Hunter Sports & Joint Replacement

ARTHROSCOPIC SHOULDER SUBACROMIAL DECOMPRESSION / GLENOHUMERAL DEBRIDEMENT

WHAT TO EXPECT AFTER SURGERY

POST-OPERATIVE CARE:

Instructions to Patient:
Contact Dr. McGrath's office if any of the following occur within the first few weeks: fevers, chills, skin redness, wound drainage, or increasing pain (signs of infection). Also contact the office if there is excessive and increasing extremity swelling. If there are any concerns you will be seen immediately. If there is a specific emergency, including after hours you may also visit the Hospital Emergency department.
If necessary, may visit your family MD for incision check within the first 2 weeks.
You will be reassessed in clinic at 8 wks post-op by Dr. McGrath
The arm rests in a sling with the elbow at the side and a strap around the trunk to prevent shoulder extension when supine. When in bed, the elbow may be supported by a small pillow.
Shower: 7-10 days or cover incision with waterproof tape pad area dry after shower
Time in sling: < 7 days. Sling is for patient comfort only and should be removed within the first week.
Range of Motion returns: 6-8 weeks
Return to full activities: 4-6 months
Initiate Physiotherapy: 7-10 days following surgery

Motion allowed:
1. The sling may be removed early.
2. Early passive and active range of motion.
3. Arm should be removed from sling and allowed to dangle passively at side to relieve cramping. Very small circular motions (pendulum exercises) may be performed as tolerated.

What to Expect over first 1-2 Weeks?

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The sutures used to close the wound are beneath the surface of the skin and are "self-dissolving". In addition to these sutures there are skin tapes ("Steristrips")

which help to prevent spread of the scar. A larger dressing will be applied over the shoulder.
This large dressing should be left intact for approximately 5-7 days following surgery, but it may be removed at 5 days following surgery and replaced with a new (smaller) dressing.
These skin tapes should be worn for about 7-10 days after surgery.
If they fall off early, replace them with new tapes. The tapes stick to the skin and may cause skin blisters in sensitive individuals, especially if there is post operative swelling.
There will be some initial pain and discomfort, and you will receive medications for this. Early movement of the shoulder, elbow, wrist and hand will help to minimize the pain. This discomfort will greatly reduce over a few days.
You should avoid wetting the wound directly during the first 7 days.
Please note a pink coloured antiseptic is used to paint the shoulder and arm, so do not be concerned if the area appears unduly pink.

REHABILITATION PROTOCOL: Instructions to Physiotherapist:

EQUAL ICING AND REST/WORK RATIO IS IMPORTANT. PAIN SHOULD NOT OCCUR WITH ANY ACTIVITY, COME ON SOONER, DURING ACTIVITY OR REHAB, OR LAST LONGER AFTER REHAB. IF THIS OCCURS, MODIFICATION OR RE-EVALUATION NEEDS TO BE UNDERTAKEN.

LEVEL I Sling is worn for comfort, removed for exercises.
(Week 0-2) The arm may be released as frequently as desired to dangle at side and perform pendulum exercises, but the sling is refastened afterwards. The wound must be kept dry for 10 days. Passive and active ROM. Forward elevation to 120 o, ER (at side) to 20 o, and abduction to 45 o .
LEVEL II Sling should be discontinued.
(Week 2-6) Continue passive and active ROM.
Forward elevation to 170 o ; ER (at side) to 60 o ; ER (in abduction) to 60 o , abduction to 100 o , and increased IR.

LEVEL III Increased stretching is undertaken both active and passive to regain full (Week 6-12) range of motion.
Initiate rotator cuff and periscapular strengthening program.
Proprioception Continue with home exercise program.
2-3 months May return to pre-surgery full activities, including heavy physical labour and/or contact sporting activities.

Good Luck Dr B K McGrath