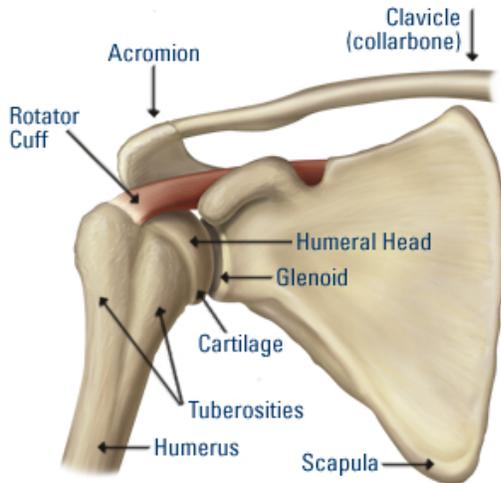


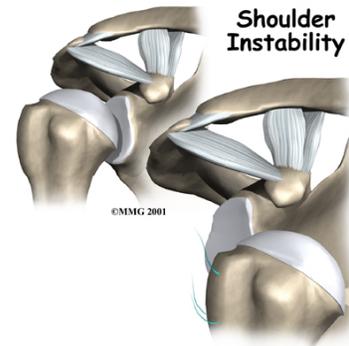


Shoulder Instability

The shoulder joint is the most moveable joint in the body. It allows you to raise your arm, rotate it, reach overhead, and turn your arm in many directions. Because your shoulder allows for such a wide variety of movement, it is susceptible to reduced stability. Shoulder instability occurs when the head of the arm bone (humerus) is forced out of the socket (glenoid). Once the shoulder has dislocated, it is prone to future dislocations.



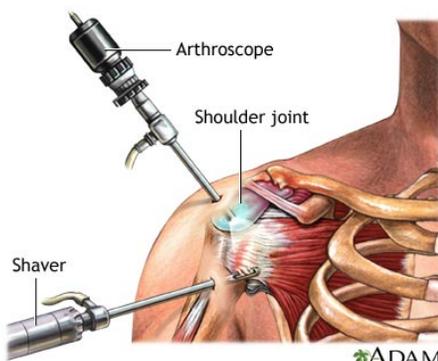
If it occurs commonly, it is referred to as chronic shoulder instability. Shoulder dislocations can be partial or complete. Partial dislocations occur when the humerus partially comes out of the socket, or glenoid. This is referred to as a subluxation. A complete shoulder dislocation occurs when the humerus is completely out of the



socket. Causes of shoulder instability or dislocations include the following: injuries or trauma, repetitive strain or overuse, or multidirectional instability (dislocations occur spontaneously, without any history of strain or injury).

Treatment

Chronic shoulder instability is often initially treated conservatively, or without surgery. Conservative treatment includes activity modification, physical therapy, and the use of anti-inflammatory medications (ibuprofen and Aleve). Activity modification involves making changes in your lifestyle to avoid activities that aggravate your symptoms. Physical therapy may be helpful for instruction on different shoulder and arm exercises, and for guidance on safe ways to perform everyday activities. Moreover, a Physical Therapist will educate you on shoulder strengthening exercises to provide more stability to your shoulder, reducing the frequency of dislocations. Non-steroidal anti-inflammatory medications help reduce pain and swelling in your shoulder, and can help alleviate your symptoms.



Surgical treatment is often necessary to repair torn or stretched ligaments. This allows for greater support of the shoulder joint and reduces the incidence of further dislocations. The surgical procedure is either performed arthroscopic, or with the use of a scope, or as an open procedure, with an incision in the shoulder. Arthroscopy is minimally invasive, and involves repairing the ligaments through small incisions with the use of small instruments and a scope. An open procedure involves making a larger incision over the shoulder, and repairing the ligaments under direct visualization. Your orthopedic surgeon will determine which method is best for you. You

will find our post-operative instructions included in this information packet.

Preparing for Surgery

Before the surgical procedure, it is important to prepare your body as well as the home for the surgery and the post-operative period (time after surgery). The following is a list of things to do before your scheduled surgery.

- Make an appointment to see your primary care practitioner (or see our Family Nurse Practitioner) for a pre-operative physical exam. This is done to ensure that you are in good health to have the surgery. An ECG (electrocardiogram) and laboratory work may be ordered. Any medical conditions that require better control prior to surgery will be discussed. Moreover, medications that need to be stopped prior to surgery will be discussed.
- Consult your primary care doctor and stop any medications that could contribute to prolonged bleeding. Such medications include aspirin, ibuprofen, Aleve, warfarin (Coumadin), fish oil supplements, etc. Ideally, these medications should be discontinued 7 days prior to surgery.
- Depending on when your surgery is scheduled, you may need to fast (nothing by mouth) prior to your surgery. It is recommended that you do not drink or eat anything at least 8 hours before surgery. This helps prevent any nausea or abdominal upset from the anesthesia and medications.
- If you smoke cigarettes or tobacco products, you should stop. Nicotine can increase your chances of having surgical complications, and can delay healing. Many orthopedic surgeons require patients to stop using tobacco before surgery will even be considered. See your primary care provider for information on smoking cessation.
- Arrange for someone to drive you home after surgery. Most patients are hospitalized for 1 day, and may be limited with driving after surgery. If you are taking any narcotic pain medicine, you should not drive or operate any machinery as these medications may cloud your judgment.
- Prepare your home for your recovery period. Start by reducing household hazards, such as throw rugs, electrical cords, and clutter that may cause you any injuries during your recovery. Also, if possible, move frequently used items to a main level in your home. This will help reduce the amount of reaching you have to do.



