C. Lucas Myerson, MD
Shoulder and Elbow Surgery
Northwell Health - Greenwich Village, Hudson Yards and Lenox Hill
Phone: 646-655-6784 Fax: 646-665-6791

Arthroscopic Shoulder Surgery – Post-Operative Instructions

During the initial phase of healing (first 6–8 weeks), the shoulder must be protected. It is critical that you follow these instructions carefully to help avoid complications.

Precautions Until Cleared for Further Activity

- Do not push yourself up from a chair or bed with the operative arm.
- Avoid jerking motions or reaching for objects.
- No pushing, pulling, or lifting with the operative arm.
- Do not reach behind your back (for example, reaching for the back pocket or tucking in your shirt).
- No elbow movement against resistance (lifting heavy objects) until 6 weeks.
- Take it easy: the more you are on your feet, the more swelling and pain you may experience.

Activity

- Perform gentle shoulder pendulum exercises 2–3 times per day.
- Active elbow, wrist, and hand range of motion is permitted.
- Do not lift with the operative arm.
- Wear your sling at all times, except when showering, changing clothes, or doing pendulum exercises.

Diet

- Begin with clear liquids and light foods (Jell-O, soups, clear liquids, etc.).
- Progress to your normal diet as tolerated if you are not nauseated.

Postoperative Ice Use

- Ice is most useful in the first few days after surgery.
- Use ice packs for 20 minutes, four times daily.
- Continue using ice as long as it helps, usually for 3–4 days.
- Always place a towel or cloth between your dressing and the ice pack to avoid frostbite.

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Anesthesia

- An anesthesiologist provides anesthesia and pain control during surgery.
- Typically, a nerve block with sedation is used.
- The nerve block usually lasts 12–14 hours, occasionally up to 24 hours.
- Pain may return suddenly as the block wears off, often overnight.

Pain Control and Medications

- Pain after surgery is normal. We will help you manage it.
- A combination of NSAIDs, Tylenol, and narcotics is often most effective.
- Opioids should be used only as needed and discontinued as soon as possible due to risks of dependence and side effects.

Common Medications:

- **Tylenol 500 mg**: 2 tablets every 8 hours as needed. Do not exceed 4,000 mg in 24 hours.
- **Ibuprofen 800 mg**: 1 tablet every 8 hours as needed. Avoid this if you have kidney disease, stomach ulcers, heart disease, or NSAID allergy.
- **Tramadol 50 mg or Oxycodone 5 mg** : 1 tablet every 6 hours as needed if pain is uncontrolled with other medications. Recommended for the first 24 hours, then taper as tolerated.
- **Zofran 4 mg**: Up to 3 times daily for nausea.
- **Prilosec 20 mg**: 1 capsule daily to prevent stomach irritation from NSAIDs.
- **Colace 100 mg:** 1 capsule twice daily as needed for constipation

Precautions:

- Do not drink alcohol, drive, or operate machinery while taking opioids.

- NSAIDs can increase the risk of stomach ulcers, heart attack, and stroke—avoid prolonged use without medical supervision.

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Therapy

- Physical therapy typically begins after your first post-operative visit, unless otherwise instructed.

Shoulder Sling

- Wear the sling at all times, including at night, unless instructed otherwise.
- Remove only for showering, clothing changes, or pendulum exercises.
- You may come out of the sling 2–3 times per day for pendulum exercises.
- Do not get the sling wet.
- The duration of sling use depends on the procedure performed.
- You may use your hand in the sling for light tasks such as typing.

Pendulum Exercises

- Use your non-operative arm to hold onto the side of a table or counter
- Bend slightly forward at your waist and let your operative arm hang in front of you
- Make small circles the size of a dinner plate with your operative arm
- Perform 20 circles in each direction 2-3x/day

Wound Care

- You will have 3–5 small incisions, sometimes an additional one near the armpit.
- Keep the bulky dressing in place for 72 hours (3 days).
- After 72 hours, replace with large waterproof bandages over each incision.
- Mild redness or bruising around incision sites is normal.
- Shower after 72 hours with waterproof dressings. Do not soak or scrub the incision.
- Do not apply creams, lotions, or oils until incisions are fully healed.

Suture Removal

- Dissolvable sutures may be used. If not, sutures are removed at the first post-op visit (about 2 weeks).

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Sleeping

- Many patients find sleeping in a recliner or with pillows creating a wedge more comfortable.
- Do not sleep on your operative side until cleared.

Return to Work

- Depends on your job type, modifications available, and your recovery.
- Work status notes can be provided as needed.

Return to Driving

You must meet ALL criteria before returning to driving:

- Off all opioid medications
- Walking normally
- Not in significant pain
- Able to use both hands on the wheel comfortably
- Out of your sling

Research shows that safe return to driving may take 6–12 weeks. Start with short, safe practice drives.

When to Contact the Office Immediately

- Excessive drainage/bleeding from incision after 48 hours
- Redness, swelling, or foul odor from incision
- Fever >101.4°F after 48 hours
- Severe uncontrolled pain
- Persistent nausea/vomiting with medications
- **Shortness of breath or chest pain (go to ER immediately and contact office)**

Contact Information

- Call 646-665-6784 to contact our office.
- After hours, you may be routed to the call center and the on-call physician.

Please follow all instructions carefully. Proper post-operative care is essential for a safe recovery.