



MATTHEW A. BERNSTEIN, M.D.
ORTHOPEDIC HAND & UPPER EXTREMITY SURGEON

SHOULDER SURGERY PRE-OPERATIVE INFORMATION:

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KEEP a copy for future reference

- ❖ Anticoagulants: Do not take non-steroidal anti-inflammatory medications (NSAIDs), Vitamin E, or blood thinners of any kind preoperatively. Please discontinue these types of prescription and non-prescription medications after consulting with your internist or prescribing doctor to confirm that this is safe to do so. You should discontinue these medications starting at least 5 days prior to your surgery. Generally, you may restart any/all of these medications the day following surgery. There are exceptions that need to be discussed on a case by case basis if your internist will not allow you to come off of these medications. If there has been a repair of the rotator cuff or other soft tissue repair, it is safest to wait until the conclusion of week 3 following surgery to resume NSAIDs.
- ❖ Notify Dr. Bernstein if you think that you may be ill, are being treated for an infection (ex. Urinary tract infection, sinusitis, skin infection, pneumonia), or are otherwise sick as soon as possible PRIOR to your surgical date. General guidelines for elective surgery are to be well and off of antibiotics (because you are "healthy" now) for approximately one week prior to your elective procedure.
- ❖ All shoulder surgery patients **MUST** clean the shoulder area with **benzoyl peroxide wash** 2 days prior to surgery as well as the morning of surgery. This can be bought over the counter.
- ❖ Dr. Bernstein does not routinely order a cooling devise (ex. Polar Care, Game-ready, etc.) for you to use following your procedure. Most insurance plans do not cover these devices. If you would like for us to arrange for a vendor representative to contact you about whether or not you have benefits for this, please let my team know at least 2 business days prior to your surgery. If you do not have benefits that cover these devices, you may still opt to make arrangements for payment directly with these vendors, or a vendor of your choice. These devises will generally be delivered to your home, be sure to confirm arrangements for delivery directly with the specific vendor.
- ❖ Be prepared to sleep in a seated or semi-seated position with your feet elevated to the level of your thighs for at least the first 6 weeks after surgery.

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- ❖ There are risks and potential complications associated with all medications, anesthetics, and surgeries. These include but are not limited to: death, stroke, heart attack, anaphylaxis or allergic reactions, deep venous thrombosis or blood clots, potentially permanent lymphadenopathy (risk is less than 3% even with axillary lymph node dissection), damage to teeth, sore throat, vocal cord injury, fracture of bone, damage to articular cartilage or development of arthritis, loosening of or breakage of suture or hardware, bleeding, infection, neurovascular injury - injury to nerves and blood vessels which may be associated with potentially permanent numbness, tingling, weakness, loss of dexterity, pain, stiffness, regional pain syndromes, or even loss of limb. You may have temporary or incomplete relief of pain, progression of arthritis, recurrence of your condition, and even be worse with surgery than you would have been had you not undergone surgery. You may require additional surgeries to address the original condition or to address any complication encountered. There are times when the operative findings may reveal different or additional conditions than what was expected. These additional findings may alter the operation and the postoperative rehabilitation.
- ❖ Dr. Bernstein may photograph, video, or televise such portions of operations and/or procedures, including appropriate portions of the body for medical, scientific, or educational purposes. Your identity will not be revealed by pictures, video, or accompanying descriptive text without your specific consent.

POST-OPERATIVE INFORMATION:

YOUR OPERATION WAS PERFORMED BY ARTHROSCOPIC TECHNIQUE - VIEWING WITH AN ARTHROSCOPE (A SMALL VISUALIZING TELESCOPE) INSIDE OF YOUR JOINT OR UTILIZING TRADITIONAL OPEN SURGICAL TECHNIQUES AND INCISIONS.

YOUR OPERATION INCLUDED ONE OR MORE OF THE FOLLOWING:

- Diagnostic arthroscopy
- Examination under anesthesia and manipulation of stiff shoulder joint
- Debridement, repair, or transfer of torn and/or degenerative tissue, ligaments, and tendon
- Removal of inflamed joint lining
- Removal of spurs, loose pieces of cartilage, or osteoplasty (removal or re-shaping of bone)
- Removal of impinging bone and/or soft tissue structures
- Repair or reconstruction of fractures or ligament injuries about the shoulder
- Partial or total joint arthroplasty (replacement)
- Biopsy of abnormal tissues
- Nerve or vessel repair or reconstruction

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There may be one or more incisions and/or smaller puncture wounds about your shoulder. Staples or stitches are in place. Some leakage of fluid/blood may occur on the dressing. You may need to reinforce your dressing once in the first 24-48 hours; however excessive drainage or bleeding is not expected. If this is observed, contact our office, your physician, or an emergency room facility for examination and/or treatment.

The dressing is typically removed by Dr. Bernstein's team in the office on postoperative day two or three (**if you don't have an appointment for this dressing change, please call – usually these dressing changes are done on Saturday in the Hoffman/Schaumburg office for shoulder surgeries performed on Thursday**). The wounds will take approximately 48-72 hours to seal over and if possible, leave your original operative dressing in place for that period of time.

After your first dressing change, the area may be rinsed in the shower if Dr. Bernstein has authorized you to remove your immobilizer or sling. Take a quick shower (no long soaks); wash your hair and body as per your usual with mild soaps and shampoos. Allow warm soapy water to rinse over the surgical sites and then pat them dry with a clean towel or washcloth. After your shower, re-apply dressings with appropriate size band aids or a mesh (see-through) surgical gauze and tape (silk or paper tape usually). **NO TUB BATH OR SWIMMING POOLS OR SUBMERGING THE WOUNDS UNTIL THE DAY AFTER THE SUTURE OR STAPLES ARE REMOVED AND YOUR DOCTOR INDICATES THAT IT IS SAFE TO DO SO.**

As an alternative, you may remove your own dressings on postoperative day three and apply an appropriately sized band aid or gauze dressing, as above, to each of the portals or surgical incisions. If you use band aids, change them two to three times per day until the staples or sutures are removed. The skin wounds will generally be healed by 10-14 days and the staples or suture will be removed at that time. Do not apply ointments unless specifically instructed to do so by Dr. Bernstein.

