

Perioperative FAQ's for the Shoulder and Elbow

Considerations for postoperative needs:

Following shoulder surgery you will likely be in a sling immobilizer for 2-6 weeks with limited use of the operative arm. Activities of daily living such as using the restroom and personal hygiene, getting dressed, preparing and eating food, buckling a seatbelt, among others are considerably different with one arm immobilized. Dr. Waterman recommends trying on the shoulder sling prior to surgery to determine what you will need assistance with and to be able to plan accordingly

When can I return to driving after shoulder surgery?

For return to driving after shoulder surgery, this is a common question that is not always easy to address. The requirements are:

- to be free from narcotic pain medication
- cannot drive a commercial vehicle, motorcycle, or automobile standard/manual ("stick shift") transmission
- limit use on the top part of your steering wheel and keep your hands in a visible position
- not be seen as an impaired driver by state and local law (use of a sling is an area of controversy).
- follow the guidelines and limitations of your rehabilitation protocol to prevent re-injury.
- remain in accordance with state DMV guidelines

With all that said, I understand that my patients don't always have assistance with transportation readily available, so I always encourage them to be mindful of their safety (and those around them) before getting back on the road.

Do I need to quit smoking prior to surgery?

Answer: We encourage all tobacco users to quit 6 weeks prior to surgery. Tobacco use not only increases your risk for infection, but also delays bone growth and soft tissue healing. It is also highly important to remain tobacco-free for a minimum of 6 months after surgery to increase your chances of success post-operatively.

How can I reduce swelling after the surgery?

There are multiple methods to help you reduce swelling after your surgery. They include the following:

- Elevating your affected limb at or above heart level
- Continuous use of TED hose stockings if you have pre existing venous insufficiency
- Ice Machine available for purchase from Comp Rehab location
- Elbow, wrist, and hand ROM as permitted with rehab protocol
- Use of squeeze ball provided on ultrasling

How long do I have to wear the TED hose (surgical stockings)?

TED hose are optional after lower extremity surgery. They are beneficial if you have venous insufficiency or prolonged swelling after surgery. TED hose stockings aid in preventing lower extremity swelling and decreasing your risk for a DVT (deep vein thrombosis- also known as a blood clot). These stockings are worn on both legs with or without crutches during the early postoperative period, approximately 2 weeks. If swelling persists they can be worn for a longer period of time. Stockings may be removed daily to wash and dry; however, be advised that they should be placed back on the lower extremities as quickly as possible. Additional sets of TED hose may be purchased at the pharmacy

How often do I use the DonJoy Ice Machine?

Icing is an important part to reducing swelling and pain after your surgery. We recommend using the ice machine 5-6 times daily for 20-30 minutes sessions for 2-6 weeks post-operatively. When icing, we recommend 30 min -1 hour breaks between icing sessions and wearing a protective layer between your skin and the ice machine.

Recommendations for sleeping after shoulder surgery:

It may be difficult to get comfortable in a normal sleeping position after shoulder surgery. Many patients find it helpful to sleep in a recliner or in a seated position in the bed with pillows surrounding to limit movement.

How much Calcium and Vitamin D should I be taking, and how can I get those nutrients?

Please refer to the website link below for further information regarding Calcium and Vitamin D requirements and good sources of both vitamins.

<https://www.nof.org/patients/treatment/calciumvitamin-d/>

How often do I do dressing changes at home?

Dressing changes are a vital part of your post-surgical process. Maintain surgical dressing for 3 days post-op, then begin regular dressing changes. Do not touch or remove steri-strips (tape) that are over the arthroscopic portals or skin incisions. Steri-strips are to remain on the incision sites for 2 weeks. If they fall off before the 2 week time period is up, that is ok. DO NOT put ointment, hydrogen peroxide, or any other topical cream over the incision(s). Band-aids can be placed over portal sites and changed daily. If you have a larger incision, cover it with gauze and tape or an ace wrap, and change daily. At each dressing change, evaluate the incision sites for any purulent drainage (pus), excessive redness, increased warmth or pain. These signs may indicate an infection. Contact a team member immediately if these symptoms occur.

If you had a total shoulder arthroplasty, you have an aquacel dressing that may stay in place until suture/staple removal appointment.

