

OrthoWertz

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Post- Operative Shoulder Surgery

1) Dressings: Your shoulder will be dressed sterilely. Shoulder dressings are hard to keep on, and hard to replace. We suggest that there is no hurry to changed dressing, unless you feel something is wrong, for even 5 to 7 days. Replace with sterile 4x4 dressings, and larger thicker dressing called an ABD on the stitch/staple sites, and tape on. Then you may do this every couple days as needed. Do not get the stitch sites wet, or soak them in the tub. You may take a shower by putting a large, plastic trash bag, or saran wrap over your shoulder to prevent it from getting wet. Report any worrisome condition immediately by calling the office. This would include excessive pain or swelling, fever, chills, or excessive drainage. Any numbness or tingling should be reported.

2) Activity: The activity level for the shoulder is easy, that is we rest it until you get you stitches out at a minimum. So, just keep it in the sling or immobilizer unless taking it out to bathe. Then, depending on what shoulder surgery you had, you will be allowed to move it after you come in for your stitch removal, or will be instructed what is allowed if not full motion.

3) Return to work is variable, depending upon the type of employment. Generally, you are allowed to go back to work if you can go "one-armed".

4) Return appointment: Stitches/Staple removal no sooner than 7 days for arthroscopy with no incisions, and no sooner than 10 days for anything with an incision.

5) Diet and Medication: Start with light meals and advance to regular diet. Resume daily medications and take pain meds as prescribed. Some medications may make you drowsy, so care must be taken driving or operating machinery.

6) Ice/Cold Therapy Unit: If you have purchased a cold therapy unit, you may use it continuously with the temperature between 42-50 degrees. Please follow instructions on the cooling unit. You may use ice packs 20-25 minutes every 1-2 hours for the first 2-3 days and then slowly decrease the times thereafter for 3-5 days. To avoid frostbite, always place a barrier between the bag and your skin.

Prescriptions: _____

I HAVE READ THE INSTRUCTIONS AND UNDERSTAND THEIR MEANING

Signature of Patient or Responsible Adult: _____ Date _____