Baylor Scott & White
ORTHOPEDIC ASSOCIATES OF DALLAS
A member of HealthTexas Provider Network

Manoj P. Reddy, MD
Sports Medicine & Shoulder Surgery
Orthopedic Associates of Dallas
469.800.7200 office | 469.800.7210 fax
DallasOrtho.com | ReddyOrtho.com

Labral Repair

SHOULDER ARTHROSCOPY — POSTOPERATIVE INSTRUCTIONS

Patient _____ **Surgery date** _____ **Side** ☐ Right ☐ Left

PROTECT THE REPAIR — THE LABRUM TAKES ABOUT 6 WEEKS TO HEAL TO BONE

- Wear the sling at all times, including sleep, for **6 weeks**. Remove only for hygiene, dressing, and your exercises.
- Follow the positions to avoid for your repair type (below) — these are the positions that stress the healing labrum.
- No lifting, throwing, or sports until cleared. Return to contact or overhead sports is typically 4–6 months or later.

MEDICATION

Pain medication

Narcotic/opioid medications (oxycodone, hydrocodone) are habit-forming. If needed, you will receive a one-time prescription sized for your surgery. Most patients need them for only 2–3 days; taking them longer than 6 days significantly increases the risk of dependence. **Do not drive, drink alcohol, or make important decisions while taking them.**

Take 1–2 tablets every 4–6 hours as needed for pain.

☐ Oxycodone ☐ Percocet (oxycodone/acetaminophen) ☐ Norco (hydrocodone/acetaminophen)

☐ Other _____

Tylenol (acetaminophen)

☐ You may add Tylenol 325 mg, 2 tablets every 4–6 hours. Do not exceed 3,000 mg in 24 hours *from all sources*.

☐ Do NOT take extra Tylenol — your prescribed pain medication already contains acetaminophen.

Anti-inflammatories (NSAIDs: ibuprofen/Advil/Motrin, naproxen/Aleve, meloxicam/Mobic)

NSAIDs can slow tendon and bone healing and increase bleeding risk; they are approved only for specific patients.

☐ NSAIDs approved ☐ NSAIDs **NOT** approved

Blood clot prevention

☐ **Aspirin 81 mg once daily** for 4 weeks

☐ **Aspirin 81 mg twice daily** for 4 weeks

☐ Lovenox _____

☐ Continue your home blood thinner

☐ No blood clot medication needed for your procedure

Nausea & constipation

You have prescriptions for **Zofran** (nausea — fill only if you have severe nausea) and **Colace** (stool softener while taking narcotics). Walking, fluids, fiber, and prune juice also help; MiraLAX is OK if no bowel movement in 2–3 days.

Other: _____

ACTIVITY & HOME EXERCISES

Ice / cold therapy

☐ **Cooling unit:** use in 4-hour intervals with 30-minute breaks for the first 1–2 weeks, then as needed. Keep a layer between the pad and your skin. **Do NOT** leave on overnight.

☐ **Ice packs:** 20 minutes on / 20 minutes off as needed for the first 2 weeks. Ice works through thick bandages even if you can't feel the cold.

Do NOT use heat on the shoulder.

Nerve block: Your arm may be numb and heavy for 12–36 hours. Keep it in the sling and protect it — you cannot feel heat, cold, or pressure. Start your pain medication in the evening, before the block wears off. Mild shortness of breath or hoarseness on the first day can occur; **call 911 for significant trouble breathing.**

- **Do NOT** actively lift the operated arm away from your body unless you are with your doctor or physical therapist.
- Place a pillow behind the elbow when lying down. Many patients sleep better in a recliner or propped up for the first few weeks.
- **Hand, wrist, and elbow:** open and close your hand, bend and straighten the wrist and elbow, 10 times each, every hour you are awake (remove the arm from the sling for this, keeping the shoulder still).
- To wash the armpit or dress, lean forward and let the arm hang gently — do not lift it with your shoulder muscles.
- Dress the operated arm first and undress it last. Loose button-up shirts are easiest.
- Shoulder blade squeezes 10 times, several times a day.
- **Driving:** no driving while wearing the sling or taking narcotic pain medication. Typically about 6 weeks.
- **Work/school:** one-handed desk work or class often in about 1 week.