When can I bathe/shower or get my incision wet?

In order to reduce the risk of infection, it is crucial that you maintain a dry environment for your incisions for the first 2 weeks. Maintain your postoperative dressing for 2 days after surgery. Once the dressing is removed you may shower letting soap and water run over the incision. Do not scrub the incision or allow it to soak in water. Dry the incision carefully after the shower. Maintain a clean and dry environment around the incision. Do not soak in a pool, bath, or hot tub for up to one month after the surgical procedure.

Shower bags are available for purchase if you wish to use one to keep the incision dry.

Additionally if you are in a shoulder sling, it may be beneficial to purchase a simple sling from a pharmacy or a mesh sling from Amazon.com to use while in the shower to support the operative arm.

When do I have my sutures (stitches)/ staples removed?

Our surgical team uses various methods of wound closure after a surgical procedure.

Oftentimes we use a dissolvable suture in scope portals which requires no special care because the sutures are underneath your skin and will dissolve on their own. If you do have an incision, extra suture or staple material may be on the outside of the skin. These sutures/staples will need to be removed at 2 weeks postoperatively which can be done in our office during your follow up visit.

Why do I have to take a blood thinner and for how long?

Any orthopedic surgery is a risk factor for developing a blood clot, also known as a DVT (deep vein thrombosis). Our team is highly attentive to this risk and proactive at preventing blood clots. In order to decrease the chance of a blood clot, patients are placed on one of two blood thinners depending on their weight bearing status post-operatively. The type of medication you will be placed on will be discussed during your pre-operative visit. Please notify our providers if you are on any hormone medications (including birth control) or if you have any personal or family history of blood clots or blood clotting disorders as these also increase your risk for blood clots.

What are signs of a blood clot and what do I do if I suspect one?

Signs of a blood clot include the following:

- Severe calf/leg swelling or diffuse redness.
- Severe calf pain with moving foot up/down or when squeezing the calf.

- Shortness of breath

If these symptoms arise, please contact our office immediately. We will need to order an ultrasound of your leg to rule out a blood clot. Our team is available Monday-Friday 9 am to 4 pm. If you are calling after business hours, please contact our main line at 336-716-8091 to reach our on-call fellow physician. NEVER massage calf pain!

*If you develop chest pain or difficulty breathing, call 911 IMMEDIATELY.

What are signs of an infection and what do I do if I suspect one?

While infection is not common, there is always a risk with any type of surgery. Contact our office immediately at (336) 716-8091 if you develop the following signs:

- Fever of 101.5 degrees F or higher
- Purulent drainage (pus), excessive redness or swelling around the incision site(s).

Pain medication and all other medication prescriptions (anti-nausea, anti- constipation and blood thinners) are provided on the day of discharge for inpatient surgeries, or the operative day for outpatient surgery. These medications will be E-prescribed to the pharmacy on file, please ensure we have up to date pharmacy information. If you require a refill on any of these medications, please contact our office during business hours. Keep in mind it may take up to 72 hours to get a pain medication refill.

*While our team takes your pain concerns very seriously, we are devoted to the national effort in decreasing the opioid addiction epidemic. We abide by strict guidelines provided by the CDC and have created a pain medication agreement plan with a link below.

May I take anti-inflammatory medicines after the surgery?

Anti-inflammatories have been shown to delay bone healing and interfere with ligament graft healing. If needed, patients may use anti-inflammatories (NSAIDs- such as ibuprofen, naproxen, Advil, etc.) for additional pain control. These medications may be taken as directed between the pain medication prescriptions.

If platelet rich plasma (PRP) was part of your surgical procedure, we ask that you avoid anti-inflammatories for 2 weeks after surgery.

While we provide you pain medication for the first weeks after surgery, we recommend that patients transition to Tylenol for pain relief. Tylenol is not to be taken in conjunction with Norco or Percocet because these medications contain the same ingredient (acetaminophen). The maximum daily dosage for Tylenol should not exceed 4000mg (or 4grams) per day as this can cause permanent liver damage.

How do I obtain sling/braces and for how long am I supposed to wear my sling/brace?

