

## Arthroscopic Shoulder Surgery with Dr. Shukla

This handout is designed to address the common questions patients have regarding their upcoming arthroscopic surgery of any type (i.e., rotator cuff repair, labral repair, biceps tenodesis, instability, etc.)

The information in this handout should answer ***most*** of your questions.

- Please note any additional questions for your pre-operative visit which will be scheduled for you.
- Everybody's recovery is different, and progresses at a different speed depending on how chronic and severe their own personal surgical issue was prior to surgery. So, please remember to personalize this information and apply your personal variation of recovery to this information.

### Understanding the procedure

During “arthroscopic surgery” I use a camera also known as the “arthroscope” which is passed into the shoulder joint from several one to two-centimeter incisions in the skin to see the surfaces of the of the shoulder joint, the rotator cuff tendons and muscles, the cartilage and the bursa (fluid filled sacs which prevent muscle movement from causing damage to muscle.). The shoulder is filled with water to allow for this, which contributes to the swelling for several days.

Once the problem is confirmed (MRI only tells part of the story), the problem can be fixed.

**Arthroscopic surgery can be used to fix the following issues;**

- Removal of loose bodies/fragments from shoulder joint
- Removal of bone spurs which can cause pain and limit motion of the rotator cuff muscle group and shoulder.
- Repair Rotator Cuff Tears
- Repair Bicep Tendon Tears
- Repair the defect which causes recurrent shoulder dislocation / instability
- Exploratory surgery with a camera as a diagnostic measure if the true cause is unknown



## **Prior to the Surgery**

**Prior to the surgery, there is a list of tasks you will need to complete to ensure you are prepared for the surgery.**

- **Medical Clearance:** I will ask you to see your Primary Care Doctor and/or Cardiologist to get medical clearance. This typically will require 1-2 primary care doctor visits, with lab work, EKG and possibly a chest x ray.
- Please ensure that you plan in advance and leave enough time to complete this fully. The process typically takes 1-2 weeks.

***It is critically important for your well-being and safety that you are medically stable and all medical conditions are optimized before surgery.***

- **Family/Friend/Helper**

You will need to assign a family member or friend or HHA to help you in the immediate post-operative period. They will need to stay with you in the immediate post-operative period at home to ensure that you are safe in the first 24 hours after surgery (standard precaution), have your medications, are feeling ok and can use the bathroom, eat/drink etc. safely.

- **Medical Information**

- a. Please ensure that you are in possession of the following information on the day of surgery;
- b. Copy of insurance card and identification
- c. Primary care doctors name and telephone number
- d. A list of any/all specialists you are seeing and why
- e. A list of medical conditions and previous surgeries.
- f. List of current medications and supplements and how often you take them
- g. List of allergies and details about the type of allergic reaction you experience
- h. Bring any legal healthcare documents such as advance directives, information on your power of attorney etc.
- i. Medical clearance; Please ensure you bring a copy of your medical clearance, unless my surgery scheduler has confirmed that we have been faxed a copy, lab results, EKG and imaging results with you on the day of your surgery. This will prevent any delays to you in the event of delayed communication from other physicians' offices.

- **Medications to Stop prior to surgery**

- a) Anti- inflammatory medications (***PLEASE STOP THESE 1 WEEK PRIOR TO SURGERY***) NSAIDS (Non-steroidal anti-inflammatory medications) Advil, Aleve, Motrin, Ibuprofen, Naproxen, Difene/Diclofenac, Meloxicam/Mobic, Celebrex, Voltaren.
- b) Blood Thinners: Coumadin /Plavix etc. – these are typically stopped **5 days prior to surgery**. **THIS WILL BE DECIDED ON BY YOUR PRIMARY CARE DOCTOR OR CARDIOLOGIST,**



SO PLEASE DISCUSS WITH THEM BEFORE STOPPING THEM AND KNOW WHEN THEY WOULD LIKE YOU TO RESTART THEM.

- Ensure they are aware you need to stop for surgery. Some patients may need a different blood thinner in the time they are off the oral blood thinners.
- Pradaxa, Eliquis -these are typically **stopped 2 – 3 days prior to surgery**. Please discuss with your primary physician before you stop these.

c) **Herbal Supplements to Avoid 2 weeks prior to surgery**

- Dong quai
- Ephedra
- Echinacea
- Feverfew
- Fish Oil
- Garlic supplements
- Ginko Biloba
- Ginseng
- Goldenseal
- Kava
- Licorice
- St John's Wort
- Valerian Root

**Why do I need to avoid herbal supplements 2 weeks prior to surgery?**

It can be difficult to know what exactly is in these supplements (some of them thin the blood) and in the interest of your safety and ensuring an excellent surgical outcome, it is recommended to avoid these.

