

Post-Op Instructions for Arthroscopic Subacromial Decompression And/Or Distal Clavicle Excision

Jason R. Ferrel, M.D.

DIET

- Begin with clear liquids and light foods (jello, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing in place for the first three days after surgery.
- It is normal for the incisions to bleed and swell following surgery. If blood soaks onto the operative dressing, do not become alarmed, reinforce with additional gauze dressing and secure with tape.
- Remove surgical dressing on the **third** post-operative day and cover with another clean dry gauze dressing and secure with surgical tape or dressing. The incision should remain covered with daily dressing changes **until seen at the first postop visit**.
- It is ok to let the wounds “get some air” each day, but then cover with a dressing to keep it protected.
- If a mesh covering or steri-strips (small white pieces of tape) are present covering the incision, leave this in place.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning the day after surgery.
- **If the wound is dry and there is no drainage on the dressing, the wound may get wet in the shower on the 7th post-operative day.** NO immersion in a bath until 6 weeks after surgery.

MEDICATIONS

- Local anesthetics are injected into the surgical extremity at the time of surgery. This will wear off within 8-12 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as directed on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We recommend a stool softener such as Colace (docusate) available over the counter and be sure to drink plenty of water.

- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- **Do not drive a car or operate machinery while taking the narcotic medication**
- Please avoid alcohol use while taking narcotic pain medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over-the-counter anti-inflammatory medication such as ibuprofen (600 – 800mg) or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For 2 weeks following surgery take one aspirin tablet daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur, or significant swelling of the calf or ankle occur.

ACTIVITY

- Begin exercises (pendulums and active elbow extension/flexion without resistance) 24 hours after surgery unless otherwise instructed.
- While maintaining your elbow by the side, begin elbow, hand, and wrist exercises immediately.
- Formal physical therapy (PT) typically begins after you are seen at your first post-operative appointment 2 weeks after surgery. A prescription and protocol will be provided at your first post-op visit.
- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

Sling Immobilizer

- You may use the sling for 1-2 days as needed for comfort. Transition out of the sling when your pain permits.

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.

- Use icing machine continuously or ice packs (if machine not prescribed) for 20-30 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable

EXERCISE

- No exercises or shoulder motion until after your first post-operative visit unless otherwise instructed.
- You may begin elbow, wrist, and hand range of motion on the first post-operative day about 2-3 times per day
- Formal physical therapy (PT) will begin after your first post-operative visit

EMERGENCIES

Contact Dr. Ferrel's office at 614-545-7958 if any of the following are present:






- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain or calf pain
- Fever (over 101° F – it is normal to have a low-grade fever (<100°) for the first day or two following surgery) or chills
- Redness around incisions
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

If you have an emergency **after office hours** or on the weekend, contact the office at 614-545-7900 and you will be connected to our pager service. This will connect you with the Physician on call.

If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 614-545-7958 to schedule.

Jason R. Ferrel, MD | 614-545-7958 |      @JasonFerrel_MD

- Your first post-operative appointment will be scheduled with either Dr. Ferrel or his designated assistant for a quick wound check, physical therapy protocol and to answer any further questions you have regarding the procedure
- Typically, the first post-operative appointment is 7-10 days following surgery for suture removal.
- If you have any further questions, please contact Dr. Ferrel's office.