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Post-Operative Guidelines and Frequently Asked Questions for Anterior Stabilization Procedures (SLAP repair/biceps tenodesis and Bankart Repair)

This document will help you plan for your post-operative recovery course following surgery. Please read and retain this information for future reference. Many of the questions you may have later can be answered by referring to this information.

Post-Op Sling: Your post-op sling must be worn at all times for 4 weeks. It is OK to remove the sling from time to time in a protected (typically indoor) environment to perform range of motion exercises (especially the elbow, wrist and hand), to bathe, and for dressing. It is OK to adjust the sling and body harness to your comfort. You may remove the pillow if you desire. We do encourage you to move your arm below shoulder level during these first few weeks after surgery.

Wound Care: Keep the site clean and dry as it heals\*. You may remove the outer bandages and gauze 2 days (48 hrs) after surgery. DO NOT remove the white strips directly over your incision sites. You may shower 48 hours after surgery with the sling off and your arm at your side unless told otherwise by Dr. Kent. Do not apply any gels or ointments to the surgical site.

\*It is normal to have small amounts of bloody drainage on the dressing especially the first 24-36hrs. You may develop swelling and bruising that extends from your shoulder down to your chest and perhaps even to your hand over the first week after surgery. Do not be alarmed. This too is normal, and it is due to gravity pulling the bruising and swelling downward. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101° Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot or ankle.

Pain Medication: Prescriptions will be electronically sent to your pharmacy a few days prior to your surgery. Please pick up all prescriptions BEFORE your surgery day if possible. You will receive two medications: one narcotic pain medicine (oxycodone or hydrocodone), and Ondansetron for nausea. You may also take Tylenol, and an anti-inflammatory medicine such as Ibuprofen or Aleve. Please note that narcotics will make you constipated, so a stool softener or laxative may be needed. Start taking your pain medication as soon as you start to feel pain or when you feel the nerve block wearing off. After that you will use the pain medication ONLY as needed. It is normal for pain to be worse at night. You should avoid taking pain medications on an empty stomach, as it will make you nauseous. Use the Tylenol and anti-inflammatory daily, as prescribed, to reduce the swelling and pain after surgery. Take medication as directed. Please call the office ASAP for a refill when your supply is low.

PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!

Pain medication may make you constipated.  Below are a few solutions to try in this order:  Also, if you are prone to constipation try these below.

A. Decrease the amount of pain medication if you aren't having pain.

B. Drink lots of fluids such as water.

C. Drink prune juice and/or eat dried prunes

D. Take Colace – an over-the-counter stool softener

E. Take Senokot – an over-the-counter laxative

If those don't work then:

F. Take Miralax – another over-the-counter stronger laxative.  Dosage as directed 2 x day

If they don't work call the office or if you have any questions on this please call us.

Cold Therapy: You will receive a cold therapy device on the day of surgery (if not, you may use regular ice). Use the unit for 20 - 30 minutes at a time, then take a 30 minute break. Frequent cold therapy is encouraged as often as possible during the first few post-operative weeks.

Follow-up Appointments: 14 days, 6 weeks, 3 months, and at 5-6 months.

Physical Therapy\*\*: You will receive a physical therapy prescription after surgery. You may start PT within the first week after therapy, but do not need to start until after the first post operative visit should you choose. PT typically is necessary 1-2 times weekly for 4-5 months post-operatively.

\*\*These guidelines may be adjusted by Dr. Kent as you progress. 

Frequently Asked Questions: Shoulder Surgery (Labrum & Stabilization)

1. What is the labrum & shoulder capsule?

The labrum and capsule of the shoulder surround the ball and socket of the shoulder joint. These structures are soft tissue restraints that are necessary to keep the ball of the shoulder from dislocating (moving out of the joint) during normal activities and sports. The labrum and capsule are connected. The labrum acts like a “bumper” that keep the ball in the socket when you move your arm. The capsule acts like a net that prevents excessive translation (movement) of the ball relative to the socket or glenoid. Injuries to either of these structures can result in abnormal translation (movement) of the ball relative to the socket (subluxation), frank dislocation of the shoulder, pain, and dysfunction.

2. Will labrum and capsule injuries heal themselves over time?

Unfortunately, these types of injuries do NOT heal. While rehabilitation and exercise may make your shoulder feel better, labrum tears and capsular detachments persist indefinitely without surgical intervention.

3. What does rehabilitation do for the shoulder?

Rehabilitation helps to strengthen the rotator cuff and other muscles around the shoulder. These muscles act as additional stabilizers to the shoulder joint. Strengthening these muscles is a good way to help decrease pain and increase function in cases where a labrum or capsule injury exists. However, shoulder muscle strengthening does NOT fully return normal functions. The labrum / capsule injury will manifest itself during specific arm movements or activities. This varies from person to person.

4. What is done to my shoulder during a labrum or capsule surgery?

During such procedures, the labrum is reattached to the socket of the shoulder using sutures. Small devices called anchors are inserted into the socket of the shoulder where the tear or detachment of the labrum has occurred. These devices are typically NOT metallic, and are very small (less than 2.5 mm in diameter). Once inserted into the socket, the sutures attached to the socket are used to sew the labrum and capsule back to their appropriate attachment sites. The body then heals the injury. Labrum repairs are typically arthroscopic (minimally invasive procedures) that take about 60 minutes of actual operative time. Stabilization procedures are also arthroscopic procedures, but in some cases (revision surgery, extensive injury), Dr. Kent may need to make a small incision to further enhance the repair and increase the likelihood of clinical success following your procedure. He will discuss these issues with you during your surgical consultation.

5. What type of anesthesia is administered?

Typically, a regional anesthetic (i.e. nerve block) is administered that numbs the operative limb. These blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during your surgery. The surgery is then performed under general anesthesia. You and the anesthesiologist will discuss these issues in detail immediately prior to your surgery.

6. How long do I wear a sling after surgery?

Please plan to wear a sling for 4 weeks after surgery. Dr. Kent will let you know immediately after the procedure is completed.

7. How long is the recovery?

The typical recovery from labrum repairs/stabilization procedures is three to six months.

Patients will usually wear a sling for 4 weeks. Physical therapy begins around 10-14 days after surgery. We will let you know which time point is best for your individual recovery. Initially, we will limit your activities to allow for healing of your labrum and capsule. After six weeks, Dr. Kent encourages you to get back to your normal activity and exercise schedule.

Sample schedule of activities following shoulder surgery:

a. Weeks 1-2: No excessive sweating. Walking OK. Take it easy

b. Weeks 2-6: Exercise bike, walking a treadmill OK.

c. Week 6+: Running, elliptical, light weight work OK. Get moving.

Note: Operative limb exercises are based on PT limitations at any given time.

8. What are the risks of shoulder surgery?

While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 7-10 days after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff.  Again, smoking interferes with wound healing, so discontinuing smoking 2 weeks prior and following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, doing leg lifts etc., all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area, or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner (Warfarin, Coumadin) until the clot disappears.

There are many nerves around the shoulder. Fortunately, the majority of these nerves do NOT exist in the surgical field during a typical labrum repair and shoulder stabilization procedure. Nevertheless, though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient.

9. Is there anything else that I need to do following surgery?

Plan to return to the office at 14 days, 6 weeks, 3 months and 6 months following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. The first postoperative appointment should be made when a date for surgery is confirmed.

Please note that Dr. Kent expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your shoulder procedure.