

DISCHARGE / POST-OP INSTRUCTIONS: SHOULDER ARTHROSCOPY

1. You must be accompanied by a responsible adult upon discharge and for 24 hours after surgery. Do not drive a motor vehicle, drink alcoholic beverages, or make critical decisions for 24 hours.
2. Be aware of dizziness that may cause a fall. Change positions slowly.
3. **EATING:** You may resume your regular diet but it is better to increase intake slowly with mild foods working up to your normal diet. **NO FRIED, GREASY OR SPICY FOODS TODAY.**
4. **NAUSEA/VOMITING:** Nausea and vomiting may occur as you become more active or begin to increase food intake. If this should happen decrease activities and return to a liquid diet.
5. **PAIN:** You have a prescription for pain medication. **TAKE YOUR PILLS WITH FOOD.** Pain medications may cause constipation, so drink plenty of fluids. You can take up to two pills every 4-6 hours depending on your pain.
6. **PAIN PUMP:** If you have a pain pump at the surgical site, remove in 2 days as instructed and dispose in trash. **Slight drainage is normal.**
7. **DRESSING:** Remove dressing in 2 days and apply new dressing provided. **Do not remove the steri-strips.** Keep dressing/incisions dry.
8. **SLING:** Use sling until your first post/op appointment. You can remove it when using the CPM. Sleep in sling if comfortable.
9. **CONTINUOUS PASSIVE MOTION MACHINE (CPM):** If the machine has been authorized by insurance use 3 hours a day. Commence this exercise 3 days after your surgery. (1 hour session breakfast, lunch, and dinner). Increase degrees as tolerated. Do not go past 90 degrees.
10. **ICING:** Apply ice to operative site 20-30 minutes 3-4 times a daily.
11. **ELECTRIC STIM:** If you have received an e-stim unit do not use until after your first post-op appointment.
12. See Dr. Kharrazi for a first post-op appointment on _____
13. **IF YOU HAVE ANY EMERGENCY CONCERNS PLEASE CALL (310) 665-7200 OR (310) 275-5400**

I HAVE RECEIVED, READ AND UNDERSTAND THE ABOVE INSTRUCTIONS. ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

Date _____ Nurse _____

Patient _____