



## SHOULDER ARTHROSCOPY DISCHARGE INSTRUCTIONS

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**RETURN APPOINTMENT:** Call to schedule appointment for the week after surgery.

**DRESSING:** Keep dressing in place for 24 hours after surgery.

**BATHING:** Remove the dressing the day after surgery and cover the wound with gauze or Band-Aids® as needed. Do not remove the small tapes (Steri-Strips®) covering the incisions.

### **ACTIVITY:**

- **ELEVATE** the shoulder above the level of the heart (sit-up/recliner) as often as possible.
- **ICE** as often as possible (many times per day). **\*\*THIS IS VERY IMPORTANT\*\***
- **DO NOT DRIVE** until no longer taking prescription pain medication or using the sling and cleared by Dr. Quinby

### **PHYSICAL THERAPY:**

**\*\*This is THE most important part of having a good result after your surgery.\*\***

Begin formal physical therapy the week after surgery. Perform home exercises every day that you are not working with the physical therapist.

### **PAIN MEDICATIONS:**

- **Do NOT take ibuprofen (Advil®, Motrin®), naprosyn/naproxen (Aleve®), or any other prescription “anti-inflammatories” as this could prevent proper healing of your repair.**
- **One half a tablet to two tablets** of your prescribed pain medication (oxycodone, hydrocodone, hydromorphone) may be taken every 4-6 hours as needed for pain. **Do NOT take more than a total of 12 tablets per day** [i.e., more than 4000mg of acetaminophen (Tylenol®, APAP)].
- Nausea is very common with these types of narcotic medications and can occur with all varieties of pain medications. It is not an “allergy”. Taking the medication with some food is best.
- **DO NOT** take Tylenol® in addition to the narcotic pain medication or drink alcohol while taking any Tylenol®-containing product such as cold/flu over-the-counter remedies. **You MAY substitute a dose of regular Tylenol® for a dose of the prescribed pain medication but do not take both at the same time.**
- **Pain is typically at its worst 2-3 days after surgery.**

### **PROBLEMS TO REPORT:**

- Fever greater than 101.5°F.
- Incision becomes very red, progressively swollen, or persistently draining.