

MIGUEL A. RAMIREZ, MD • OSF ORTHOPEDICS

Shoulder, Elbow & Sports Medicine

ARTHROSCOPIC SHOULDER SURGERY

Your Complete Surgery Guide

Rotator cuff repair • Labral repair • Instability repair • Decompression / debridement

Patient name: _____ Surgery date: _____

Read this packet as soon as you receive your surgery date. Following these instructions prevents delays and cancellations, and gives you the best chance at a good result. Bring this packet with you on the day of surgery.

AT A GLANCE — WHAT MOST PATIENTS NEED TO KNOW

- Stop NSAIDs, aspirin, Plavix, fish oil and Coumadin 7 days before surgery (see page 2).
- Nothing to eat after midnight.
- You must have a driver to and from surgery — no exceptions, including outpatient cases.
- Bring your sling and bolster to the hospital.
- Remove the surgical wrap after 72 hours. Leave the Steri-Strips on until your follow-up.
- Wear the sling at all times, including sleeping, until told otherwise.
- Ice 20 minutes on / 20 minutes off — never directly against skin.
- No PT until your first post-op visit, at 14 days.
- Questions or problems: (309) 676-5546.

1. BEFORE SURGERY

Medical clearance and testing

- You need a pre-surgical work-up: a history and physical by your primary care physician (PCP) plus blood work. Some patients also need a chest x-ray or EKG.
- If you see a cardiologist, endocrinologist, neurologist or other specialist, you may need clearance from them as well. Ask your PCP.
- If you have several medical problems, or have had trouble with anesthesia before, you may need an anesthesia consult. Schedule this 2–3 weeks before surgery.
- Our athletic trainer will contact you to fit your sling and bolster and to teach you the exercises you will start after surgery.

Medications to stop

Medication	When to stop	Notes
NSAIDs — Advil, Aleve, ibuprofen, Motrin, naproxen, Celebrex	7 days before	Increases bleeding risk.
Aspirin and Plavix (clopidogrel)	7 days before	Only if your PCP or cardiologist agrees. Call us if they want you to stay on it.
Fish oil / omega-3, vitamin E, most herbal supplements	14 days before	These increase bleeding risk.
Coumadin (warfarin)	7 days before	Call our office. Your PCP may bridge you with Lovenox, which stops 2 days before surgery. Coumadin restarts the night of surgery, monitored by your PCP or cardiologist.
Daily narcotics (Vicodin, Percocet) for chronic pain	Continue	Take with a small sip of water the morning of surgery.
All other daily medications	Ask your PCP	Take what your PCP approves with a small sip of water.

Get your home ready

- Set up a resting spot with pillows to support your arm. Many patients sleep in a recliner for the first 1–2 weeks.
- Put daily essentials — phone charger, medications, water, snacks — within reach of your non-operative hand.
- Buy or set aside loose button-down or zip-up shirts. You will not be able to pull a shirt over your head. Slip-on shoes help.
- Prepare or freeze meals ahead of time.
- Arrange for someone to stay with you for at least the first 2–3 days and help with cooking, dressing and errands.
- Pick up your prescriptions, a stool softener (docusate), and Extra-Strength Tylenol before surgery day.

The night before and morning of surgery

- **Do not eat anything after midnight.** This includes gum, hard candy, and coffee.

- Shower with antibacterial soap the night before and the morning of surgery. Do not apply lotion, deodorant, or perfume to the shoulder or armpit.
- Wear loose, button-down or zip-up clothing. Remove all jewelry, including every ring. Leave valuables at home.
- Our office calls the day before with your arrival time, which is several hours before your surgery. Be on time so your case is not delayed.
- **Arrange a driver both ways.** This applies to every patient, including arthroscopic and elbow cases.

2. THE DAY OF SURGERY

- Most shoulder procedures take 1–2 hours, depending on what needs to be done.
- You will usually receive general anesthesia plus a nerve block (interscalene block). The block keeps your arm numb and comfortable for roughly 12–36 hours.
- You will wake up in a sling with a bolster, and with a wrap over your shoulder. Your arm may feel heavy, numb or tingly. This is expected.
- **Start your pain medication before the block wears off** — usually the evening of surgery. Chasing pain after the block fades is much harder than staying ahead of it.
- Most arthroscopic patients go home the same day.
- If you have an urgent problem after hours once you are home, call (309) 676-5546 and ask for the on-call orthopedist.

3. PAIN CONTROL

The goal is to control pain with the smallest amount of narcotic possible. Layering medications works better than relying on narcotics alone.

Your pain plan

Medication	How to take it
Acetaminophen (Tylenol)	Extra-Strength Tylenol 1000 mg every 6 hours, on a schedule — not just when it hurts. Do not exceed 3,000 mg in 24 hours. Check other medications so you do not double-dose acetaminophen (many narcotics contain it).
Ice	20 minutes on, 20 minutes off, as much as tolerated for the first 72 hours, then as needed the first week. Never place ice directly on skin — frostbite risk. Use a thin cloth.
Narcotic pain medicine	For breakthrough pain only. Use the lowest dose that works and stop as soon as you can — most patients are off narcotics within 5–7 days. Do not drive, drink alcohol, or combine with anti-anxiety medication or sleep aids.
NSAIDs (Advil, Aleve, Motrin)	Do not take these after surgery unless Dr. Ramirez specifically tells you to. They may slow tendon healing after a repair.
Stool softener	Take docusate daily while on narcotics. Constipation is the most common side effect.

