



Post-operative Anterior Shoulder Instability Repair

After Surgery:

- Please do not stop and eat a large meal on your way home, it may cause nausea and vomiting. Please start on something like ginger ale or Sprite and crackers.
- Report the following: Excessive bleeding, swelling, drainage, green or yellow drainage, redness around your incisions, a temperature of 101 or higher, difficulty breathing, or excessive nausea/vomiting.
- If you have any of these concerns, or other questions, please call. During the daytime the office phone number is (940)937-3636. After hours, you may call the ED at (940) 937-9131.

Dressing care:

- You can remove your bandages in 24-72 hours and then it is okay to shower as long as your wounds are dry. Please do not soak incisions in water. No standing water such as bath water, lake water, or swimming pools/hot tubs.
 - It is normal for some drainage/bleeding to soak through your bandages during the first few days. Simply reinforce your dressings with additional gauze and tape.
- Activities: Use ice packs and keep your upper body elevated as much as possible. No strenuous activities until cleared by the physician.

Medications:

- Please call your physician or pharmacist for any questions about your medications or if for any reason you are unable to take prescribed medications.
- Take all medications as exactly as prescribed.
- DO NOT drink alcohol; operate automobile or other heavy machinery while on narcotic pain relievers.
- Narcotic pain relievers are constipating. I recommend regular use of over-the-counter stool softeners such as Surfak or Colace on a daily basis while on pain medication to help reduce this side effect. Please insure you have adequate fluid intake and use a laxative as needed for constipation.
- Over the counter medications such as Ibuprofen or Advil can be taken as well to help avoid some of the fluctuating pain and help reduce overall narcotic requirements. 200-400mg doses of these over the counter medications taken between your pain pills can help. They can cause heartburn. Take these with food or milk, and over the counter indigestion pills can be taken to help with this also.



Rehab:

Phase 1

- Keep your sling on at all times, but you may come out of it to work on motion of your elbow, wrist, and hand. Some putty, an old tennis ball, or even a dish cloth that you squeeze repetitively will help maintain strength in your hand.
 - You can perform shoulder shrugs, forearm strengthening, and external rotation to neutral (straight in front of you) on the first day after surgery. You can start working on gentle forward flexion (in front of your body) to 90 degrees or parallel to the floor. Some find it easier to perform this lying flat.
- Start pendulum swings 3-4 times daily. To do this, stand near a table or chair, lean forward, and let the hand of your operative shoulder hang towards the ground. Gently swing your hand around (in circles, forward and back, side to side, etc.).
- Many find it more comfortable to sleep in a recliner or propped up on several pillows for the first few weeks after surgery.
- You will wear your sling full time with your arm in internal rotation (against your abdomen) for 4-5 weeks.

Phase 2

- Once you are cleared to advance to Phase 2, you will start advancing your forward flexion (in front of your body) to overhead (goal of 145 degrees)
- You can progress your external rotation (away from your body) to 30 degrees
- You can start getting aggressive with core strengthening.

Phase 3

- On advance to Phase 3 (usually around 2 months) you can progress to full range of motion.
- You will continue core strengthening.
- You will start scapular and rotator cuff strengthening exercises.

- Throwing athletes will usually start a throwing program at 3 months.