

# KOC Shoulder and Elbow Center

## General Postoperative Care

### 1. General

- a. The staff of the shoulder and elbow center are dedicated to improving your health and well being. We strive to make your surgical outcome successful. The following outline addresses many common questions. Other information is also available on our website. Visit the website at [www.kocortho.com](http://www.kocortho.com) and go to the shoulder and elbow page.
- b. We require someone is with you the night of surgery. Baggy Clothing is easier to get in to. Meal prep easy meals prior to surgery is recommended.
- c. Most arthroscopic surgeries are accompanied by pictures and/or a DVD which you can review at home either on your computer or on your DVD player. The DVD should open up in Windows media player, Quicktime or other media player software on your computer. If it does not, then you could download VLC (it has an orange & white cone as an icon
- d. You will receive a postoperative folder that will include your DVD, pictures, drug prescriptions and other instructions. Please review your DVD within the first few days after surgery.
- e. If you had an open surgery like a shoulder or elbow replacement or fixation of a fracture or other open procedure, then there will not be a DVD of the surgery but you will probably have some X-rays demonstrating the reconstruction.
- f. We have acquired discounted rates at several hotels near Tennova Turkey Creek Hospital, please see attached flyers.

### 2. Therapy

- a. Outpatient home exercises/therapy are specific to the type of procedure performed. Please refer to the applicable therapy protocol which is provided for you in your postoperative folder. In many cases formal therapy is not initiated until your first postoperative visit after surgery. The timing of the initiation of therapy is dependent on the size and type of the repair or reconstruction or replacement and the quality of the tissue. Dr. Spencer will talk to you about your specific therapy protocol after surgery. If you have questions please call Stephanie Johnson (Dr. Spencer's) secretary during normal business hours at 865 450 1227 as she will have access to operative notes which will describe your specific protocol.
- b. In general for rotator cuff repairs, we don not start therapy for a couple weeks. The timing and type of therapy is based on your tear size and quality of tissue.
- c. In general for replacements and fracture fixation we start range of motion exercises within and few days after surgery.

### 3. Wound Care

- a. You may remove the dressing the day after surgery. The steri strips or mesh under the dressing, are applied with superglue or cyanoacrylate adhesive & are waterproof. Therefore, you may shower and allow water to run over the steri strips or mesh, and then **pat** them dry. No further dressing is needed. Try to keep those strips or mesh on as long as

possible. Do not soak or immerse the wounds in a bath or hot tub. If you have a splint or a cast, do not remove the splint or cast until you are seen in the clinic at your first postoperative visit. Do not get the splint or cast wet and keep the area elevated above your heart as much as possible. If you have a cast or splint, you will be given an impervious sleeve that should be placed on the involved extremity to keep it dry while bathing. The splint should be kept dry until seen in clinic.

- b. If you develop drainage from the wounds, fever greater than 101, bleeding or uncontrolled pain please call Dr. Spencer's PA (Physician's Assistant), Jeff Jarnagin, at 865 254 2023 during normal business hours. If after normal business hours please call the PA on call at 865 558 4400.
- c. Sutures (if present) will be removed in the office in 10-14 days at the first postoperative visit.

#### **4. Activities of Daily Living**

- a. You may drive as long as you are not taking pain medication and you feel safe. The operative arm should be kept on the bottom of the steering wheel.
- b. To perform axillary (arm pit) hygiene simply bend over at the waist and allow the arm to dangle away from the body. This exposes the axillary region but does not require active use of the operative shoulder. This is exactly how to perform a pendulum exercise as well.
- c. Use of the extremity depends on the specific procedure that you had performed. Typically you will be allowed to perform waist level activities such as typing and writing and texting but the elbow should not come out away from the body. Typically you should not reach out away from the body. Dr. Spencer will review with you or a family member what you will be able to do after surgery.

#### **5. Pain Control**

- a. Take pain medication about 60 minutes prior to performing therapy either at home or with the therapist.
- b. Placing a heating pad on the shoulder or elbow 30 minutes prior to therapy will also help with mobility.
- c. May use ice pack or cryocuff on the affected area after surgery and is wonderful for pain control. Alternate ice/cryotherapy 30 minutes on and 30 minutes off. KOC does sell cryocuffs. Your insurance would not cover these, the cost is \$150 and you can call Jennifer 865-679-4574.
- d. Enough pain medication is usually given at the time of surgery to get you through until the first postoperative visit. For additional pain medication requests please call our medication line during normal business hours at 865-558-4400 and follow the prompts to the prescription line.
- e. If you had either local anesthetic or an interscalene block (numbing medication in the neck prior to surgery to numb the arm) please take oral pain medication as soon as you start feeling some pain. As soon as you start regaining sensation in the arm or start feeling pain at the surgical site, start taking oral pain medication as directed. You want to stay ahead of the pain for the first 48 hours and then start decreasing the amount of oral pain medication as your pain decreases. You do not want to get behind the pain as it will be very hard to catch up.

- f. In General we use 3 ways to control pain:
    - \*NSAID's
    - \*Narcotics
    - \*Ice
- \*Start taking NSAID & narcotics before the block wears off.  
In general it is more comfortable to sleep in a recliner or reclined position after shoulder surgery.  
It is ok to have the sling off with arm resting on some pillows while in Recliner.

## 6. Braces

- a. Some patients will be in a brace after surgery. Personal demonstration will be provided regarding how to adjust and remove the brace.
- b. Most patients will be in a simple sling that should be worn most of the time except for bathing unless otherwise instructed by Dr. Spencer. It is a good idea to wear the sling while sleeping until seen in the office at the first postoperative visit.

## 7. Other

- a. It is very common to experience nausea with general anesthesia and with narcotic pain medication. You will be given medication for nausea (usually either Phenergan or Zofran) to take if that occurs. Itching can also occur and over the counter Benadryl can help significantly.  
If the Benadryl does not work Zantac can be combined to block more histamine. Constipation is a very common problem and we encourage patients to start taking stool softeners immediately after surgery. Over the counter medications such as Dulcolax, Senakot and Mirlax can be helpful.

**We are honored that you have chosen us to be a part of your care.**