

**JUSTIN D. HUDSON, MD**  
**Orthopaedic Surgery and Sports Medicine**  
**JustinHudsonMD.com**  
**JHudson@Oregonmed.net**

**POSTOPERATIVE INSTRUCTIONS**  
**SHOULDER - ARTHROSCOPIC CAPSULAR**  
**RELEASE/MANIPULATION UNDER ANESTHESIA**

**PLEASE READ THESE INSTRUCTIONS COMPLETELY AND ASK FOR CLARIFICATION IF NECESSARY - DIRECT QUESTIONS TO YOUR NURSE BEFORE LEAVING THE HOSPITAL OR VIA PHONE/EMAIL TO DR. HUDSON'S STAFF AFTER ARRIVING HOME**

**WOUND CARE**

- Remove surgical dressing 48 hours after surgery – large band-aids can be placed over the incisions, covering them completely. It is okay to shower directly over the band-aids as long as the incisions stay dry until your first post-operative appointment in clinic.
- Loosen bandage if swelling or progressive numbness occurs in the extremity.
- It is normal for the joint to bleed and swell following surgery – if blood soaks onto the bandage, simply reinforce with additional gauze dressing for the remainder of day and check again.

LEAVE THE STERI-STRIP TAPE IN PLACE OVER INCISIONS UNTIL FIRST APPOINTMENT

**MEDICATIONS**

- Pain medication is injected into the wound and joint during surgery – this will wear off within 8-12 hours. It is recommended to begin the prescription pain medication provided to you upon arriving home, and continue every 4 hours for the first 1-2 days after surgery.
- If you are having problems with nausea and vomiting, consider decreasing dose and taking anti nausea medication as needed.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To help minimize risk of side effects, take medication with food – if constipation occurs, consider taking an over-the-counter stool softener such as Dulcolax or Colace.
- Do not drive a car or operate machinery while taking the narcotic medication.
- As long as you have no personal history of adverse response to anti-inflammatories, use an over-the-counter anti-inflammatory such as Ibuprofen (i.e. Advil/Motrin) 600-800 mg as frequently as every 8 hours with food to help swelling and pain in addition to the prescribed pain medication.

**ICE THERAPY**

- Begin immediately after surgery - use the ice machine (when prescribed) as directed for the first 2-3 days following surgery. Ice at your discretion thereafter. When using "real" ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of skin. In either case, check the skin frequently for excessive redness, blistering or other signs of frostbite.
- Remember to keep the extremity elevated while icing when able.
- For technical questions regarding the ice machine, please contact the vendor directly using the telephone number on the device.

## **ACTIVITY**

- Remain in sling at all times other than personal hygiene and wardrobe changes.
- Okay to remove sling 3x daily for bending of elbow, wrist, hand beginning on the first post-operative day.
- Do not engage in activities which increase shoulder pain over the first 7-10 days following surgery.
- NO driving until off narcotic pain medication.
- Okay to return to work when ready and able. Please notify office if written clearance is needed.

## **EXERCISE**

- Begin exercises 3x daily starting the day after surgery (wrist flexion/extension, elbow flexion/extension, shoulder range of motion, pendulum swings) unless otherwise instructed. See attached pictures of exercises for reference. Three sets of 10-15 repetitions each is advised. If the exercises cause pain, stop and try again later in the day.
- Shoulder stiffness and discomfort is normal for a few days following surgery.
- Avoid movement of the arm against gravity or away from the body.
- Formal physical therapy (PT) will begin after your first post-operative visit if necessary.

## **DIET**

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

### **\*\*EMERGENCIES\*\***

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

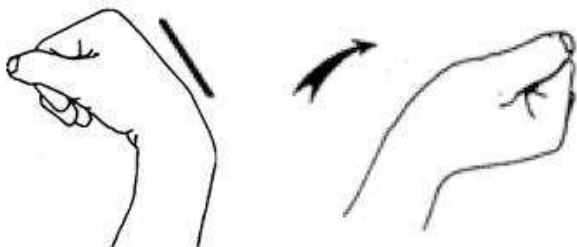
**DO NOT CALL THE HOSPITAL OR SURGICENTER FOR EMERGENCIES**  
**IF YOU HAVE A NEED THAT REQUIRES IMMEDIATE ATTENTION, PROCEED TO THE NEAREST EMERGENCY ROOM**

## **FOLLOW-UP CARE/QUESTIONS**

- Someone from Dr. Hudson's team will call you on your first day after surgery to address any questions or concerns.
- Email any non-emergent questions to [JHudson@Oregonmed.net](mailto:JHudson@Oregonmed.net) for the fastest reply. If e-mail is not an option please call the practice.
- If you do not already have a postoperative appointment scheduled, please contact the scheduler during normal office hours at 541-345-0600 to arrange an appointment 7-15 days from surgery.

## POST OPERATIVE SHOULDER EXERCISES

### WRIST FLEXION / EXTENSION



Actively bend wrist forward.  
Then backwards as far as you can.  
Repeat 10-15 times. Do 3 sessions per day.

### ELBOW FLEXION / EXTENSION



With palm either UP, DOWN, or THUMBSIDE UP  
gently bend elbow as far as possible.  
Hold for 5 seconds.  
Then straighten arm as far as possible.  
Repeat 10-15 times. Do 3 sessions per day.  
**\*\*DO NOT PERFORM THIS EXERCISE IF  
BICEP TENODESIS WAS PERFORMED\*\***

### SHOULDER RANGE OF MOTION

(Self-stretching activity)

Slide arm up wall with palm  
toward you by moving  
closer to the wall.  
Hold 10-15 seconds.  
Repeat 3 times.  
Do 3 sessions per day.



### PENDULUM SWINGS

(Clockwise/counterclockwise)



Let arm move in a clockwise circle,  
then counterclockwise by rocking body  
weight in a circular pattern.  
Repeat 10-15 times. Do 3 sessions per day

### PENDULUM SWINGS

(Side to side)



Gently move arm from side to side  
by rocking body weight from side to side.  
Let arm swing freely.  
Repeat 10-15 times. Do 3 sessions per day