Details regarding the duration you are to wear your sling/brace will be discussed during your pre-operative visit, and throughout your recovery process during post-operative clinical visits. Any required postoperative sling/brace will be fitted and provided at your pre-operative appointment or the day of your surgery. If you have any issues with your sling/brace, we have an in-house team that will help you with any adjustments you may need upon your next clinical visit with us. If you have concerns that you may need a sling/brace for your surgery please call 336-716-8091 to inquire.

How soon do I start physical therapy?

Physical therapy is started the day after surgery with gentle range of motion exercises provided in your discharge summary. In general, we recommend beginning physical therapy in the first 7-10 days. The physical therapist will create a plan for additional visits 2-5 times per week dependent upon your surgical procedure. They will work on exercises specific to your rehabilitation and also guide a home exercise program. Your physical therapy protocol will detail what specific activities you can perform at different time frames during your rehab. Follow these instructions carefully and DO NOT ADVANCE or let your Physical Therapist advance your protocol beyond the normal time frames unless directed so by Dr. Waterman.

Do I need a prescription for physical therapy at WFBMC?

We send orders for all physical therapy sessions that occur at Wake Forest Baptist health immediately after the surgery. A prescription can be provided during your preoperative visit for a Physical Therapist of your choice. If you would like an external referral please notify a staff member and we will be happy to provide this for you. This script prescribes 2-5 sessions weekly for up to a total of 6 weeks and will be renewed based on rehabilitation protocol and personal progress.

When is my first postoperative visit with the team?

Dr. Waterman's team performs rounds on all in-hospital patients the day after surgery. The team will discuss activities of daily living, and there will be an opportunity to have any further questions answered.

The first postoperative visit is 1.5 - 2 weeks after surgery. If you have any questions prior to your first follow-up visit, we are always available throughout your recovery process to address your concerns, and can be reached at (336) 716- 8091 or through MyWakeHealth.

What is the expected timeline for post-op office visits with Dr. Waterman?

Dr. Waterman would ideally like to see each of his patients for post-operative office visits with the following timeline below:

1-2 weeks (At 2 weeks suture removal is performed. This is typically with our ATC or PA-C. If you are not able to make this visit, we recommend you follow up with your primary care provider for post-op wound care.)

6-8 weeks (Depending on procedure type.)

3 months

6 months

12 months

Annually (for osteotomies, meniscal transplants, fresh allografts, and ligament reconstructions)

How do I obtain a handicap parking pass?

Patients are eligible for temporary handicap parking passes based on the type of surgery they undergo. If you are in need of a handicap parking pass and are eligible, please ask a member of Dr. Waterman's team prior to surgery and we will provide you with an application. The application will need to be completed and sent by you to your state DMV.

How do I get FMLA/Disability paperwork completed?

If you need FMLA (Family & Medical Leave Act), Disability, or Worker's Compensation paperwork completed, please fax all forms to (336) 716-8044.

What is your phone policy?

Dr. Waterman's team is happy to answer any concerns or questions you may have. Our office hours are Monday – Friday 8 am to 4 pm. Dr. Waterman's team can be reached at (336) 716-8091. If you require assistance after hours, holidays or weekends, please call the same number to reach our on-call answering service and fellow physician. Additionally, we are available online through MyWakeHealth.

Thanks for your question.

Some of these questions will inevitably not have "canned" answers, but for rehabilitation and other standardized/"protocolized" issues, these can be addressed easily on the call.

For any of my patients, feel free to consult their op report for the rehab protocol associated with their surgery. Once you have that, bring up my website at www.brianwatermanmd.com and pull up the patients tab-->postop rehabilitation protocols-->(specific joint)-->rehab protocol on far right. Postop instructions are also there. This states when and how to handle sling use, unless instructed otherwise, and can help to cut down on some of these delayed responses.

In the case of a total shoulder replacement:

[Https://brianwatermanmd.com/shoulder/](https://brianwatermanmd.com/shoulder/)

<http://brianwatermanmd.com/wp-content/uploads/2018/02/TOTAL-SHOULDER-AND-HEMIARTHROPLASTY-PT-.pdf>

For other common questions, see the google doc attached to address several common questions related to care:

https://docs.google.com/document/d/19m80ofvKbpBZM0Dh-pdcbyu40Y69evqI0v_eGPvxElk/edit

If new ones come up, feel free to send them along or add them to the document. It will help to anticipate other patient calls.