



Sports Medicine

UNIVERSITY OF COLORADO

Dear CU Sports Medicine Patient,

You have been scheduled for shoulder surgery to repair your labrum. The purpose of this letter is to address common questions that arise around the time of surgery. Please take a few moments to review the following information as you prepare for surgery and rehabilitation.

Preparing for Surgery:

- Arrange to have someone drive you to and from surgery.
- Plan to have someone stay with you the night following surgery to help with medications, meals, ice.
- Plan to have ice available following surgery to ice your shoulder. Your surgeon will request an ice machine which you can choose to rent or purchase. A representative from the ice machine company will call you prior to surgery to review associated costs and machine instructions. Due to varying insurance coverage- *you are responsible for confirming or refusing the ice machine after the rep has called.* While ice bags are acceptable, most patients find the ice machine convenient and helpful in their recovery.
- Schedule a follow-up appointment in the CU Sports Medicine office 6-12 days after your surgery.
- Schedule a Physical Therapy appointment 5-7 days following surgery. It is ideal if you have this appointment scheduled prior to your surgery date. You may attend therapy at a location of your choice. Our office is happy to make recommendations close to your home or work. We advise that you first check with your insurance company to find in-network physical therapy locations.
- Please let clinic staff know if you've had an adverse reaction or allergy to any medications.
- If instructed to do so, see your primary care physician (PCP) for pre-operative medical clearance and ask PCP to fax medical clearance paperwork to our office 7 days prior to surgery at 303-315-9902 (f).

Day of Surgery:

- Do not eat or drink anything after midnight the night before your surgery.
- Arrive at the surgery center/hospital 1.5 hours before your scheduled surgery, or as directed by surgery schedulers over the phone (you will receive a call the week of surgery).
- You will sign a consent for surgery and have a chance to ask any questions.
- The shoulder to be operated on will be marked by a member of the surgical team, please do not mark your shoulder before coming to surgery as this may cause confusion.
- You will receive prescriptions for pain, anti-inflammatory, and anti-nausea medications.
- An intravenous catheter (IV) will be started in your arm.
- You will receive antibiotic medication through the IV to prevent infection.
- You will speak with an anesthesiologist regarding going to sleep during surgery and discuss the option of a nerve block. A nerve block is a procedure that places numbing medication around the nerve that runs to your shoulder and arm and provides pain relief for 12-24 hours after surgery.
- Surgery time is approximately 2 hours.

- Following surgery you will wake up in the recovery room where you will stay until your pain is controlled and you are alert enough to return home (usually 1-2 hours).

Pain:

- Expect to experience moderate to severe degree of pain following surgery.
- Pain is typically worst in the first 3-5 days and improves significantly by one week after surgery.
- Ice is an excellent anti-inflammatory, reduces swelling, and aids in pain relief.
- Plan to ice your shoulder for the first 24 hours following surgery, then at least thirty minutes, three times per day for the first week. Always have a fabric barrier between your skin and the ice bag/machine.
- You will speak to the anesthesiologist about going to sleep and about the option of receiving a nerve block.
- You will receive prescriptions for pain medication the day of surgery. Prescriptions can be filled at the outpatient pharmacy location of your choice. If possible, it is helpful to have a family member or friend fill the prescriptions while patient is in surgery to avoid waiting at the pharmacy on the way home from surgery. The medications prescribed are tailored to your individual case and surgeon preference but may include one or more of the following:

MEDICATION (Generic Name)	USE	HOW TO TAKE	SIDE EFFECTS
Oxycodone 5mg (OxyIR, Roxicodone)	Pain	Take 1-2 pills every 4-6 hours	Nausea, Constipation, Sedation, Itching
Naprosyn 500 mg (Naproxen)	Anti-Inflammatory	Take 1 pill every 12 hours for 10 days with food	Stomach pain, heartburn
Zofran 4 mg (Ondansetron)	Anti-Nausea	Tale 1 tab every 6 hours	

- To treat side effect of constipation, we recommend over-the-counter stool softeners or laxatives (Colase, Miralax, etc.).
- If you experience a side effect of heart burn or severe stomach pain with Naproxen, stop immediately and notify our office.
- Do not drive while taking sedating medications such as Oxycodone.
- If you suffer a side effect of itching from pain medication, we recommend over the counter Benadryl as directed on the bottle.
- Do not take other non-steroidal anti-inflammatory drugs (i.e. ibuprofen, motrin, diclofenac, advil, aleve, etc) while taking Naproxen.
- Acetaminophen (Tylenol) may be taken for mild to moderate pain or in addition to Oxycodone for severe pain. Do not exceed 3000 mg in any 24 hour period.

