

SURGICAL INSTRUCTION SHEET

SHOULDER ARTHROSCOPY

INTRODUCTION

You are scheduled to have a shoulder arthroscopy or “scope.” This procedure is the most common shoulder surgery. The major problems that can often be benefited from this type of surgery involve impingement syndrome, rotator cuff tears and shoulder instabilities.

PRE-OP

Prior to your surgery you must stop eating and drinking **all** foods and fluids at least 12 hours prior to your surgery. Surgery will be cancelled if this rule is violated. The reason for this rule is to make sure the stomach is completely empty prior to receiving any of the anesthetic medication. These medications can make you vomit if you have anything in your stomach. You should avoid too much alcohol and reduce smoking habits as much as possible (this would be a great time to stop smoking permanently!).

GOING TO THE HOSPITAL OR SURGICAL CENTER

The final schedule for surgery is usually made out the day before. Changes due to equipment availability, patient sickness and emergencies may alter the schedule at the last moment. **You should be at the surgicenter two hours prior to the scheduled time of surgery.** Please allow time for traffic and other delays. If your surgery is scheduled in the afternoon, it is always best to call the surgicenter **6 hours** and again at **4 hours** prior to surgery to discover any last minute changes. The schedule may be running slower or faster than predicted and we would very much appreciate being able to inform you about the schedule. If we can talk to you we may be able to perform your surgery sooner (which means you get to eat sooner) or later (so you may stay at home longer instead of sitting in the surgicenter). **The main point is to stay in touch with the surgicenter and give them a number where they can call you on the day of surgery.**

WHAT TO WEAR

Loose clothing is the best. You can wear gym shorts in surgery if you want.

ANESTHESIA

You will have an anesthesiologist (a medical doctor that specializes in anesthesia) meet with you prior to your surgery. It is important to have a complete list of all medications you are taking and to inform the anesthesiologist of any medical or previous anesthetic problems. **It is important to inform your anesthesiologist about any previous seizures; abnormal bleeding; heart, lung and liver problems; and any medicine allergies.** Your anesthesiologist and I will make sure you are comfortable and pain-free throughout your surgery and immediate post-op period. Remember that general anesthesia (you are put to sleep) is usually less risky than driving on a California freeway in rush-hour traffic!

SURGERY

You will be in the surgical suite approximately 45-90 minutes, but your surgery often only takes about 20-30 minutes. It is performed through two to four “portals” which are skin incisions approximately ¼” in size and placed around the shoulder. Through one of these portals the arthroscope is placed into the shoulder. The arthroscope is about the size of a pencil and is really a TV camera. We use this to be our eyes to see into the shoulder joint. With the magnification of the arthroscope we can see objects up to 60 times larger than actual size. Through the other portals, instruments are placed into the joint to remove, smooth or repair the tissues.

POST OPERATION

After surgery you will wake up in a sling. You will be asked to stay in the hospital for approximately one hour. You will need this time to recover from any drugs you may have been given. You will also be allowed to sip some water and maybe even eat some saltine crackers. These will be the best tasting crackers you have ever tasted after not eating for such a long time! You will have a large bandage on your shoulder.

At home it is important to do only what is necessary. Going to the bathroom, getting something to eat or answering the phone is all okay, but otherwise try to lie down with the arm elevated. Ice may be used by placing ice cubes in zip-lock freezer bags and packing them around the shoulder; thirty minutes on - thirty minutes off while awake is reasonable. If bloody drainage appears on the bandage, **this is normal**. The bandage should be shifted slightly to place clean bandage over the drainage site. Alternatively more dressings can be purchased at the drug store and added to the bandage. Pain pills and anti-inflammatory medication can be used immediately as necessary to help with any pain. It is usually better to start taking the pain pills before the pain comes so as not get “behind” the pain.

