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Shoulder (Labrum and Stabilization) Post-Operative Guidelines and Frequently Asked Questions

This document will help you plan for your post-operative recovery course following surgery. **Please read and retain this information for future reference.** Many of the questions you may have later can be answered by referring to this information.

Post-op Sling: Your post-op sling must be **worn for 1-2 weeks**. It is suggested that the sling be worn during sleep for the first few days after surgery to reduce painful movement, but it is not absolutely necessary.

Wound Care: Keep the site clean and dry as it heals*. You may remove the outer bandages and shower 48 hours after surgery. **DO NOT remove the Steri-Strips (the small white strips closest to the skin) over incisions**; these wound closures will fall off automatically around 7-10 days after surgery or can be gently pulled off and discarded. Wrap the site securely with plastic during bathing to avoid wetting the Steri-Strips and incisions for 7-10 days. **Do not apply any gels or ointments to the site.**

**It is normal to have small amounts of bloody drainage on the dressing. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101 degrees Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot or ankle.*

Pain Medication: Prescriptions will be sent to your pharmacy a few days prior to your surgery. **Please pick up all prescriptions BEFORE your surgery day. Pain medication cannot be called in to pharmacies!** You will receive three (3) medications: one narcotic pain medicine (1-2 tabs to be taken every 4-6 hours as needed), one anti-inflammatory medicine (1 tablet daily for 14 days) and one medication for nausea (as needed). **Please call the office ASAP for a refill when your supply is low – All refills must be requested in the office by 4pm on Thursday afternoon.**

PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!

Game Ready Device / Cold Therapy: You will receive a cold therapy device on the day of surgery or the next day. You will not be able to use this device until you remove your bandages the day following surgery; do not worry if you do not have the device on the day of surgery. **Use the unit for 20 - 30 minutes at a time, 4-6 times per day** to manage swelling and pain. Frequent cold therapy is encouraged as often as possible during the first few post-operative weeks.

Follow-up Appointments: 6 weeks, 3 months, 6 months. **Please plan ahead to arrive on time.**

Physical Therapy:** You will receive a physical therapy prescription within a few days of surgery. Your first therapy session should be scheduled to start approximately 2 weeks after the procedure. Facility suggestions may be found on the HSS website: <https://www.hss.edu/rehab-network.asp>.

****These milestones may be adjusted by Dr. Williams or the PA as you progress.**

Frequently Asked Questions: Shoulder Surgery (Labrum & Stabilization)

1. What is the labrum & shoulder capsule?

The labrum and capsule of the shoulder surround the ball and socket of the shoulder joint. These structures are soft tissue restraints that are necessary to keep the ball of the shoulder from dislocating (moving out of the joint) during normal activities and sports. The labrum and capsule are connected. The labrum acts like a “bumper” that keep the ball in the socket when you move your arm around. The capsule acts like a net that prevents excessive translation (movement) of the ball relative to the socket or glenoid. Injuries to either of these structures can result in abnormal translation (movement) of the ball relative to the socket (subluxation), frank dislocation of the shoulder, pain, and dysfunction.

2. Will labrum and capsule injuries heal themselves over time?

Unfortunately, these types of injuries do NOT heal. While rehabilitation and exercise may make your shoulder feel better, labrum tears and capsular detachments persist indefinitely without surgical intervention.

3. What does rehabilitation do for the shoulder?

Rehabilitation helps to strengthen the rotator cuff and other muscles around the shoulder. These muscles act as additional stabilizers to the shoulder joint. Strengthening these muscles is a good way to help decrease pain and increase function in cases where a labrum or capsule injury exists. However, shoulder muscle strengthening does NOT fully return normal functions. The labrum / capsule injury will manifest itself during specific arm movements or activities. This varies from person to person.

4. What is done to my shoulder during a labrum or capsule surgery?

During such procedures, the labrum is reattached to the socket of the shoulder using sutures. Small devices called anchors are inserted into the socket of the shoulder where the tear or detachment of the labrum has occurred. These devices are typically NOT metallic, and are very small (less than 2.5 mm in diameter). Once inserted into the socket, the sutures attached to the socket are used to sew the labrum and capsule back to its appropriate attachment site. The body then heals the injury. Labrum repairs are typically arthroscopic (minimally invasive procedures) that take about 30-45 minutes of actual operative time. Stabilization procedures are also arthroscopic procedures, but in some cases (revision surgery, extensive injury), Dr. Williams may need to make a small incision to further enhance the repair and increase the likelihood of clinical success following your procedure. He will discuss these issues with you during your surgical consultation.

(Please note that videos for this and other types of surgeries done can be viewed online at www.hss.edu or www.rileywilliamsmd.com).

5. What type of anesthesia is administered?

Typically, a regional anesthetic is administered that numbs the operative limb. These blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during your surgery. You and the anesthesiologist will discuss these issues in detail immediately prior to your surgery.

6. How long do I wear a sling after surgery?

Please plan to wear a sling for 1-2 weeks after surgery. Some patients may need up to 3 weeks; in these cases we will let you know immediately after the procedure is completed.

7. How long is the recovery?

The typical recovery from labrum repairs is three months. The typical recovery from stabilization procedures is four months.

Patients will usually wear a sling for one to two weeks. Physical therapy begins around 10-14 days after surgery. We will let you know which time point is best for your individual recovery. Initially, we will limit your activities

to allow for healing of your labrum and capsule. After six weeks, Dr. Williams encourages you to get back to your normal activity and exercise schedule.

Sample schedule of activities following shoulder surgery:

- a. Weeks 1-2: No excessive sweating. Walking OK. Take it easy
- b. Weeks 2-6: Exercise bike, walking a treadmill OK.
- c. Week 6+: Running, elliptical, light weight work OK. Get moving.

Note: Operative limb exercises are based on PT limitations at any given time.

8. What are the risks of shoulder surgery?

While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 7-10 days after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff. Again, smoking interferes with wound healing, so discontinuing smoking 2 weeks prior and following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, doing leg lifts etc., all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area, or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner (Warfarin, Coumadin) until the clot disappears.

There are many nerves around the shoulder. Fortunately, the majority of these nerves do NOT exist in the surgical field during a typical labrum repair and shoulder stabilization procedure. Nevertheless, though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient.

9. Is there anything else that I need to do following surgery?

Plan to return to the office at 6 weeks and 3 months following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. The first postoperative appointment should be made when a date for surgery is confirmed.

Please note that Dr. Williams expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your shoulder procedure.