



**Orthopedic Associates**  
Orthopedic Surgery and Sports Medicine  
Flower Mound - Lewisville  
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## **TO THE PATIENTS OF JEFFERY S. CANTRELL, M.D. UNDERGOING SHOULDER SURGERY:**

Although there are many different types of shoulder surgery varying in complexity, all of them share similar principles.

Shoulder surgery, whether it is minimally invasive or complex reconstructive, is inherently a very painful procedure. There are numerous things that can be done to offset the pain, including regional nerve blocks (performed by the anesthesiologist), ice/cryotherapy, medication management, and appropriate immobilization.

The first 3-5 days after shoulder surgery are the most uncomfortable. Most patients find that sleeping in a recliner-type position with the head elevated 45-60° from the horizontal is the most comfortable.

We tell all of our patients, again whether it is minimally invasive procedures or major reconstructive procedures, that recovery is a 9-12 month process. In the case of fractures and replacement surgery this can be a 12-18 month recovery process. That is not to say that patients are miserable during that period of time, but we don't consider improvement to plateau until the end of that.

As a general rule, after the first 3 weeks pain medication is able to be tapered, and by 6-weeks postoperative patients are overall improved with about 75% less discomfort.

While the ideal postoperative physical therapy regimen is dictated by the type of procedure and individual operative findings, some general principles apply:

- Early range of motion of the elbow and wrist helps alleviate discomfort and stiffness and achy feelings in the arm.
- Gentle passive motion exercises (movement initiated by therapist or caregiver) are often initiated in the early postoperative course.

The general progression of recovery begins with motion, then progresses to coordination, and ends with strengthening and resistance exercises – again the timetable is dictated by the operative procedure performed and the complexity of the case.

Our team will provide patients with a medication regimen that can be individualized and managed to help optimize pain relief. This commonly involves anti-inflammatory medication, narcotic and non-narcotic pain medication, along with muscle relaxers.

The US attorney general is cracking down on opiod abuse and monitoring physicians closely.

- Shoulder surgery patients and fracture patients will be prescribed no more than six (6) weeks of narcotics.

Please do NOT ask or expect narcotic, opiod, controlled substance pain medication from your physician. Although pain medication is an important part of some treatment plans, it is the responsibility of your physician to keep medication use under control.



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As mentioned above, ice/cryotherapy is very important and this can range from simple ice packs to more sophisticated cryotherapy machines that are commercially available. Whichever patients choose, cold therapy is invaluable for the recovery period.

Sleeping after shoulder surgery can be frustrating. Patients usually feel best sleeping in a recliner chair for the first 10-12 days post-operative. Other options are wedge pillows, adjustable beds, and "L" shaped maternity type pillows (found on line).

Usually, the operative dressing that is applied on the surgical suite is quite large. This helps with sterility. Most often these dressings are removed at 4 days postoperative. If it is an arthroscopic procedure the small sutures will be removed at that time. At the first visit 4 days postoperative, the sutures are removed, dressings are changed, the wound is checked, and intraoperative photographs are reviewed with patients.

We do not recommend getting the surgical site wet until after the first dressing is removed at 4-5 days postoperative. After that, showering is fine with drying the area completely. There will be a light "butterfly tape" on the incision.

We do not recommend submerging the incision in a tub or pool until after the one-month mark or the wound is totally sealed over, whichever comes first.

Often times the axilla/armpit gets irritated and "raw" feeling. Remedies for this include dangling the arm and using "cool" blow dryer directed toward axilla. Also, can use antifungal powder or cream (e.g. lotrimin) directly to area.

Usually, the next visit with the physician is the 3-4 week postoperative mark. At this visit, we again check the incision, check motion, often check x-rays, and reevaluate/reinforce your postoperative regimen. Often, at this point in time, the slings or immobilizers are discontinued and formal physical therapy is initiated. If there is a larger incision present, that suture is usually removed at this second visit.

Again, the progression of treatment is motion, coordination, then strengthening.

We anticipate a smooth and full recovery after your procedure. Our team takes care of many patients that require shoulder surgery, and therefore are very experienced to answer any other questions you may have.

**We are committed to Exceptional Patient Care!**

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### **What medications should I stop taking prior to surgery?**

- You should continue necessary medications to retain a baseline steady state blood level of chronic medications. These include blood pressure, cardiac (heart), epilepsy (seizure), hormone replacement, ulcer, antibiotics, narcotics (pain), and benzodiazepines (anxiety) medicines.
- Oral diabetes medication is not taken the day of surgery.
- Diet drugs should be discontinued 2 weeks prior to surgery as they may result in rebound blood pressure issues.
- Aspirin should be discontinued 10 days prior to surgery. All other anti-inflammatory medications (Motrin, ibuprofen, Aleve, Advil, etc.) should be stopped 7 days prior to surgery to reduce bleeding.
- All herbal supplements (not vitamins) should be stopped 1 week prior to surgery.
- Rheumatoid medications are as follows: methotrexate and leflunomide continue prior to surgery but hold 1-2 doses after for moderate procedures (most orthopedic cases); sulfasalazine and hydroxychloroquine can be continued; TNF antagonists should be held 1 week prior to surgery and restarted 10-14 days after surgery. IL-1 antagonists should be held 1-2 days prior to surgery and restarted 10 days after surgery.