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Sports Medicine, Shoulder &
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POSTOPERATIVE INSTRUCTIONS ARTHROSCOPIC ANTERIOR SHOULDER STABILIZATION

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 elbow, wrist, or hand occurs
- It is normal for the shoulder to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing
- Surgical Dressing will be removed in the office on the third post-operative day
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your sling starting the day after surgery – NO immersion of operative arm (i.e. bath)

MEDICATIONS

- Pain medication is injected into the wound and shoulder joint during surgery – this will wear off within 8-12 hours
- 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 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 medication changed (678-732-1337)
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen 400-600mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative ‘peaks and valleys’, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage

ACTIVITY

- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort
- Do not engage in activities which increase pain/swelling (lifting or any repetitive above shoulder level activities) over the first 7-10 days following surgery
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

IMMOBILIZER

- Your immobilizer should be worn at all times except for hygiene and exercise

ICE THERAPY

- Begin immediately after surgery

- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep arm supported while icing

EXERCISE

- No exercises or shoulder motion until after your first post-operative visit unless otherwise instructed
- You may begin elbow, wrist, and hand range of motion on the first post-operative day about 2-3times per day
- Formal physical therapy (PT) will begin after your second post-operative visit

EMERGENCIES**

- Contact Dr. Kerchers Assistant at 678-732-1337 if any of the following are present:
 - Painful swelling or numbness
 - 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 wrist or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting

****If you have an emergency after office hours or on the weekend, contact the same office number (404-355-0743) and you will be prompted to our on-call nurse – they will contact Dr. Kercher or the on call physician if he is unavailable. Do NOT call the hospital or surgicenter.

****If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- You will be seen in the office 2-3 days after surgery for wound check. Your dressings will be changed.
- You will be scheduled 7-10days following your wound check for sutures out

****Any additional questions or concerns may be directed to Alicia at 678-732-1337