

Patient's Guide to Shoulder Surgery

Having surgery can be a stressful experience: you may have many questions for your surgeon; your surgeon has a lot of information to tell you. Please use this guide to answer many of the questions that our patients often have regarding surgery and recovery.

Preparing for surgery:

Diet: In addition to a balanced diet with good sources of proteins and vegetables, please take the following vitamins:

- A complete multivitamin, taken daily. Gummy multivitamins are recommended

Here are daily recommended doses if you aren't taking a multivitamin

- Vitamin C: take 500mg daily
- Vitamin B6: take 25mg daily
- Vitamin B12: take 2.4 micrograms daily (typically can find B6 and B12 combinations)
- Zinc: take 50mg daily
- Iron: take 325mg three times daily

Diet Supplementation: If you do not have a consistent diet, please consider using a supplemental protein shake

- Ensure or Boost drinks: one daily from 1 week prior to surgery
 - If you are diabetic, use Glucerna instead

The Night before Surgery

- Stop eating solid foods from midnight on the night before the procedure
- You may have **CLEAR LIQUIDS** up to 4 hours before your procedure (ie: juice, coffee without milk, water, Gatorade, tea without milk)
- It is recommended to drink a Gatorade before the procedure (up to 4 hours prior)

Hygiene:

- Wash with antibacterial soap for 6 weeks leading up to surgery

- Use chlorhexidine soap (Hibiclens) as directed – you will use this the day of surgery and the two days leading up to surgery (for three days)
- If you are having a *Shoulder Replacement*, please purchase **benzoyl peroxide wash** (minimum 5%) from your local pharmacy and use with the Hibiclens wash
- **DO NOT** shave the hair on your shoulder or elbow prior to surgery
- **DO NOT** use nail polish on the operative arm; please remove any nail polish on the operative arm

Medications:

Please discontinue the following **6 weeks** prior to surgery:

- Nicotine (smoking, chewing, hookah) – and please **DO NOT** resume use after surgery
- TNF α inhibitors – may resume 6 weeks after surgery
- Steroids – may resume 6 weeks after surgery
- Fish oil – may resume 6 weeks after surgery

Please discontinue the following medications **1 week** prior to surgery, and **DO NOT USE FOR 6 WEEKS** after surgery:

- NSAID's (ie: Aleve, Advil, Motrin, Ibuprofen, Naproxen, Mobic, Diclofenac)
- Arnica
- Turmeric (oftentimes found in Indian and Persian cuisine)
- Excedrin (contains aspirin)
- Aspirin and other blood thinners (Coumadin, Eliquis, Xarelto) – may restart these 1 week after surgery
 - You may start a blood thinner post-operatively the day after surgery if you have a fracture or shoulder replacement, or have a history of blood thinner use from prior stroke, cardiac stent, atrial fibrillation, etc

Day of surgery:

Please discontinue the following on the **day of surgery**: (these may be restarted immediately after surgery)

- Metformin
- Heparin
- Methotrexate

What can you expect from surgery and your hospital stay:

- **Stay length:** You should expect at least one overnight in the hospital if you are having a shoulder replacement, otherwise your surgery will likely be outpatient (you can go home the same day).
- **Transportation:** You will need to have a ride to and from the hospital. Please prepare this ahead of time.
- **Pain control:** You may receive a nerve block, along with IV and oral pain medications
- **Bruising and swelling:** bruising and swelling are not uncommon, so please use ice frequently.
- **Drains:** you may have a drain or a wound vac after your procedure (if shoulder replacement)
 - If so, your drain will be removed before discharge
- **Physical therapy in-hospital:** you should not use the operative limb while in-hospital; the occupational therapist will teach hand and wrist exercises to control edema
- **Prescriptions:** Prescriptions will be provided during your pre-op visit, where the following medication will be sent to your pharmacy electronically:
 - **Pain medication:** either Norco or Percocet typically (1-2 tabs taken every 4-6 hours as needed for pain; #40 tabs.
 - Only **ONE** prescription for narcotic medications will be dispensed
 - **Stool softener:** Colace 100mg daily twice daily as needed for constipation
 - **Nausea medication:** Zofran 4mg every 8 hours as needed for pain
 - **Occasionally an antibiotic or blood thinner:**
 - **If having shoulder replacement or undergoing fracture care, expect:** baby aspirin 81 mg twice daily x 1 month
 - **If you have had prior shoulder surgery, expect:** doxycycline 100mg twice daily x 10 days
 - **Soap:** if you do not receive your Hibiclens from the hospital, you will be prescribed Hibiclens

After hospital recovery:

- **First visit after surgery:** Your first post-operative visit will already be scheduled when you schedule a surgery date; this is typically a week after surgery
- **Typical Follow-up Schedule:**
 - **1 week:** dressing change (will be at 2 weeks if fracture surgery)
 - **2 weeks:** suture removal; if having shoulder replacement, come early for xrays
 - **6 weeks:** will often discontinue sling; if having shoulder replacement, come early for xrays
 - **3 months and beyond:** range of motion and strength testing
- **Outer dressing:** you may have a surgical maxi-pad and foam tape over your incisions; you may take this off the day after surgery. Leave the inner dressings intact. If you have a shoulder replacement or are having a fracture treated, leave all dressings intact until seen in office.
- **DO NOT** remove your inner dressing until seen in clinic for your first post-operative visit
- **DO NOT** let your incision get wet – sponge bathe until first post-operative visit unless able to protect your wounds

