



THOMAS KREMEN, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY

(424) 259-9856 OFFICE

(424) 259-6599 FAX

Procedure: Shoulder stabilization/SLAP repair

IMPORTANT INFORMATION

- After discharge, look at the list of discharge medications discussed and given to you by your nurse or physician. Take all medication exactly as prescribed and remember to look at the information sheets (provided by the pharmacy) for medication side effects of interactions.
- Become aware of the Signs of Concern listed below
- DO NOT drink alcohol while you are taking pain medication.
- DO NOT operate machinery, drive a vehicle, sign legal documents or take responsibility for another person while you are taking pain medication.
- DO NOT return to work/school OR drive a car until you have been given permission by your physician.

Please read these instructions carefully:

1. For comfort and swelling apply ice to your shoulder for the first few weeks after surgery and then on a prn basis thereafter. Wrap the ice in a plastic bag to avoid getting the bandage and brace wet and always have a protective layer of cloth/towel between the ice and the skin to prevent frost bite. You can ice for 20 minutes out of each hour if desired, however, do not exceed 20 minutes at any one time. If desired, a cooling pad is available for an additional fee (contact my office if interested) and is yours to keep. The cooling pad can be used continuously as long as a protective layer of cloth is between the pad and your skin (i.e. pad should not be placed directly onto your skin).
2. The first night after surgery you may see some blood on your dressing. This is normal. It is best to have the blood drain out of the wound onto the dressing

rather than have it build up in your shoulder causing swelling and pain. If the dressing becomes extremely bloody reinforce the dressing with 4 x 4 gauze bandages and call our office.

3. You will be using a sling and an abduction pillow for approximately 4 to 6 weeks after surgery depending upon the size of your labral tear, tissue quality and bone stock. Do not remove it until you have specifically been instructed to by Dr. Kremen. Wear the sling and pillow at all times, even at night while in bed. Some patients find it more comfortable to temporarily sleep in a recliner chair.
4. For questions regarding correct application of the sling, please refer to: <http://www.breg.com/products/shoulder-bracing/slingshot-2>
5. Return to the office for post-op visit in about 1 week for a wound check and to ensure you have established a relationship with a physical therapist.
6. Formal physical therapy will start 7-14 days after surgery.
7. You may change your dressing to a new sterile dressing 3 days after surgery. There are small pieces of white tape crossing the wounds (steri-strips) and these are to be kept in place until the stitches are removed by Dr. Kremen. Tegaderm adhesive clear plastic patches with sterile gauze or OPSITE dressings are the preferred dressing.
8. It is best to not shower until your sutures are removed at your first post-operative visit in clinic about at 1 week after surgery. Sponge bath is recommended prior to this point. If you must shower, wait until at least 3 days after surgery and make sure the wound is sealed off completely with a plastic adhesive dressing. Do NOT let the shower water stream hit directly onto the shoulder which had surgery. After your sutures are removed in clinic, the wounds should be covered with a waterproof dressing such as a tegaderm or opsite dressing. It is important to keep the incisions dry for the first 7 – 10 days. Submerging the wounds in water is not permitted until specifically told so by Dr. Kremen (~3weeks after surgery).
9. You can expect to see some swelling in your arm after surgery. This is normal. Gentle **passive** (uninjured arm moves the injured arm) motion of the elbow, wrist and fingers can minimize this swelling. Passive motion means you use your good arm to move your arm that had surgery. These exercises can be performed 3 times a day. If the swelling does not improve with these gentle motions, please call the office. Remember you are not to do any active lifting, reaching or raising of your arm for several weeks after surgery.
10. Often you will receive a regional block of the nerves in your arm by the anesthesia team. This typically wears off about 30 hours after surgery. As the block wears off you should begin taking oral pain medication. Please call the office if the numbness lasts longer than 30 hours or if you find you cannot move a certain muscle/body part such as your wrist or fingers once more than 30 hours has passed since surgery.
11. Take your pain medication (oxycodone) as directed on your prescription. Do not wait until the pain is intolerable. It takes 30 - 40 minutes to feel the effects of the medication after swallowing it, so start taking the medicine when it first