Narcotic safety

- Never take more than prescribed, and never share your medication.

- Store it where others cannot get to it. Dispose of leftover pills in a locked drop box at a pharmacy or police station.
- Refills need 48 hours notice

4. SLING, WOUND CARE AND BATHING

Sling

- **Wear the sling and bolster at all times, including while sleeping,** unless Dr. Ramirez tells you otherwise. Most repairs require 4–6 weeks; he will confirm your exact duration.
- Sleeping in a recliner is more comfortable for most patients in the first 1–2 weeks.
- You may take the sling off briefly for hygiene, dressing, and your elbow/wrist/hand exercises. Keep your elbow at your side when the sling is off.
- If you woke up from surgery without the bolster (the black foam pillow), Dr. Ramirez decided you do not need it. Do not wear it.
- Keep a washcloth or small towel in your armpit to prevent a rash — it is hard to wash under that arm the first week. Call us if a rash develops; we can send a powder.

Wound care

- **After 72 hours,** remove the wrap from your shoulder. Leave the small Steri-Strips in place until your follow-up. If one falls off, cover the spot with a Band-Aid.
- Do not put lotion or ointment on the incisions until instructed.
- Do not pick at Steri-Strips or sutures. They come off at your first visit, 14 days after surgery.

Showering and bathing

- Keep the incisions dry. You may shower once the wrap is off at 72 hours, as long as you keep the incisions dry — cover them with plastic wrap (Glad Press’n Seal works well).
- Shower with your arm hanging at your side. Do not scrub the incisions or aim high-pressure water at them. Pat dry.
- **No soaking for at least 4 weeks** or until incisions are fully healed — no baths, hot tubs, pools, lakes or ocean.

5. MOTION, ACTIVITY AND REHABILITATION

No formal physical therapy is needed before your first post-op visit. Do the exercises below starting the day after surgery unless you were told otherwise.

Timeframe	What you should be doing	What to avoid
Week 0–2	Bend and straighten your elbow, wrist and fingers several times daily. Squeeze the red ball attached to your sling. Scapular squeezes. Gentle pendulum exercises if Dr. Ramirez permits. Sling on at all times.	No active lifting of the arm. No reaching behind your back. Nothing heavier than a coffee cup.

Timeframe	What you should be doing	What to avoid
Week 2–6	Formal physical therapy usually starts after your first post-op visit. Gentle passive range of motion as directed by Dr. Ramirez or your therapist.	Still no active lifting of the arm. No pushing or pulling with the operative arm. No overhead reaching.
Week 6–12	Active motion begins as directed. Light strengthening usually starts around week 12 after a cuff repair.	No lifting beyond limits set by Dr. Ramirez. No heavy or repetitive overhead work.
Month 3–6	Progressive strengthening and return to activity. Most patients feel close to normal by 4–6 months.	Contact sports and heavy overhead work only when cleared.

A repaired tendon needs roughly 12 weeks to heal back to bone. Doing too much too early is the most common cause of a failed repair. Improvement continues for up to a year.

Driving

- Do not drive while taking narcotic pain medicine.
- Do not drive while wearing your sling.
- Most patients resume driving 2–4 weeks after surgery. Test yourself in an empty parking lot or a quiet street first. Riding as a passenger is fine at any time.

Diet

- Start with clear liquids and light food on surgery day — nausea after anesthesia is common. Resume your normal diet the next day.
- Eat protein (chicken, fish, eggs, beans) and stay well hydrated to support healing.
- Fruits, vegetables and fiber help prevent narcotic-related constipation.

6. WHEN TO CALL US

CALL THE OFFICE AT (309) 676-5546 IF YOU HAVE:

- Fever above 101°F (38.3°C), or chills.
- Increasing redness, warmth, swelling, or drainage from an incision — especially if cloudy or foul-smelling.
- Pain that is getting worse instead of better, or is not controlled by your medication.
- Numbness or tingling in the hand that does not improve 24–48 hours after the block wears off.
- Significant swelling of the hand or forearm.
- Any drainage from the wound after the wrap comes off.

GO TO THE EMERGENCY ROOM IF YOU HAVE:

- Chest pain or shortness of breath.
- Calf pain with swelling, or sudden severe swelling of the arm.

Do not start antibiotics on your own if you think you have an infection. Call us first — taking antibiotics before we can culture the shoulder makes the infection harder to diagnose and treat.

7. FREQUENTLY ASKED QUESTIONS

Will I stay overnight?

Most arthroscopic shoulder procedures are outpatient. You go home the same day.

How long does surgery take?

Usually 1–2 hours, depending on the complexity and how much work is required.

Will I get a nerve block?

In most cases, yes. It keeps your arm numb for about 12–36 hours. Start oral pain medicine before it wears off.