- **DO NOT** take off your sling/splint or do physical therapy for any reason unless specifically indicated to do so by Dr. Schultzel
- **Orange-colored Operative Limb:** The skin cleaner we use on your operative limb may stain your arm orange. This color fades during the next few weeks after surgery.
 - To easily remove the color, we recommend **gently** washing the skin but **DO NOT** scrub vigorously.
- **Pain Medication:** Dr. Schultzel provides **ONE** prescription for narcotic pain medication; all other refills must be obtained by your primary care physician
- **Weightbearing status:** typically patients should not carry anything heavier than an 8 oz coffee cup for 6 weeks after surgery
- **Infection prevention: DO NOT** submerge limb in water for 6 weeks after surgery
 - If dishwashing: use rubber gloves
 - Use bag over arm while in shower
 - Stay out of the ocean, swimming pool, or jacuzzi
 - Do not sweat heavily for the first two weeks post-op, but you may take a daily walk
- **DVT (blood clot) prevention:**
 - **DO NOT** cross your legs for the first two months after surgery
 - **SCD's (leg squeezers):** if you are using these, recommend using for at least 1 month after surgery; use whenever not standing up
 - **Long car rides:** if you are traveling a long distance home after discharge, make sure to get out of the care every 1.5 hrs to walk/stretch your legs
 - **Flying:** It is not recommended to fly **within 6 weeks** after surgery; if you must fly, inform your doctor, and a blood thinner will be prescribed; make sure to get up and walk around frequently during long flights.
 - You may need a doctor's note for flying if you need extra assistance with boarding or transit through the airport during your recovery period.
- **Driving:** you should **NOT** drive until your sling is off (typically 6 weeks on average)
 - **DO NOT** drive while taking narcotic medications. If you are pulled over, you will receive DUI for driving while impaired
 - **DO NOT** drive while in a sling or splint, as you are impaired, and cannot safely operate a vehicle without both hands. Driving while impaired is a huge safety risk to other drivers.
 - **DO NOT** drive at dusk or at dawn; please *only* drive during the daytime
 - **DO NOT** drive in inclement weather
- **Alcohol use:** avoid while taking narcotic medication
- **Constipation prevention:** Anesthesia and pain medications can cause constipation. Please use the Colace as directed; please also drink plenty of water for the first week after surgery and consider using a fiber supplement (such as Metamucil or gummy fiber gels). If you encounter difficulties with constipation, please also start taking prunes or consider milk of magnesia if you have not had a bowel movement by post-operative day #3.
- **Scar management:** you may use any lotion or silicone strips after your 2nd post-operative visit

- Gently massaging the scar may help to smooth it out and desensitize your skin
- Apply sunscreen to the scar for 1 year after surgery to decrease size and help prevent darkening of the scar
- **Ice:** recommend icing frequently, either with ice packs or an ice machine; start immediately after surgery
 - **DO NOT** place ice directly on the skin, as it may cause a skin burn
 - Use a thin shirt or towel between your skin and the ice
 - Ice timing: 20 minutes on, 20 minutes off recommended
- **Clothing:** wear loose-fitting clothing
 - **DO NOT** wear t-shirts, tight shirts, or blazers: they requires too much shoulder/elbow motion to wear
 - We recommend wearing short sleeve button down shirts
 - When putting on shirt: put on operative limb FIRST, then on good arm next
 - When taking off shirt: take good arm out of sleeve FIRST, then operative side next
 - Google “Post-Shoulder Surgery Shirt” or look on Amazon, etc for shirts with snaps that are easy to wear/remove
 - Alternatively, some patients have taken their clothing to tailor to have snaps/Velcro put on

Frequently Asked Questions:

Q. When can I shower the wound after surgery?

A. At the first post-operative visit, your stitches/staples will be removed and you may let the wound get wet. You may shower 2-3 days after surgery, but keep all incisions clean and dry.

Q. How long do I have to wear my sling and pillow for? (shoulder surgery patients)

A. On average, until the 6th week post-operative mark. You may remove your sling to shower after the first visit, but otherwise it must remain on unless instructed otherwise, including while asleep or in public.

Q. What about physical therapy?

A. This will likely be discussed during your pre-op visit if physical therapy will be needed. This typically starts at 6 weeks from surgery.

Q. How can I get a copy of my x-rays and operative note?

A. We will provide you with your operative note at your first post-operative visit. Imaging can be obtained via the Medical Records department at the hospital.

Q. I’m a few weeks post-op from surgery, and I really want to drive. May I?

- A. If you are taking narcotic medications currently and/or are using a sling, law enforcement may cite for DUI and reckless driving citations if you are pulled-over. **DRIVING WHILE USING NARCOTIC MEDICATIONS MAY RESULT IN A DUI.** It is **NOT** recommended to drive until you are no longer taking pain medications and have *both* arms able to bear weight.

Q: Would you call in pain medication prescriptions to the pharmacy?

- A. Under California law and DEA regulations, physicians are not allowed to call pharmacies for narcotic medication prescription requests; they require prescriptions electronically sent to the pharmacy. We will complete this task for you at your pre-op visit, so please let us know your pharmacy preference on check-in with our EMR system.

Q. I lost my prescriptions. Could I have a new one?

- A. We are happy to provide you with prescriptions whenever necessary. California law and the DEA requires us to document if a prescription is lost with a form detailing the situation. A word of caution: pharmacies may choose not to accept prescriptions from our office or another physician's office if they feel that too many prescriptions have been filled in too short a time.

If you have any further questions or concerns, please feel free to contact anytime on Ravara or via the office at: 858-526-3842. We wish you a successful surgery and a speedy recovery. Thank you for allowing us to participate in your care!