- begins to hurt. Consider taking the medication when your pain level starts to interfere with your ability to concentrate on what you are doing – reading a book, watching TV, carrying on a conversation.
12. Other medications given include anti-nausea medication (Phenergan or Zofran) and anti-inflammatory (naproxen). Take them as directed. The anti-inflammatory should be taken with food. If you take aspirin daily then your aspirin should be taken 1 hour prior to any anti-inflammatory medication.
 13. Eat your normal diet.
 14. Only return to work when you are specifically instructed to do so by Dr. Kremen. If you have a desk job you can return to work approximately 2 to 6 weeks after surgery depending on your required tasks. However this time frame may be longer. Consider returning for half days temporarily.
 15. **No vigorous activities, no elevating of the arm, no lifting anything, no reaching behind your back** until directed to do so by Dr. Kremen. Passive motion (operative arm moved by uninjured arm) is started well before any active motion. Certainly no active motion for at least 8 weeks, however this is pending specifically directed to do so by Dr. Kremen, based on your repair pattern and functional progression with Physical Therapy program.

Constipation

The medications you have been prescribed for pain control can cause constipation in most people. This can be a problem. It may last as long as you are taking the medication. It is important to learn how to prevent and treat constipation. Some suggestions are included below:

1. Eat foods that have helped relieve constipation in the past
2. Eat foods high in fiber or roughage.
 - a. Fruits – fresh or dried fruits, especially those with skin or seeds (apples, pears, peaches, tomatoes, berries, raisins, and dates
 - b. Raw or cooked vegetables (not overcooked) - carrots, cabbage, peas, dry beans, lentils.
 - c. Cereals and flours – bran, whole wheat bread, rye bread and crackers, wheat beans, lentils
3. Drink prune juice
4. Sprinkle 1 – 2 tablespoons of unprocessed bran to you food.
5. Drink plenty of fluids - eight to ten 8-ounce glasses a day

If you experience any serious problems or concerning symptoms, please call our office at:

- Regular business hours: **424-259-6598**
- After hours/weekends: 310-206-6766 and ask to be connected with the doctor on call for the Sports Medicine Service.

Warning Signs. Call the office if you notice any of the following symptoms:

- Chills or fever over 101° F.
- Bleeding or fluid draining from the incision more than 5 days after surgery.
- Foul smell/cloudy drainage from the operative site.
- New numbness or newly discovered inability to move a specific muscle
- Increased pain
- Wound edges opening (dehiscence)
- Excessive redness at the incision site or swelling/puffiness around the knee/incisions
- Increasing pain, particularly in your calf muscle
- If you experience significant chest pain or shortness of breath, please call 911 and/or go to your local emergency room immediately as this may represent a life-threatening emergency. Please call our office to keep us informed of any such events.

You have been prescribed a pain medication which has a number of side effects. Most common side effects are drowsiness, nausea and/or vomiting, itching, constipation and irritability. If these are prolonged or severe, your pain medication may need to be changed. You must contact the office during regular business hours to have a new prescription written. **Most narcotics cannot be prescribed over the phone. If you need a prescription refilled call 424-259-9856 have your pharmacy fax the refill request to 424-259-6599.** Please allow 48 hours for this to be completed. After hours (after 5:00 PM or weekends), the on-call physician will not refill a prescription or call in a new pain medication prescription.

REHABILITATION:

Rehabilitation after shoulder stabilization surgery is relatively lengthy and extremely important. Please note the general guidelines outlined on the rehabilitation protocol you were given. The rehabilitation after surgery is an individual process, some patients may progress a bit slower or quicker than others. The speed of recovery does not predict how well your shoulder works once you are fully rehabilitated. The limiting factor is the healing of the tissues within the shoulder. Please refer to the rehabilitation protocol for further details.

Please call 424-259-9856 to make a follow up appointment or to confirm that you already have a follow up appointment scheduled. You should be seen by Dr. Kremen approximately 10 to 14 days after surgery.