



TALLGRASS
ORTHOPEDIC &
SPORTS MEDICINE

DISCHARGE INSTRUCTIONS FOR SHOULDER SURGERY

1. You may keep a pillow under the elbow to support the operative shoulder. Keep ice or cold therapy on the operative shoulder as much as you can tolerate throughout the day for the first 2-3 days following surgery. The coldness will help with swelling and also help with discomfort. Never put ice directly on the skin.
2. If you have received a regional shoulder block, you must leave your sling on until the block has completely worn off, then :
 - You may wear the sling for comfort only Keep operative arm at side 50% of the time.
 - You need to take your arm out of the sling at least 3-4 times a day. Bend at the elbow, wrist and fingers. This will alleviate any stiffness you may incur while in the sling.
 - Pump fist and do shoulder shrugs hourly until seen by your surgeon, however, do **NOT** do shoulder rolls. You may begin post op exercises ___ days after surgery.
 - You may only REMOVE the sling to shower and for exercises as marked above.
3. Keep dressings clean and dry. Remove dressings and pain pump (if applicable) 48 hours after surgery.
 - You may shower if your incision is dry. Allow warm soapy water to run over incision. Pat dry and cover with band-aids.
 - You may **NOT** get your incision wet. Cover your incision with a waterproof dressing before showering.
4. Take your pain pills as prescribed, but remember, narcotics can make you sleepy, nauseated or constipated so take them with plenty of food and water. You may take a mild laxative or a stool softener, such as Colace, as needed. No alcoholic beverages while taking your prescription pain medication(s).
 - You may take Ibuprofen 400-600mg every 4-6 hours as needed for pain in addition to your prescription.
 - You may **NOT** take any additional: Tylenol(Acetaminophen) Motrin(Ibuprofen, Advil, Aleve)
 - Your anesthesiologist recommends you take Bonine(Meclizine) 25mg (for nausea) one tablet at bedtime tonight and then every 12 hours while you are taking your prescription pain medication. You will not need a prescription, please ask your pharmacist
5. May resume home medications as directed by physician. Diet as tolerated. No spicy or greasy foods recommended the day of surgery.
6. You have a follow up appointment scheduled with Dr. _____
 on _____ at TALLGRASS or 29TH & URISH CLINIC

CALL YOUR PHYSICIAN’S OFFICE AT 233-7491, IF YOU HAVE ANY OF THE FOLLOWING:

1. Pain not controlled with pain medication
2. Fever of 101 for 2 consecutive days
3. Nausea that does not subside after 24 hours after surgery
4. Redness or drainage from incision sites
5. Any questions or concerns.

WE STRONGLY SUGGEST A RESPONSIBLE ADULT REMAIN WITH YOU AT HOME TODAY AND TONIGHT FOR YOUR PROTECTION AND SAFETY. IF YOU HAVE ANY QUESTIONS, OR IF A PROBLEM DEVELOPS, PLEASE CALL YOUR PHYSICIAN IMMEDIATELY. IF YOU ARE UNABLE TO CONTACT YOUR PHYSICIAN AND YOU FEEL THIS IS AN URGENT SITUATION REQUIRING A PHYSICIAN’S ATTENTION, GO TO THE EMERGENCY ROOM CLOSEST TO YOU.

DESIGNATED CAREGIVER CONSENT

I WILL BE THE DESIGNATED DRIVER OF THIS PATIENT AFTER DISCHARGE FROM TALLGRASS SURGERY CENTER. I AM FULLY AWARE THIS PATIENT NEEDS CAREGIVING ATTENTION FOR THE FIRST 24 HOURS.

X _____
 ESCORT/PATIENT FAMILY MEMBER

 REGISTERED NURSE