REPAIR TYPE & POSITIONS TO AVOID

☐ **Anterior (Bankart)**	Do not rotate the arm outward past _____° (forearm turning away from the belly). Avoid the "throwing" position (arm out to the side and rotated back) for at least 3 months.
☐ **Posterior**	Avoid reaching across the body, pushing forward, and rotating the arm inward (hand behind back) for _____ weeks. Sling in neutral rotation (thumb pointing forward) as fitted.
☐ **Superior (SLAP)**	No lifting with the elbow, resisted elbow bending, or forearm twisting against resistance for _____ weeks. Avoid reaching behind the body.
☐ **Other**	_____

SLING

☐ Sling at all times, including sleep, for **6 weeks**. Remove for hygiene, dressing, and elbow/wrist/hand exercises.

☐ Sling with abduction pillow / neutral-rotation brace for **6 weeks**.

☐ Other: _____

SHOWERING & DRESSING CARE

Showering

- You may shower 2 days after surgery after removing the bulky dressing; keep the steri-strips as dry as possible and pat dry after.
- Lean forward and let the arm hang to wash under the arm. Put the sling back on afterward.
- **No baths, pools, or hot tubs** for 3 weeks, and until incisions are healed.

Dressing

- Remove the large bulky dressing **3 days** after surgery. **Do not remove the steri-strips** (paper tape) or stitches — we will remove them at your visit.
- Cover the small incisions with Band-Aids if they are draining. Some bloody drainage is normal.
- No lotions, ointments, or creams on the incisions.

ARTHROSCOPIC FINDINGS

☐ Rotator cuff: ☐ intact ☐ partial tear ☐ full-thickness tear

☐ Labrum (cartilage) tear: ☐ anterior ☐ superior (SLAP) ☐ posterior

☐ Biceps tendon: ☐ inflamed ☐ partial tear ☐ subluxation

☐ Bone spur (acromion) ☐ AC joint arthritis ☐ Shoulder joint arthritis

☐ Joint lining inflammation (synovitis) ☐ Loose body

☐ Other: _____

Please bring any arthroscopic photos to your first post-op visit to review.

PROCEDURES PERFORMED

☐ Labral repair: ☐ anterior ☐ superior (SLAP) ☐ posterior Number of anchors: _____

☐ Capsular plication / shift ☐ Remplissage ☐ Biceps tenodesis

☐ Other: _____

DIET

- Eat lightly the day of surgery, then advance to your regular diet. Drink plenty of non-alcoholic, caffeine-free fluids.
- A well-balanced, protein-rich diet supports healing. Avoid new supplements in the early recovery period unless cleared by your surgeon.
- If you have diabetes, check your blood sugar more often — surgery and steroids given during anesthesia can raise it.

PHYSICAL THERAPY

☐ You have been given a physical therapy prescription and protocol (in your post-op packet). Call a convenient location to schedule — therapy should begin within **7–10 days**. Bring the prescription and protocol to your first visit.

☐ You will NOT start therapy before your first post-op visit. You will receive PT instructions at that visit.

FOLLOW-UP

Your first post-operative appointment: **Date** _____ **Time** _____ **Location** _____

- To change your post-operative visit, call **469.800.7200**.
- Pain medication refills: call Monday–Friday, 8:30 am–3:00 pm. Allow 24–48 hours. Narcotic refills are not available after hours or on weekends.

WHEN TO CALL US — 469.800.7200, DAY OR NIGHT

- Fever over 101.5°F, or chills
- Redness spreading from the incision, red streaks, foul odor, or drainage that keeps increasing after day 3
- Calf pain, tenderness, or swelling
- Pain or swelling not relieved by your medication, ice, and elevation
- Hand or fingers that is cold, pale, or blue, or numbness/weakness that is worsening (mild numbness around the incisions is expected)
- Bleeding that soaks through the dressing

If you cannot reach the on-call surgeon promptly and you are concerned, go to the nearest Emergency Room.

CALL 911 IMMEDIATELY FOR CHEST PAIN OR SHORTNESS OF BREATH.

SPECIFIC INSTRUCTIONS

_____

_____

_____

Please read these instructions carefully before calling the office — most common questions are answered here. Thank you!