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**MIDWEST
ORTHOPAEDICS
AT RUSH**



POSTOPERATIVE INSTRUCTIONS SHOULDER CAPSULAR RELEASE

****Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Verma or either Physician Assistant supersede the instructions below and should be followed.**

DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the hand occurs
- It is normal for the shoulder to bleed and swell following surgery. If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply band-aids or a clean dressing over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning the day after surgery.
- You can get your wound wet in the shower on the **3rd post-operative day**. NO immersion in a bath until given approval by our office.

MEDICATIONS

- Local anesthetics are injected into the wound and shoulder joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication or while in sling
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This

will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.

- For 2 weeks following surgery take one 81mg aspirin twice daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe distal arm pain occur or significant swelling of the distal arm and/or hand occur.

ACTIVITY

- You are to wear the sling placed at surgery for 1-2 days for comfort as instructed by Dr. Verma.
- When sleeping or resting, inclined positions (ie: reclining chair) and a pillow under the forearm for support may provide better comfort
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed the arm should remain in the sling at all times.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician, it is illegal to drive in a sling
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

IMMOBILIZER (if prescribed)

- Your sling is to be worn 1-2 days following surgery for comfort
- After 2-3 days wean out of sling and begin moving shoulder to regain range of motion

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice packs (if machine not prescribed) for 45 minutes every 2 hours daily until your first post-operative visit. Care should be taken with icing to avoid frostbite to the skin.

EXERCISE

- Begin exercises (pendulums and active bicep flexion without resistance) 24 hours after surgery unless otherwise instructed.
- While maintaining your elbow by the side, begin elbow, hand, and wrist exercises immediately.
- Formal physical therapy (PT) typically begins immediately after surgery. A script will be in your discharge folder for you take to your therapy location of choice. PT will be 5 days a week for the first 2 weeks, then you will transition to 3x a week for the duration of therapy.
- It is imperative you attend physical therapy regularly and work on the exercises at home to maintain the range of motion gained at the time of surgery

EMERGENCIES**

- Contact Dr. Verma's PA's at Vermapa@rushortho.com if any of the following are present:
 - Painful swelling or numbness (note that some swelling and numbness is normal)
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in distal arm and/or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
 - Calf pain
- If you have an emergency **after office hours** or on the weekend, contact the office at 312-432-2390 and you will be connected to our pager service. This will connect you with the Physician on call. You can also call Rush University Medical Center at **312-942-5000** and ask for the operator to page the orthopedic resident on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 708-236-2701 to schedule.

- Typically the first post-operative appointment following surgery is 7-10 days following surgery
- The first post operative appointment will be with one of the Physician Assistants. They will assess the wound, go over post operative protocol, and answer any questions you may have regarding the procedure
- If you have any further questions please contact the PAs directly at Vermapa@rushortho.com