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The goal of arthroscopic shoulder stabilization is to restore stability to the shoulder by repairing structures (ligaments and cartilage) that have damaged as a result of shoulder dislocation. During surgery, these structures are evaluated and if necessary are repaired to restore the anatomy of the shoulder. **This is an important concept to understand as a common misbelief is that surgery has “fixed my shoulder”.** By restoring the anatomy of your shoulder joint, surgery allows your body to undergo the healing process it was previously unable to undergo. During this time it is imperative that you follow the instructions provided to you in this packet. Please take the time to read through this information.

### Why will I be in a sling?

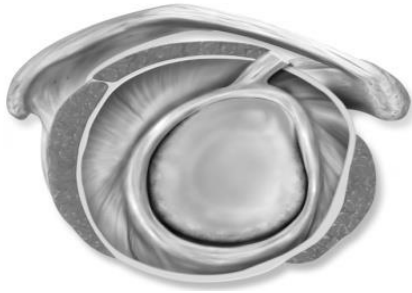
Following surgery, it is necessary to keep your shoulder protected to allow healing to occur. In the first 6 weeks following surgery a sling is utilized to protect the shoulder. The sling should be worn at all times other than self-care activities.

### Will I be able to move my arm?

While protection is essential following surgery, completely immobilizing the arm by allowing no motion outside the sling can cause the shoulder to become too stiff. It is important that during the first 6 weeks following surgery appropriate range of motion exercises are performed to keep the shoulder mobile while the healing process continues. This is accomplished through the prescription of very specific exercises that are performed in therapy with your physical therapist and at home as part of a home exercise program.

**How Does Arthroscopic Shoulder Instability Surgery Work?**

**Figure 1** The *labrum* (ring of cartilage) surrounding the *glenoid* (the socket) helps provides stability to the shoulder. In the illustration below, the labrum has become detached, allowing stability of the shoulder to occur.



**Figure 2** An Arthroscopic approach is used to identify and repair tearing of the labrum



**Figure 3** Illustration depicting the surgically repaired glenoid labrum.



## **Preparing for Shoulder Surgery**

### **Sling**

When you wake up from surgery, your shoulder will be in a sling. The sling is being used to protect your shoulder. It is important that you wear the sling at all times other than dressing and bathing. The sling comes with a pillow that sits in between your arm and your body. In order to protect your repair, the sling must be worn with this pillow. For more information about the sling please see the postoperative instruction sheet.

### **Exercise and movement**

As a general rule, you should not actively move your arm at any time. Avoid actively elevating your arm overhead. This means that you shouldn't take your arm out of the sling and try to raise it over your head using the muscles in your shoulder.

You will be provided with a set of exercises to help prevent stiffness and assist in recovery. These exercises are passive and which means you are performing exercises that involve no contraction of the muscles of your shoulder. This is accomplished through the use of your other arm or someone else helping you.

### **Self Care**

#### **Shirt**

In an effort to protect your arm we ask that you wear a button up shirt following surgery. Unlike pull over t-shirts, button shirts don't require you to lift your arm over your head. When donning and doffing the button up shirt, lean forward and use the shoulder that didn't have surgery to assist your surgical shoulder into the sleeve. Please do your best to avoid using your arm when dressing.

## How Does Arthroscopic Shoulder Instability Surgery Work?

### Hygiene

There are several everyday activities that may involve the use of the shoulder, which had surgery and should be avoided. Activities like brushing your teeth, combing and/or washing your hair, shaving, and bathing could be potentially damaging to your repair early in the post-operative period. We ask that you perform these activities using the opposite arm or with the assistance of another person.

### Physical Therapy

In an effort to help aid and maximize the effectiveness of the healing process, you will be attending physical therapy. Prior to your surgery, you will be given a script for post-operative physical therapy. We recommend you schedule your first postoperative visit before surgery to ensure you are seen at the appropriate time following surgery.

### Surgical dressing/bandages

After two days, you may remove the surgical dressings and bandages. After the dressings are removed, you may shower and bathe with cellophane over your shoulder to help keep your incision sites dry. Once your stitches are removed you can start showering or bathing without the cellophane.

**General Post Surgery**

**Antibiotics and Dental Work**

Do I need to take Antibiotics before dental work if I have a screw, plate or allograft in placed inside a bone or joint during Orthopaedic surgery?

No, if you have a screw or plate or allograft in place.  
Yes, if you have a total joint replacement.

