

## Shoulder & Upper Limb Surgery

# AFTER SURGERY CONSIDERATIONS

## After Surgery Considerations

This information pamphlet has been designed to give you a basic understanding of the considerations that need to be made when preparing for surgery. Please keep in mind that this material is a reference guide only and your preparation and recovery may differ from that described. If you decide to go ahead with surgery, you will need to learn what to expect from the surgery. Preparing mentally and physically for surgery is an important step toward a successful result. Understanding the process and your role in it will help you recover quicker and you will lower the chance of having problems.

## Recovery and Rehabilitation After Surgery

Recovery from a surgical procedure can take months to regain normal function. It is important to follow Dr McLean's recommendations carefully after you return home.

## Important Information

**EMERGENCIES:** If you are suffering from chest pain, shortness of breath or another potentially life-threatening issue, do not delay - call 000 immediately.

**GP:** Inform your doctor immediately if your wound is red or draining pus. Check your temperature and inform your doctor if it is more than 39.5°C.

**SURGICAL:** To report a problem to Dr McLean, please call (08) 8267 8292 or email [mcleanadmin@orthosa.com.au](mailto:mcleanadmin@orthosa.com.au)

## Helpful checklist:

**BLEEDING:** Bruising and minor wound blood ooze are expected after a procedure. Large or continued blood loss is rare, and should be reported to your doctor.

**CAST CARE:** If you have a cast, it is important that this does not become wet. If this happens, the cast is no longer immobilising the affected limb and may be ineffective. In this situation, the underlying wounds may be at risk of becoming infected if the dressings become wet.

- Elevate your arm (or foot) to above the level of the heart; in the lower limb keep the "toes higher than the nose" as this helps to prevent swelling. If your hand (or foot) becomes too swollen, your cast will become tight, restricting blood circulation and often increasing your pain.
- If able, move your fingers (or wiggle your toes) up and down at regular intervals throughout the day, as this helps to increase blood flow and aids circulation.
- To prevent stiffness, move your other joints at regular intervals throughout the day.

**DO NOT** poke objects inside your cast as this can cause sores to develop and may increase the risk of an infection.

**DAILY ACTIVITIES:** You will be able to resume most activities; however, you should avoid activities that place excessive stress on the operated area. Remove any floor rugs that could cause you to slip. Assistive devices such as a longhandled shoehorn, a long-handled sponge, and a grabbing tool can be used to prevent over bending.

**DIET:** Drink adequate liquids and limit your consumption of coffee and alcohol. It is important to follow a balanced diet to maintain your health and avoid excessive weight loss or gain, during your recovery. An iron and vitamin supplement may be given to help promote healing after surgery. Vitamin K may be recommended after surgery.

**DRIVING:** Your suitability to drive after your procedure is discussed in detail at [www.jmclean.com.au/driving/](http://www.jmclean.com.au/driving/).

**EXERCISES:** Dr McLean will recommend an appropriate exercise and rehabilitation programme for your recovery. These will include exercises that aim to restore motion, promote healing and strengthen your muscles. These can be done in consultation with your preferred local physiotherapist or hand therapist.

## Helpful checklist Continued...

**JOINT STIFFNESS:** Stiffness normally follows splint immobilization of a joint for longer than 2 weeks. If your surgery requires protection for longer than this, stiffness can be expected after the splint is removed. Physiotherapy can help regain lost range of motion. In rare cases, surgery may be required to release scarred tissue that can prevent normal motion.

**MEDICATIONS:** Dr McLean will prescribe pain medication to help reduce pain. He may also recommend medication to reduce the risk of blood clots, or antibiotics to decrease the risk of infection. All medications should be taken as directed.

**METAL UNDER YOUR SKIN:** Most metals are titanium or stainless steel and can be left under the skin without fear of complications. Sometimes metal needs to be removed if it is prominent or in a position that may cause irritation. It is unlikely that a prosthesis or metallic component under your skin will cause an airport metal detector alarm to sound.

However, cases have been reported. Discuss with your General Practitioner how to obtain a medic alert bracelet (or card) to confirm your internal metal. Very rare cases of metal allergy have been reported and may necessitate removal of your implant.

