwise, then counterclockwise. Circle 15 times in each direction per set.  
Do 1 set per session.  
Do 2 sessions per day.



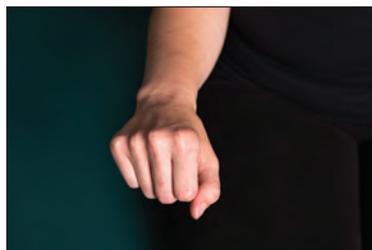
**Forearm pronation:** With elbow held at side, wrist straight and palm facing up, turn until your palm faces down completely. Hold 3 seconds.  
Repeat 20 times.  
Do 2 sessions per day.



**Ulnar deviation:** With fingers curled, bend your hand to the side at the wrist in the direction of your little finger. Hold 3 seconds.  
Repeat 20 times.  
Do 2 sessions per day.



**Radial deviation:** With fingers curled, bend your wrist toward the thumb side. Hold 3 seconds.  
Repeat 20 times.  
Do 2 sessions per day.



# Home Exercises

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## Exercises for Shoulder Arthroscopy (continued)

**Wrist flexion:** Bend your wrist down with fingers curled. Hold 3 seconds. Repeat 20 times. Do 2 sessions per day.

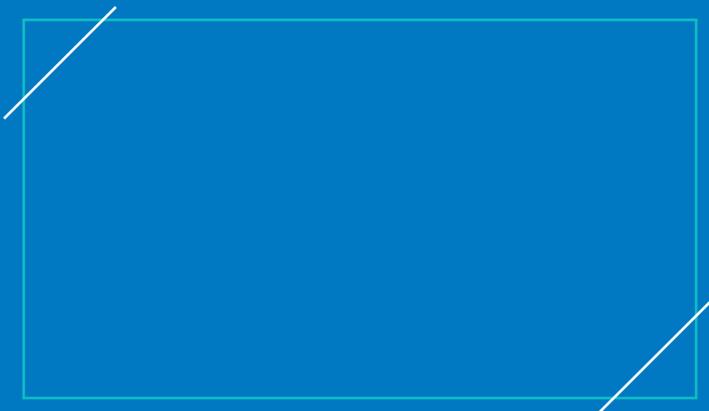


**Wrist extension:** With fingers curled, bend your hand back at the wrist. Hold 3 seconds. Repeat 20 times. Do 2 sessions per day.



**Abduction/adduction:** With your hand flat on the table, spread all fingers apart, then bring them together as close as possible. Repeat 20 times. Do 2 sessions per day.





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contact your surgeon's office.

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