



Thomas W. Peatman, M.D.
Webster Orthopaedic Medical Group

3010 Colby Street Ste 118 Berkeley, CA 94705 510-486-2300
5801 Norris Canyon Rd. Ste 210 San Ramon, CA 94583 925-3557350

Patient Instructions for Shoulder Labrum Repair Surgery

Wound Care Instructions:

1. Leave wound dressing in place until second day after surgery, replace if dressing becomes wet or damp with drainage. The dressing can be removed if wound continues to remain dry and free of drainage. Do not remove the steristrips (little white bandage strips) that directly cover the incisions unless they start to fall off. Do not apply any ointments or lotions to the wounds.
2. Keep the wound dry for the first 48 hours then you may shower but do not soak the wounds under water in a bath, spa or pool. You may remove the sling to shower.
3. Expect arm swelling. Ice is the solution: Apply cold therapy using polar care ice unit or gel ice pad held on your knee with an ace bandage. Always have a cloth between the skin and ice pad, to prevent an "ice burn". Be careful not to wrap the ace bandage overly tight. Check skin hourly for frostbite. If using a cryocuff you may use it for hours at a time as long as you check skin hourly.
4. If you develop any signs of infection call the office immediately.

ACTIVITY:

1. It may be helpful to sleep propped up on some pillows.
2. Keep the immobilizer or sling in place at all times. It may be removed for exercise only as directed by your doctor or therapist. You may continue use of your sling except for exercise for the first 4 weeks post op.
3. You may begin wrist and hand gripping and range of motion immediately post-op but should be extremely careful to avoid any active range of motion of the shoulder, sudden movements, or lifting with the affected arm.
4. You may begin gentle pendulum exercises immediately post-op but should be extremely careful to avoid any active range of motion of the shoulder, sudden movements, or lifting with the affected arm. Begin wrist and hand range of motion immediately.
5. You should begin supervised physical therapy as soon as possible following surgery. Pre-operative approval by your insurance company for therapy beginning after you surgery is advised.

MEDICATIONS:

Please take pain medications as directed. Do Not wait until the pain is severe to take medication. Medications may take between 30-60 minutes to begin working so take medication as directed.

Follow all instructions on the labels and it is best to take all pain medication with food to prevent stomach upset, **DO NOT DRIVE WHILE TAKING PAIN MEDICATIONS** as dizziness and sleepiness are frequent side effects of pain medication.

You might feel drowsy for the first 24 - 48 hours following surgery if you have had a general anesthetic or sedation.

Therefore, for the first 24 hours (or longer if drowsiness persists) you **SHOULD NOT:**

- Drive a car, operate machinery or power tools
- Drink any alcoholic beverages
- Make important decisions or sign important papers

We recommend that you have a responsible adult with you for the rest of the day and during the night, and longer if drowsiness persists. This is for your safety and protection.

Please consult with your Primary Care Physician any questions regarding your regular home medications.

FOLLOW UP Appointment Dr. Peatman's office in 7-10 days.

If you have a problem please call Surgery Scheduling (925) 362-2179, after hours (800) 943-8009

Please Call the Office If:

1. You develop a fever > 101 F
2. If the incision becomes very red, warm to touch, develops drainage
3. If you develop significant pain, swelling or numbness
4. If your pain is not relieved by medication.
5. If the pain medication does not agree with you.
6. If you have significant bleeding or drainage from surgical site.

Call 911 or go to the Emergency Department if you feel Chest Pain or Shortness of Breath

Basic Physical Therapy Goals

You should begin supervised physical therapy as soon as possible following surgery. Pre-operative approval by your insurance company for therapy beginning after you surgery is advised. The therapist will guide you through a rehab program to include the following

Week 1-6: Focusing on edema control, pain control, and progressive passive range of motion

Week 7-12: Active assisted range of motion, and progressive passive range of motion

Week 13-16: Active range of motion, progressive passive range of motion, and rotator cuff and periscapular strengthening.

***** *Avoid lifting, supporting the body weight, sudden jerking movements and overhead of behind the back activity for a minimum of 6 weeks until directed by your therapist or doctor***

Return to work and sports activity varies depending on the activity. Throwing sports or overhead lifting may require a longer time frame before return.