

## PATIENT INSTRUCTIONS FOLLOWING ARTHROSCOPIC SHOULDER STABILIZATION

### **Immediately post-operation**

- You will wake up in the recovery ward with a nurse looking after you. Your arm will be in a sling and there will be dressings on your shoulder. The wounds will be closed with stitches.
- You will be kept in the recovery ward until you have recovered from the anaesthetic, and have managed to have something to eat and drink.
- Your surgeon will review you before discharge to explain to you what was found during surgery and the details of the operation performed, as well as the expected outcome

### **Discharge to first post-operative review**

- You will be asked to phone your surgeon's rooms to make an appointment for your first post-operative review, usually 7-14 days following surgery.
- Between discharge and first review, you will be instructed to perform some simple exercises for the elbow, wrist and hand to prevent them from becoming stiff. Simply take the arm out of the sling, and while keeping the elbow close to your side, move the elbow, wrist and hand in all directions for 2 minutes. Repeat this at least 4 times each day. When not performing your exercises, keep the arm in the sling.
- You are only allowed to lift the elbow away from your side far enough for cleaning your arm-pit and applying de-odorant.
- Take the medication as prescribed by your anaesthetist for pain.
- Leave the dressings intact and keep the wounds dry until your first review.

**Phone Dr. Porter's rooms to confirm your appointment time on \_\_\_\_/\_\_\_\_/\_\_\_\_\_**

### **First post-operative review (7-14 days post surgery)**

- At this review your surgeon will check the wound and remove the stitches.
- He will go over the operative findings and procedure performed.
- He will also refer you for physiotherapy to supervise your rehabilitation.
- A second review appointment will be made for 6 weeks post surgery

### **First post-operative review to second post-operative review**

- You will be able to externally rotate your shoulder to neutral (ie the position required for using a key board or eating at a meal)
- You will also be able to lift your elbow slightly away from your side.
- No formal physiotherapy can be commenced yet.

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### **Second post-operative review**

- At this review the surgeon will assess your progress and re-examine the shoulder.
- He will also organize some formal physiotherapy to implement and supervise your rehabilitation.

### **General guidelines**

- Strengthening work - can be gently introduced when 6 weeks post-surgery. This will commence with isometric exercises and will be supervised by the physiotherapist. The range of motion for resisted exercises will only be progressed as your scapular control improves.
- Conventional weight training - should be possible around 4 months post surgery
- Return to full contact sport - is usually possible after 5 months, with the patient making a graded return to contact work, and strength has been 100% restored.

### **Final review**

- Your surgeon will review you at the completion of your rehabilitation and prior to your return to full sports activities

### ***Complications***

***If at any stage you experience significant pain that is not relieved by resting the arm in the sling and taking the analgesics, shortness of breath, fever, chills, loss of power or sensation in the arm, significant swelling or colour changes in the arm, contact your surgeon by phoning the rooms or private hospital. If you are unable to contact your surgeon, see your local GP or the local A&E department.***

### **Physiotherapy guidelines (unless instructed otherwise)**

For the first 3 weeks following surgery, you will be allowed to move your shoulder to a position of 45dg of abduction and external rotation to neutral, as long as there is good scapular control. In this range gentle isometric exercises can be performed with the emphasis on cuff control / recruitment

For the second 3 weeks, the range of movement can be increased to abduction to 90dg and ER to neutral. Again the emphasis is on scapular control and isometric exercises for the cuff muscles.