**NAUSEA & VOMITING:** It is recommended that you not drink or eat anything in the car on the trip home. The combination of anaesthesia, food and car motion can quite often cause nausea or vomiting. After arriving home, wait until you are hungry before trying to eat. Begin with a light meal and try to avoid greasy food for the first 24 hours. Pain relief: Take your pain medicine as directed.

Begin taking the pain medicine as you start getting uncomfortable, but before you are in severe pain. If you wait to take your pain medication until the pain is severe, you will have more difficulty controlling the pain.

**PREVENTION OF CONSTIPATION:** Pain medication can be very constipating. Stool softeners and laxatives can be effective and are available from your local pharmacy – these do not require a prescription. Passing gas is normal and lets us know that your bowel function is starting to return; don't be embarrassed by this. If you haven't had a bowel movement (pooped) by the second day post-op, please ask your pharmacist (or nurse) to give you a laxative.

If you normally have problems with constipation, let the nurses know what works at home to resolve the issue and hopefully we can do the same for you in the hospital.

**SCARRING:** Surgery involves cutting the skin to access the problem area. A permanent scar will form on the skin as a normal healing response. Scarring of a joint can contribute to restriction of movement of that joint (stiffness). Most stiffness can be managed effectively with physiotherapy exercises. Severe scarring of a joint may require further surgery and removal of the scar tissue to restore movement of the joint. Scarring of bone is a normal response to broken bones (a fracture). This scar tissue is normally converted to new bone within 6 weeks of a broken bone.

**SCARRING (CONT):** Key-hole (arthroscopic) surgery aims to minimize the damage caused to the skin and the tissue under the skin. Key-hole surgery causes less post-operative scarring, less joint stiffness and an earlier return to normal function.

**SEX:** In most cases, your sexual activity can be safely resumed 4 to 6 weeks after surgery.

**SLEEP:** Avoid sleeping on your operated side to prevent additional pain. You can sleep on your back, on the opposite side, or on your stomach.

**SWELLING:** If you had surgery on an extremity (elbow, wrist, hand, knee or leg), keep that extremity elevated and use ice indirectly (do not apply ice directly to the skin). Place ice in a wet towel onto the skin for no longer than 20 minutes at a time. For the legs, keeping the "toes higher than the nose" will aid in returning fluid to the heart and help decrease swelling and pain.

**WORK:** After a procedure, a minimum of 2 weeks off work can be expected to recover from the anaesthetic and to protect your wounds. Longer periods may be expected if your work site has potential hazards, or if your employer requires "a full work clearance" before returning to full duties. To avoid disappointment, find out whether your employer is happy for you to return to work at modified duties or whether they require a "full work clearance". NB. It is important that you discuss this with your employer prior to surgery to avoid disappointment.

**WOUND CARE:** In the week following surgery, there is a risk of infection. To help minimise this risk, a dressing is applied to the incision under sterile conditions during surgery. This dressing should remain intact and undisturbed until you are reviewed at your first follow-up appointment.

Your sutures should not be looked at until your followup appointment. Dr McLean commonly uses a special waterproof dressing that allows for showering – this can be "patted dry" after showering. However, it is often best to try and keep your dressing clean and dry to avoid it pulling away from the skin too early.

**Following these recommendations can help you recover faster and may reduce your risk of developing a complication after surgery.**

**Do you still have a question about your recovery that has not been answered within this document?**

If so, it may be covered in one of our other publications - [www.jmclean.com.au/forms](http://www.jmclean.com.au/forms)

Sometimes we may miss a question that is important to you. Please feel free to leave feedback so that we can improve our service to you and future patients.



**Dr James McLean**

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Orthopaedic Surgeon

APPOINTMENTS AND ENQUIRIES

P 08 8267 8292 E [mcleanadmin@orthosa.com.au](mailto:mcleanadmin@orthosa.com.au)

Ask **Dr McLean** to clarify your restrictions prior to surgery to avoid disappointment.

For more information, please see our FAQ link at [www.jmclean.com.au/FAQs/](http://www.jmclean.com.au/FAQs/)