Wound Care:

- A sterile dressing will be placed over your incisions the day of surgery.
- Leave dressing on wound for 48 hours following surgery, keeping clean and dry.
- If dressing becomes soiled, reinforce with gauze and tape, do not remove until 48 hours.

- After 48 hours, you may remove dressing and shower with soap and water, getting incision sites wet. Do not remove tape strips directly adhered to skin.
- Do not lift arm away from body when showering, rather let the elbow straighten and allow arm to hang by your side. To wash under your arm, bend at waist and let arm gently pull away from the body by gravity.
- Do not soak incisions in hot tub/pool/bath until completely healed (usually 3 weeks post-surgery).
- You may cover incision sites with band aids or a gauze pad if they rub on clothing, although this is not required.
- Signs of infection include: redness around incision site, cloudy drainage, swelling around the site, tenderness to touch, general feelings of illness (fever, chills, loss of appetite).
- **Call the office immediately if signs of infection are present.**

Rehabilitation:

- Physical Therapy (PT) is an essential component to a full, successful recovery.
- **Bring your black CU Sports Medicine folder (given day of surgery) to first PT visit.**
- Refer to your black CU Sports Medicine folder for specific restrictions for use of the arm after surgery. Generally, this will include no lifting the arm away from the body in any direction and keeping the arm immobilized in the sling at all times (**even during sleep!**) except for showering and physical therapy for 6-8 weeks. In some cases, if a biceps tenodesis is performed, no biceps flexion or biceps 'curling' is allowed for 4 weeks. These restrictions are important to allow the labrum and biceps tendon to heal to the bone before stressing them with muscular contractions.
- Plan to start physical therapy 5-7 days following surgery. Call for an appointment now, as appointments book up quickly, to ensure you start therapy in a timely manner.
- Plan for regular visits with the physical therapist through six months following surgery.
- Average recovery time for labral repair is 6 months.
- Rehabilitation schedule is based on the "Multicenter Orthopedic Outcomes Network" or MOON protocol. Emphasis is placed first on motion of the shoulder (first passive range of motion where the therapist moves your arm, then active range of motion where you use your own muscles to move the arm), then on strength, then on returning to functional movements for work or sport.

Warning Signs after Surgery:

- If you notice any of the following 'red flags' after surgery, please call the CU Sports Medicine office to speak with the provider on call.
 - Infection: If you are running a fever >102 degrees Fahrenheit and notice redness, swelling, and thick discharge from incision sites.
 - Uncontrolled vomiting: If you experience severe vomiting that is not controlled with nausea medications.
 - Deep Vein Thrombosis/Pulmonary Embolism: If you experience pain and swelling in the back of your calf or leg call the office.
 - **If you experience chest pain or severe shortness of breath proceed immediately to the Emergency Room for evaluation.**

Follow-Up Visits:

- **Bring your black CU Sports Medicine folder to your first post-op visit.**
- At the first follow-up visit you can expect to review the surgery performed with surgical photos, stitches will be removed, evaluation for infection, review pain control and rehabilitation, review restrictions and plan to return to activity, answer any questions/concerns.

- Plan for regular visits in the surgeon's office through one year following surgery.

LABRAL REPAIR PRE-OP CHECKLIST:

- Arrange for a ride to and from surgery.
- Arrange for an option to sleep at an incline; many patients are most comfortable sleeping in a recliner chair or propped up with pillows for the first few days following surgery.
- Arrange for easy to prepare meals.
- Practice doing daily skills like brushing your hair, dressing, using eating utensils, with the non-operative hand before surgery.
- Arrange for rides to and from first physical therapy and surgeon's office follow up visits.
- Plan for loose fitting tops, button up shirts, and undergarments that are easily fastened.
- Arrange for ice machine and/or ice bags to be available after surgery.
- Arrange to take at least 5 days off from work for desk jobs, longer for jobs requiring use of the shoulder.
- Bring any work-leave paperwork to the day of surgery or to your first post-op visit.
- If instructed to do so, see your primary care physician (PCP) for pre-operative medical clearance and ask PCP to fax medical clearance paperwork to our office 7days prior to surgery at 303-315-9902 (f).

Please contact the office with any questions:

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