FIRST POST-OP DAY

The day following surgery may be tougher than the day of surgery. The numbing medicine may wear off and there may be more pain. The bandages may be removed and if there is no drainage from any of the portal sites, you may take a shower directly over the skin. Submerging the shoulder in a bath or a hot tub should be **avoided** until the

wound are completely healed (usually 10 days). It is okay to take your arm out of the sling to move the elbow, wrist and fingers at least three times per day for five minutes.

FOLLOW-UP APPOINTMENT

Please call the office to make a follow-up appointment one to four days after surgery. At this appointment we will discuss your surgery and check your wounds. Please bring your operative pictures and shoulder diagram for this visit.

THINGS TO WATCH OUT FOR AND CALL ME / POST OP RISKS

Surgery is not without risks. Common risks include but are not limited to possible nerve injury, infection, bleeding, allergic reaction, and very rarely death.

WOUND INFECTION:

Signs of infection are redness around the incision area, discharge of pus from the wound, increased pain and association of high fever > 101 degrees with chills/sweating. For treatment, call the office at 408-732-0600 or 650-853-2943 during the day or after hours the clinic operator at 650-321-4121 to locate Dr. King, Laurel or Melissa.

URGENT SIGNS:

Pain in your chest or shortness of breath. If either of these symptoms occurs, call 911 immediately. If concerned please call the office at 408-732-0600 or after hours the clinic operator at 650-321-4121.

PAIN AND MEDICATION:

Remember that surgery is not painless. Try to take your pain pills as directed even before the pain comes. Severe pain is unusual and is something you should call me so we can discuss the options.

NAUSEA:

Nausea and vomiting are very common post-op problems. If you are having nausea or vomiting try to minimize the use of the pain medication other than Tylenol and Ibuprofen. **All codeine products can make you nauseated.** After general anesthesia you are even more susceptible. Diet should be advanced slowly beginning with soup and crackers.

CHECK LIST

BEFORE SURGERY

- _____ I KNOW WHERE TO GO.
- _____ I KNOW WHEN TO GO THERE.
- _____ I MADE MY POST-OP APPOINTMENT FOR 1-4 DAYS AFTER SURGERY.
- _____ I HAVE CHECKED WITH MY INSURANCE COMPANY.

DAY BFORE SURGERY

- _____ I CONFIRMED MY SURGICAL TIME BY CALLING THE SURGICENTER.
- _____ I GAVE THE SURGICENTER A PHONE NUMBER WHERE I CAN BE REACHED THE DAY OF SURGERY.
- _____ I STOPPED DRINKING AND EATING AT MIDNIGHT.

SURGERY DAY

- _____ I AM WEARING LOOSE CLOTHING.
- _____ I AM TOTALLY RELAXED AND EXCITED ABOUT THE PROSPECT OF GETTING BETTER!
- _____ I WILL TRY AND BE AS INACTIVE AS POSSIBLE (HOPEFULLY LYING DOWN WITH MY ARM ELEVATED ABOVE MY HEART) WITH ICE ON MY SHOULDER TAKING MY PAIN MEDICINE.

POST-OP DAY NUMBER ONE

- _____ I HAVE TAKEN OFF MY DRESSING AND LOOKED AT THE WOUND.
- _____ I MAY SHOWER DIRECTLY OVER THE SKIN IF THERE IS NO DRAINAGE.
- _____ IF THERE IS STILL DRAINAGE I WILL PLACE A NEW DRESSING OR BAND-AIDE OVER THE PORTAL WHICH IS DRAINING.
- _____ I WILL MAKE A POST-OP APPOINTMENT WITH DR. KING.
- _____ I AM STILL EXCITED ABOUT GETTING BETTER AND RELIEVED THAT THE SURGERY IS OVER!

USEFUL PHONE NUMBERS

FREMONT SURGICAL CENTER **510-793-4987**

RAMONA SANTO (Surgical Coordinator)
Palo Alto (Tuesday, Thursday) **650-853-2943**
Sunnyvale (Monday, Wednesday & Friday) **408-732-0600**

EMERGENCY

PALO ALTO MEDICAL CLINIC **650-321-4121**

The operator will be able to page Dr. King, Laurel or Melissa.