How long am I in the sling?

Typically 4–6 weeks for a repair, less for a debridement or decompression. Dr. Ramirez will confirm your duration at surgery.

When does therapy start?

You will get your therapy plan at your first post-op visit, 14 days after surgery. Until then, only elbow, wrist and hand motion.

When can I drive?

When you are off narcotics and out of the sling, and you feel safe. Most patients are driving at 2–4 weeks.

When can I go back to work?

See the return-to-work guidelines on the last page. Desk work with one hand is often possible within the first 2 weeks; full duty is usually 16–24 weeks after a repair.

What is the recovery time?

Recovery varies with the extent of the repair. Most people are back to normal activity around 3–4 months and continue improving for up to a year.

Can I sleep in a bed?

You can, but most patients are more comfortable in a recliner or propped on pillows for the first 1–2 weeks. Keep the sling on.

Every patient is different. These guidelines cover most cases; Dr. Ramirez will give you any additional instructions specific to your operation. Call with any questions, or visit peoriashoulder.com.

APPENDIX A: SURGICAL RISK / BENEFIT CONSENT

Arthroscopic Shoulder Surgery

Patient name: _____ Date: _____

Potential benefits of surgery

Arthroscopic shoulder surgery is a successful and safe operation with few complications. Potential benefits include:

- Pain relief.
- Increased motion and strength.
- Improved ability to perform daily activities, which may improve quality of life.

Risks of the procedure

Every operation carries risk. Risks of this procedure include, but are not limited to:

- **Bleeding into the shoulder joint (hematoma)** — risk under 1%. Usually treated with ice and observation; occasionally requires surgical drainage.
- **Infection** — approximately 0.5%. Superficial infection may be treated with oral antibiotics. Deep infection may require hospital admission, repeat arthroscopy or open surgery, and 3–6 weeks of IV antibiotics.
- **Blood clot (DVT / pulmonary embolus)** — very rare in the upper extremity, well under 1%. Report unusual swelling, chest pain or shortness of breath. Treated with blood thinners for 3–6 months.
- **Nerve or blood vessel injury** — very rare, under 1%. Most nerve injuries are stretch injuries that resolve over a few weeks.
- **Stiffness** — usually treated with a targeted therapy program. Refractory stiffness lasting 6 months to a year may require surgery to release scar tissue.
- **Persistent pain** — no surgery can guarantee complete pain relief or a return to "normal" function. Rarely, pain is unchanged or worse. Dr. Ramirez can discuss your anticipated success rate given your specific injury.
- **Anesthesia complications** — modern general anesthesia is very safe, but complications including death can occur. Discuss your individual risk with your anesthesiologist on the day of surgery.

Statement of consent

I authorize the performance on (name of patient) _____ of the following operation and/or procedure:

SHOULDER ARTHROSCOPY WITH RECONSTRUCTION / REPAIR AS INDICATED

to be performed by or under the direction of Miguel A. Ramirez, MD, together with associates or assistants of his choice who may be employed by the physician.

Dr. Ramirez has discussed with me, and I understand, the following:

- The nature and purpose of the proposed procedure(s).
- The risks of the proposed procedure(s).
- The possible or likely consequences of the proposed procedure(s).
- All feasible or alternative treatments, including their risks, consequences and probable effectiveness.

I consent to the performance of operations and/or procedures in addition to or different from those now contemplated, arising from presently unforeseen conditions, which the above-named doctor or his associates or assistants may consider necessary or advisable in emergency or life-threatening situations.

I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.

I have read and fully understand this entire form. I have asked the physician any questions I had, and the physician has answered them to my satisfaction.

Signature (patient / relative or guardian)	Print name	Date
Miguel A. Ramirez, MD		Date
Witness signature	Print name	Date

APPENDIX B: RETURN TO WORK GUIDELINES

After Shoulder Surgery — Miguel A. Ramirez, MD, OSF Orthopedics

Weeks post-op	Restrictions	Notes
0–2	Off work	If you feel comfortable and safe, you may return to desk work or one-handed duties. Sling must be worn at work. May drive if you feel safe. No lifting more than 1 lb.
2–10	Off work, or light duty (one-handed, no lifting over 1 lb) if available. You must be allowed to wear the sling at work.	Return to light duty if you feel comfortable and your employer offers it. Otherwise off work.
10–16	Light duty. No overhead work. No pushing, pulling or lifting more than 5 lbs.	You are expected to return to light duty if your employer has it available. If none is available, you will be off work. Off-work slips are at the discretion of the employer; we cannot keep you off work at this point if light duty exists.
16–24	Return to full duty, no restrictions.	If you cannot return to full duty by 20 weeks, work conditioning will be started. If you cannot return to full duty by 24 weeks, an IME will be ordered.

If you anticipate any problem meeting these guidelines, contact Dr. Ramirez or OSF Orthopedics before your surgery to discuss it.

All forms (disability, FMLA, Workers' Compensation) must be sent to our office. Allow 7–10 days for completion. There is a fee for form completion.

I understand and agree with Dr. Ramirez's return-to-work guidelines as stated above.

Signature

Date