After Surgery

After your surgery is completed, you will be taken to the hospital recovery room. There the nurses will monitor your blood pressure, heart rhythm, breathing, and help manage any pain you are experiencing. A bandage or dressing will cover your shoulder to keep the incision clean. After you are more awake and alert, you will either be taken to your hospital room.

Returning Home

After you are discharged from the hospital, you will need to continue with activity restrictions and incision cares as directed by your orthopedic surgeon and the hospital staff. The hospital will arrange for an appointment with your orthopedic surgeon approximately 7 days after surgery. At that time, your physician will evaluate your surgical incision, amount of swelling, and your pain level.



Wound Care

Dressings are to be kept clean and dry. You may change the dressing daily if desired. After removing the old dressing replace with 4x4 gauze pads and secure with tape. A small amount of clear drainage or bleeding is normal. If this is happening, the dressing should be changed daily.

If purulent drainage (thick white or greenish in color) is coming from the wound, or the wound has increasing redness, or if you are having a temperature of 101, please report these symptoms to your surgeon or the doctor on call.

Bathing

You may get the incision wet when showering 3 days after surgery. The shower should be brief and the wound patted dry with a clean towel. No baths or soaking the incision until 2 weeks after surgery and scabs are absent. It may be comfortable to use a rolled up towel, placed into a large garbage bag, as a pillow under your arm while showering.

Pain

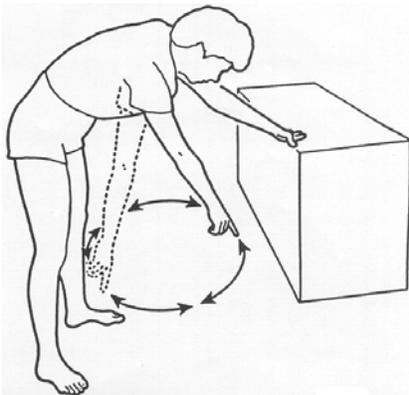
Ice your shoulder as frequently as possible. We recommend 4-6 times per day for 20-30 minutes per time. You may use either the ice bag/cooling device given to you at the hospital or simply place ice in a zip lock bag, wrap it in a towel, and place it on the shoulder. Do not apply ice or the cooling device directly to the skin as it may cause damage to the skin if left on for long periods of time.

Narcotic pain medication will be prescribed for use after you leave the hospital. Try to wean down as tolerated. These medications can cause constipation and you may want to use an over the counter stool softener. Tylenol products may be used instead of the prescribed pain medication. The prescribed narcotic medications should not be taken at the same time as plain Tylenol. You may supplement your pain medication by using ibuprofen or Aleve for any breakthrough pain. It can help to stagger your pain medication with ibuprofen or Aleve as needed. If a refill of medication is needed, please call the office during regular business hours, Monday-Friday 8:00 a.m. to 5:00 p.m. In general, refills will not be made after hours or on weekends, so please plan ahead.

Driving

To drive you must no longer be taking narcotic pain pills (plain Tylenol is allowed). Also, you must feel strong and alert. You may take your arm out of the sling to hold the bottom of the steering wheel, you should NOT actively raise your arm until cleared by physical therapy. Most people start driving approximately two weeks after surgery.

Exercises



Leave your arm in the sling during the 2 ½ -3 weeks after surgery. You may take it out of the sling for range of motion exercises and showering. You will be weaned out of the sling as instructed by your physical therapist or surgeon.

Upon discharge from the hospital you are encouraged to perform hand, wrist and elbow range of motion exercises 4-5 times per day. These exercises will help to decrease swelling. Pendulum exercises are encouraged 2-4 times daily and should begin two weeks after surgery. These exercises consist of bending at the waist and performing gentle circles as your arm dangles from your shoulder.

You should not attempt to elevate the surgical arm under its own muscle power. Your physical therapist will progress your activity appropriately.



Follow-up

Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 1-2 weeks after surgery.

Phone Calls

If you have questions or problems please call. Some questions can be answered over the phone, others cannot. You may need to be seen sooner than expected to check out your symptoms.

Worrisome Findings

Occasionally patients experience troubles after surgery and need additional medical attention. Such conditions that require medical attention include the following:

- Fever of greater than 101 degrees F
- New or different colored drainage from your surgical incision
- Swelling, redness, and pain around the surgical site
- Pain in your lower leg when you bend your foot upwards
- Chest pain or shortness of breath



Questions or Concerns

If you have any questions or concerns about your procedure or recovery, please feel free to contact us.

Our goal is to provide excellent care, and get you back to your active lifestyle.

Eau Claire office: 715-831-1400

Chippewa Falls office: 715-723-8514