**Post op Recovery Common Issues**

**Wound Care**

When you leave the surgical center, your wound will be covered with clean bandages and dressing. There is no need to change this dressing before your first appointment with me. IF it does happen to get wet, soiled and come loose, please remove it carefully and replace with clean gauze secured with large band aids. Please avoid it getting wet for the first three days- that means no showers or submergent baths. Sponge bath etc. is ok.

**No ointments/creams on incisions for 4 weeks please.**

**Sling**

**The use of your sling is very important in terms of healing and recovery.**

**FIRST 3-7 DAYS (WILL DEPEND ON YOUR SURGERY)**

- Patient can gently remove your arm from sling 3 times daily.



- All movement of that shoulder should be **PASSIVE**. (I.E. Use your other arm to carry the full weight of the operative arm, or ask for assistance).
- Patient can do Pendulum exercises 3 times daily for roughly 3-5 minutes each session.
- **WHILE SEATED**: Patient can rest elbow on a pillow that supports the arm and gently bend and straighten your elbow to prevent stiffness.
- **NEVER** perform any motion with more than 2 out of 10 on the pain scale.
- The sling should carry the *FULL WEIGHT* of your arm.

## **Exercises**

Physical therapy plays a large role in your recovery. Your therapist will show you exercises which you should do daily in order to regain your full range of motion.

**FORMAL THERAPY WILL START WHEN INDICATED BY DR. SHUKLA**

**AFTER ANY SURGERY INVOLVING A 'REPAIR', 4 WEEKS OF REST WITH MINIMAL MOTION IS ENCOURAGED**

## **Lifting/Carrying**

Please do not use the arm you had surgery on to lift or carry heavy objects. Please check with me before you lift or carry objects of more than a few ounces in weight.

## **Sleeping**

**RECOMMENDATION FOR FIRST 2-4 WEEKS:**

- Avoid sleeping on that side by positioning your trunk and shoulders with pillows, or use a recliner chair to sleep which may provide more comfort.
- Your recovery from shoulder surgery is typically 6-8 weeks however it varies from person to person.

**At night, often pain becomes more apparent due to activity during the day and also pressure on the wound at night time.**

**Pressure is applied to the wound when you lie on the side of the surgery or even partially lie on the surgical side.**

## **Driving**

You should not drive in the immediate post-operative period. Narcotic medications can make you sedated and sleepy and affect your decision-making ability while driving. Additionally, you may not use your



surgical arm to drive. Please ensure you do not drive until you are completely off narcotic medications such as Percocet, Norco, Tramadol etc. and are cleared to drive with your surgical arm by me.

## **Medications**

*Instructions for each patient will be in your discharge paperwork from the hospital or ambulatory surgery center, as each patient differs. Please read all paperwork from the hospital after surgery.*

In the immediate post-operative period, you might require strong pain medications such as Percocet, Norco etc. for pain relief.

Please ensure that you collect this medication from your pharmacy THE DAY BEFORE surgery. Dr. Shukla will have sent them in, but sometimes the pharmacies need to double-check.

**It is very challenging to deal with prescription issues after hours and you could be without medications if you are unable to collect your prescription the day prior to surgery.**

Most patients do not require a refill of their narcotic pain medication. However, every patient's recovery is different and if you DO require a refill please remember that controlled substances such as pain medication CANNOT be refilled easily after hours and on weekends due to federal restrictions. If you think you may need a refill and are running out of medication please call the office immediately during working hours and alert my staff AT LEAST 72 HOURS PRIOR TO RUNNING OUT.

**WE ARE ALLOWED TO PROVIDE 1 REFILL OF CONTROLLED SUBSTANCES**

## **VIDEOS**

<https://www.newportortho.com/Meet-Our-Doctors/S/Dave-R-Shukla-MD.aspx>

**SCHEMATIC VIDEO CLIPS ON VARIOUS PROCEDURES**

<https://www.newportortho.com/About-Us/Our-NOI-Blog/2016/December/Proper-Fitting-for-an-Arm-Sling.aspx>

**-HELPFUL INFORMATION FOR SLING WEAR**

**\*\*MANY OTHER USEFUL VIDEOS ON OUR WEBSITE @  
[HTTPS://WWW.NEWPORTORTHO.COM](https://www.newportortho.com)**