

DR. BRIAN HOLLOWAY

SHOULDER SPECIALIST

GENERAL PRE AND POST OPERATIVE CARE

1. PHYSICAL THERAPY:

- Outpatient home exercises are specific to the type of procedure performed. Typically post-operative therapy begins within the first week of surgery. The duration of therapy is also determined by the procedure performed.
- **A THERAPY ORDER WILL BE WRITTEN AT THE TIME OF SURGERY FOR YOU TO TAKE WITH YOU TO YOUR FIRST POST-OP THERAPY VISIT.**

2. WOUND CARE:

- A Large bulky dressing is applied to the shoulder area prior to leaving the operating room. Leave the dressing in place. This dressing will be removed by the physical therapist. If you are not scheduled for post-op physical therapy, you may remove the dressing as instructed in 48 hours. For arthroscopy procedures may redress with bandaids. For total shoulder, fractured shoulders and open incisions the steri-strips or Prenio mesh dressing need to stay in place until first postoperative visit and does not need to be covered with any dressings after showering.
- **YOU MAY SHOWER 3 DAYS AFTER SURGERY FOR SCOPE PATIENTS. DO NOT IMMERSE THE WOUND IN WATER (BATH TUB, HOT TUB, ETC) AND DRY THE AREA THOROUGHLY.**
- The sutures will be removed in the office at your first post-operative visit.
- **SHOULD YOU DEVELOP ANY DISTURBING PROBLEMS AFTER SURGERY SUCH AS DIFFICULTY BREATHING, FEVER OF 101° OR ABOVE, EXCESSIVE BLEEDING, OR UNRELIEVED PAIN-NOTIFY YOUR PHYSICIAN**
 - **DURING BUSINESS HOURS (M-F 8AM-5PM): 865-450-1223**
 - **AFTER 5PM, WEEKENDS, HOLIDAYS: 865-558-4400 TO REACH PHYSICIAN'S ASSISTANT ON CALL**

3. PAIN CONTROL:

- Your surgeon and anesthesiologist will attempt to make your surgery as comfortable as possible, but it is important to realize that almost all surgeries involve some degree of pain. It is best to address the pain before it intensifies. Pain is manageable with medications and will lessen as your surgery heals.
- If ordered by your surgeon, you may be offered an interscalene block (regional anesthesia) to be used for post-operative pain control. The anesthesia doctors at the surgical facility will insert the block prior to surgery in the pre-operative holding area. The anesthesia department will further discuss risks and complications from the block with you prior to the procedure.
- Pain medications are effective at alleviating pain after an operation, but remember the medications can be habit forming, so doctors try to avoid patients taking them for long periods of time. Also, if you have been taking pain medications prior to your surgery, then your body will be used to these medications and may be less effective. It is a good idea to minimize the amount of narcotic pain medications 1-2 weeks prior to surgery.
- **ALL NARCOTICS CAN CAUSE NAUSEA, CONSTIPATION, AND ITCHING.** AVOID TAKING ON AN EMPTY STOMACH. EAT FOODS WITH HIGH FIBER AND DRINK LOTS OF WATER. AN OVER THE COUNTER STOOL SOFTENER CAN BE TAKEN TO REDUCE THE CONSTIPATION EFFECT. DO NOT DRINK ALCOHOL OR DRIVE WHILE TAKING PAIN MEDICATIONS

- If constipation occurs, a bowel stimulant (EX. Senokot, Peri-Colace, etc.) may be effective. Increase your fiber and fluid intake. If problems persist contact the office or your primary care doctor.
 - Usually it is recommended to take pain medications 30 minutes prior to physical therapy for your first visit. This is not a requirement, but may make you more comfortable to perform the therapy.
 - Apply ice to the shoulder 30 minutes each hour for the first 24 hours after surgery.
 - Heating the shoulder 20 minutes prior to therapy will also help with pain and mobility. Ice should be applied after therapy.
4. BRACE (SLING):
- If you are given a sling in the office prior to surgery, bring it with you to the surgical facility.
 - The length of time wearing the sling will be determined by the procedure performed.
 - The sling should be worn anytime you are up and around to protect the arm. This means that it should be worn at night while sleeping also. It can be removed as instructed by your doctor or physical therapist.
5. DRIVING:
- NO DRIVING UNTIL CLEARED BY YOUR DOCTOR-THIS IS USUALLY 1-2 WEEKS AFTER SURGERY, BUT WILL BE ADDRESSED BY THE DOCTOR AT YOUR FIRST POST-OP VISIT.
 - **YOU WILL NEED SOMEONE TO DRIVE YOU HOME AFTER SURGERY.**
 - NO DRIVING WHILE TAKING PAIN MEDICATIONS.
 - It is recommended that patients DO NOT drive cars with manual transmission with their operative arm while they are healing because sudden movements that accompany shifting can cause pain and could re-injure the shoulder.
6. ACTIVITIES OF DAILY LIVING:
- To perform axillary (arm pit) hygiene, simply bend over at the waist and allow the arm to dangle away from the body. This exposes the axillary region but does not require active use of the operative shoulder. This is exactly how to perform the pendulum exercise as well.
 - You should keep the axilla dry to prevent redness under the arm.
 - It is recommended to always dress with the operative arm inserted first. Perform the pendulum exercise as instructed above, slip your operative arm in the shirt first and then pull the shirt over your head. A button or zip shirt is always an easier option.
 - Use of the operative arm depends on the specific procedure performed and is explained in the therapy protocol for the indicated procedure.
7. MEDICAL CLEARANCE:
- Not every patient is sent for a pre-operative medical clearance by your primary care doctor. If you are required by your doctor to have a clearance, an appointment will be made by one of our scheduling staff.
 - In the outpatient facility, lab work is seldom required by the anesthesia staff.
 - You may be required to have an anesthesia consult prior to surgery-this will be scheduled by our office or the surgical facility.
 - **At the hospital, you WILL be required to go to the pre-admission clinic prior to your surgery. This will facilitate procedures on the day of your surgery.**

DR HOLLOWAY CONTACT NUMBERS: Monday-Friday 8am-5pm-calls made after 4pm will be answered next business day.

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OTHER INFO IS AVAILABLE ON OUR WEBSITE: WWW.KOCORTHO.COM –SELECT SHOULDER AND ELBOW PAGE