

# Seeds Orthopaedics

Orthopaedics and Sports Medicine

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[www.DRSEEDS.com](http://www.DRSEEDS.com)  
[www.allaboutarthritis.com](http://www.allaboutarthritis.com)  
[www.jointreplacement.com](http://www.jointreplacement.com)

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## DISCHARGE INSTRUCTIONS FOLLOWING SHOULDER ARTHROSCOPY

**Pain Pump:** You will need to return to the office on  Mon.  Wed.  Thurs. at \_\_\_\_\_  AM  PM for removal of the pain pump. Keep your dressing clean and dry. Your dressing will be changed in the office when the pain pump is removed.

**Stitches:** Your stitches will be removed 10 to 12 days after surgery. Keep the stitches clean and dry. Your stitches may be cleansed with betadine, but do not apply any ointments to the stitches. Place Band-Aids over the stitches.

**Bathing:** You may shower after the pain pump has been removed. Keep the sutures out of the direct water as much as possible. Apply clean Band-Aids after your shower.

**Activity:** Rest the operative arm. Limit your activity for 24 hours after surgery. Thereafter, you may be up as tolerated. Do not lie flat to sleep – recline to 45 degrees when sleeping.

**Sling:** You will be given a sling to wear. Please wear the sling whenever you are up to immobilize and support your arm. Your sling **May Not** be removed when sleeping. You may remove the sling when resting in a chair. You may move your arm at the elbow and at the wrist, but **Do Not** raise the arm at the shoulder.

**EXERCISE: DO NOT EXERCISE YOU OPERATIVE ARM AND SHOULDER. DO NOT LIFT YOUR ARM AT THE SHOULDER. You may do only those exercises as instructed prior to leaving the hospital. If you have a CPM machine (Continuous Passive Motion) ordered for you, you may use the machine 6 to 8 hours per day as instructed. Your Doctor will advise you about use of the operative arm when you return to the office after surgery.**

**Ice Packs:** Use the iceman continuously for the first 24 hours after surgery. Thereafter, use the iceman at least two to three times a day for 15 to 20 minutes at a time, if desired for comfort. If you are using a CPM machine, use the iceman while in the CPM.

**Medication:** You will receive a prescription for pain medication. Take the medication, as directed, as needed for pain. Refill requests need to be called to the office between 8:00 AM and 4:30 PM Monday thru Friday. No refills are given after hours on weekdays, weekends or holidays.

**Appointment:** You should already have your appointment for suture removal. If not, please call the office to schedule this appointment as soon as possible after your surgery.

**Precautions:** Early postoperative problems can be seen by an increase in pain not relieved by the pain medication, a temperature above 101 degrees, bleeding or progressive swelling, or numbness in your arm. **CALL THE OFFICE OR GO TO THE EMERGENCY ROOM IF ANY OF THE ABOVE SYMPTOMS OCCUR.**

If you have any questions or problems, please call the office. The office is open Monday through Friday from 8:00 AM to 5:00 PM and can be reached at (440) 997-5427.

( ) I have reviewed and received the discharge instructions sheets for hand or wrist surgery.

Date: \_\_\_\_\_ Patient's Signature: \_\_\_\_\_

Nurses's Signature: \_\_\_\_\_