**Stitch “Spitting”**

Is it normal to have a stitch or two come out of my incision or scar?

Yes. This is quite common. Warm soaks and massage will help. If you are experiencing this, please call the office and let us know.

**Driving**

When can I drive?

Your ability to drive after surgery will depend on several things.

1. You are no longer taking narcotic pain medications during the day.
2. Adequate strength to operate your vehicle, including braking, shifting, and steering.
3. No immobilization (sling, cast, brace).

**Showering**

When can I shower?

Keep your incisions dry until your sutures are removed. You may shower or bathe by covering your incisions with plastic wrap or a plastic bag until that time. You may take a shower the day after the sutures are removed and a bath three days after your sutures are removed.

**Drainage from Incisions**

Is drainage normal on my bandages?

You may see slight drainage from your incisions after surgery. There is a lot of water used for irrigation during arthroscopic and open surgery. The drainage you may typically see is thin watery, and should be clear to reddish or pink in color. This is normal, and simple reinforcement of the drainage should be adequate treatment. If you experience any significant drainage, or bright red bleeding, please contact your surgeon or the on-call staff.

**Signs of Infection**

What are the signs of infection?

Signs of post-operative infection can typically include a fever (an oral temperature of greater than 101.5 taken a least two times, one our apart) increased fatigue, or chills. It is normal to experience a slight increase in temperature after the surgery. You may see increased drainage, redness, and increased pain.

**Constipation**

I am experiencing constipation, what can I do?

Constipation after surgery is not uncommon. This is generally a self limiting process, and resolves within a few days. There are several factors that can contribute to slowed bowel function. Anesthesia, dietary changes, decreased activity, and narcotic medications, all work against normal bowel function. You should increase your intake of fluids and fiber. Use narcotic medications sparingly, and only as necessary. You may use an over the counter stool softener (docusate sodium, colace) or laxative as necessary.

**Itching**

I have a lot of itching, am I allergic to something?

Allergic reactions unusually include the presence of hives or shortness of breath. Narcotic medications given during and after surgery can cause the release of Histamines, and this can cause itching. Using an over the counter anti-histamine, such as Benadryl, can help.

### PATIENT INSTRUCTIONS

#### Donning the Sling



With someone supporting your arm, the sling is first attached from behind the back and locked in the front.



The sling is then attached in the front.

## How Does Arthroscopic Shoulder Instability Surgery Work?

### Doffing the Sling



With someone supporting your arm, the sling is unlocked from the front of the sling.



The arm remains supported as the sling is removed.



## How Does Arthroscopic Shoulder Instability Surgery Work?

### Proper Sling Wear



The arm is supported at side resting against the sling pillow.



The elbow is bent to 90 degrees and is comfortably resting in the sling.

## How Does Arthroscopic Shoulder Instability Surgery Work?

### Common Sling Wearing Mistake



The sling has slid around to the front of the body. This position can place excessive stress on the repair.



The straps of the sling are too loose. In this position the arm is not supported and excessive stress can be placed on the repair.



The sling pillow is not being utilized and excessive stress can be placed on the repair.

## How Does Arthroscopic Shoulder Instability Surgery Work?

### Donning a Button up Shirt



Bend forward to allow your arm to hang. Please have someone assist you in placing your arm in the sleeve.



Stand to allow the sleeve to be placed over your shoulder. Keep your arm relaxed.



You can now place your arm in the other sleeve.

## How Does Arthroscopic Shoulder Instability Surgery Work?

### Doffing a Button up Shirt



With someone supporting your arm, remove your opposite arm from the sleeve.



Lean forward to allow the other sleeve to move off your shoulder.



Bend forward to allow the sleeve to the shirt to be removed.

### DO NOT PERFORM THE FOLLOWING MOVEMENTS



DO NOT LIFT UP YOUR  
ARM AT ANYTIME. THIS  
ALSO APPLIES FOR  
WHEN YOU ARE NOT  
IN THE SLING.



DO NOT PLACE YOUR  
ARM BEHIND YOUR  
BACK AT ANYTIME.

# UConn HEALTH

MUSCULOSKELETAL  
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Orthopaedic Surgery

*Sports Medicine*

**How Does Arthroscopic Shoulder Instability  
Surgery Work?**

## CALL WITH QUESTIONS



PLEASE CALL YOUR  
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WITH QUESTIONS.

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