

## Arthroscopic Shoulder Stabilization Pre-Operative Information

### Shoulder basic information

- The shoulder is a ball and socket joint at the top of the arm. The normal shoulder has cartilage lining the ball and socket leaving the ends of the bones smooth so they can glide smoothly against each other.
- The stability of the shoulder is affected by many factors including the rotator cuff, capsule, labrum, the biceps and the bony anatomy of the shoulder.
- If any of these factors is damaged you may develop instability of the shoulder in some settings.

### What happens during arthroscopic shoulder stabilization surgery?

- The surgery is typically performed arthroscopically meaning through a series of small poke holes (portals) instead of a traditional large incision.
- We will examine the entire shoulder and repair and tighten the labral tissue, capsule and address pathology with the biceps tendon all during the procedure.

### What is recovery like after shoulder stabilization?

- This is a outpatient procedure for almost all patients meaning you will go home the day of the surgery. If there are specific reasons you will need to stay in the hospital overnight we will discuss these before surgery.
- Ideally, you would have a family member or friend available for at least 3-4 days after the surgery to help you as you will be in a sling.
- You will be in a sling for 6 weeks after surgery and **cannot use your arm for any activities**. The sling will need to be in place for all activities except bathing. This includes sleep.
- Most people return to desk type work or school within 3-7 days of surgery. Manual labor will be a more extensive period of time and we will discuss this individually.
- After 6 weeks, we will allow you to discontinue your sling and start using your arm but we will have restrictions still in place on certain motions and no lifting more than 2 pounds.
- After 12 weeks, the lifting restrictions are discontinued but we recommend slowly returning to regular activities.
- Activities like heavy labor, and non-contact sports are typically resumed by about 4 months. No contact sports for 6 months after surgery.
- Though you will be doing most of your daily activities far before this, patients continue to improve after shoulder surgery for the first 12 months.

### Post-op information

- Your first post-operative appointment will be with my PA Caroline McBane and your second will likely be with me. Further visits will alternate typically based on availability.
- Your post-operative appointment will be scheduled 7-10 days post surgery to check on your progress and obtain x-rays. If you do not have this appointment made at the time of your surgery please call the office and ask for an appointment at 336-375-2300.

### Pain control

- Pain is expected and normal after surgery. We use a variety of medicines to minimize pain but it is still normal to have pain for many days after the surgery though it will be manageable.
- It is important to minimize narcotics after surgery as they are extremely addictive and have many dangerous side effects. I use a multimodal pain management regimen to try and control pain while minimizing the number of narcotic pills required.

- Most patients go home with scheduled Acetaminophen (Tylenol), an anti-inflammatory (meloxicam, celebrex or ibuprofen) and a narcotic (oxycodone). It is VERY rare to need a refill on narcotics after surgery and most patients are off them completely by 4 days after surgery.

### Physical Therapy

- Physical Therapy (PT) is integral to doing well after a rotator cuff repair. Without a commitment to PT you may very well be worse after surgery due to stiffness or weakness. PT will usually be twice a week for the first 12 weeks. **If you are unwilling to participate fully in PT, this surgery may not be appropriate for you.**
- PT will typically start about 1 week after surgery but will discuss your plan individually. You will be provided a physical therapy instructions at the time of your first visit after surgery.

### Anesthesia

- You will be fully asleep for the entire procedure.
- For the vast majority of patients, anesthesia is very safe. There are specific risks with any anesthetic procedure and the anesthesiologist or nurse anesthetist will discuss these with you at the time of surgery.
- Regional anesthesia, in the form of a nerve block, may be considered in the setting of shoulder replacement but it also has risks and benefits.
- Your anesthesiologist will speak to you prior to the procedure to go over the pros and cons of anesthesia options. **Ultimately, the decisions about anesthesia are made by you.**

### Risks of surgery

- Arthroscopic shoulder stabilization is a surgery and like all surgeries there are potential risks. The vast majority of patients have a good outcome and are happy they had surgery.
- Infection, stiffness, nerve and vessel injuries, and continued instability are all extremely uncommon but have been reported in the literature.
- In rare cases patients may continue to have shoulder instability after surgery. This is very uncommon but we will discuss your specific risks factors individually prior to surgery.

**For more information visit the patient information section at [drdaxvarkey.com](http://drdaxvarkey.com) or scan below**