Healing on the inside, where the surgery was performed, will take weeks to months depending on the specifics of your condition and surgical treatment. At 2 years postop, your scars and scar tissue and recovery otherwise are unlikely to mature or otherwise improve further.

Your arm has likely been placed into a shoulder immobilizer or sling for your protection and comfort.

***If your immobilizer has a triangular shaped wedge or pillow and a strap around your body, then you have a neutral rotation immobilizer. The wedge or pillow should rest between your forearm and your abdomen keeping your hand off of your belly** and in a "neutral rotation" relative to the shoulder joint and scapula. At times this triangular shaped pillow - or "neutral rotation wedge" - will rotate out of position in the recovery room or while you sleep. In this case, you should reposition the "neutral rotation wedge" pillow so that your elbow rests at your side (roughly at the level of the front of your hip bone) with the wedge between your forearm and your abdomen, (not beneath your forearm between your forearm and thigh).

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- **If you have a smart phone or digital camera, please take pictures of yourself in your immobilizer so that you can adjust it as necessary, it is not intuitive.
- ***If you have any questions about positioning of your immobilizer, please call us. You should adjust the immobilizer/sling as necessary to ensure comfort.

During the first 6 weeks postop, if/when you are allowed out of the sling/immobilizer your hand should be held in a palm up position (like you are holding a bowl of soup), with your elbow resting at your side and your hand visibly in front of your chest off of your abdomen. If Dr. Bernstein has authorized you to remove your immobilizer/sling, then the immobilizer may be removed for showers or dressing, with care to maintain the arm relaxed and your elbow at your side in the position as just described.

**** Pictures on last page****

General guidelines for duration of use of the immobilizer: 6 weeks immobilizer, then sling for 6 weeks if any sort of "repair" was performed. If no "repair" was performed, you may be in an arm sling for 4-6 weeks and this may be removed frequently throughout the day for home exercises.

Regardless of which type of sling/immobilizer you are in, please move your fingers, wrist, and (sometimes also the elbow – you will receive instruction from the therapists or Dr. Bernstein) frequently through a full arc of motion to minimize peripheral swelling. If you are experiencing swelling, you should come into the office to receive tub grip compression wrap to help minimize your swelling. Excessive swelling and escalating pain may represent a more significant problem and Dr. Bernstein may want to obtain an ultrasound to evaluate this further for things like blood clots.

Sleep in a seated or semi-seated position with your feet elevated to the level of your thighs (if you are sleeping on a sofa or recliner, put your feet on an ottoman or leg rest). Options include placing a wedge or pillows behind your back in bed, recliners, sofas, or hospital beds.

Physical therapy will be necessary in the rehabilitation phase after surgery. Dr. Bernstein will either start therapy within 10 days, or at 6 weeks postop. Call for a physical therapy appointment to start within 10 days of your surgery if instructed that therapy will start early. Your doctor will provide a prescription to the BOS therapist directly. If you will be doing therapy elsewhere, please let Dr. Bernstein's team know so that they can forward a prescription directly to that facility.

CPM devise – Continuous Passive Motion (sometimes recommended. Most insurance companies no longer cover CPM's, **some insurance companies will pay for this devise, see below*****):

When your anesthetic "block" wears off (generally between 3 hours and 3 days following your surgery) you should begin using the CPM device, if applicable. This device is to be used for 2-6 hours per day for the first 3 weeks following surgery (occasionally in cases of severe preoperative stiffness this duration is increased to 6 weeks) in order to facilitate your recovery - decreases swelling and minimizes the degree of stiffness that occurs during the early postoperative period following shoulder surgery. The CPM is used to maintain or

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increase your comfortable arc of passive motion. Do not increase the arc of motion beyond what you are able to tolerate with minimal discomfort. Your pain should not increase dramatically. If you find that you are more swollen after use of the CPM, you may need to back off on either time or arc of motion or both. It is not typical to use the CPM for more than 3 weeks.

- *****Some insurance companies will not reimburse or pay for use of a CPM device, check with your insurance company for specific terms or conditions of your insurance. If your insurance company will not pay for the CPM, you may still opt to make separate arrangements with the CPM vendors.**
- **If your insurance company does not cover the CPM device and you do not agree to pay for it, then do not accept it into your home.**

PAIN:

On discharge, you should receive a prescription for pain medication if it hasn't already been e- prescribed or called in to your selected pharmacy. Usually, this will be an analgesic with Hydrocodone, Codeine, or Tramadol. Darvon products are no longer available. Please inform us of any known allergies. Narcotic medications may produce nausea, vomiting, and/or a fine skin rash, and constipation. Should you experience complications from pain medications, the medication should be discontinued, and you should contact our office for an alternative medication. The goal of the pain medication is to take the edge off of the pain, not to make it go away.

Your doctor may also provide you with a prescription for an anti-emetic in the event that your anesthesia, pain medicine, or antibiotic are causing vomiting. If you have had a reaction in the past to nausea medications, please inform your physician and do not take this medication. This medication does have a rare but potentially serious and permanent known complication – dystonia or a muscle spasm, most commonly of the neck muscles.

The application of an ice pack to the shoulder will decrease swelling and discomfort in the first 72 hours – 2 weeks. You may ice for up to 30 minutes per hour with ice packs, **ONLY WHILE AWAKE**, and never directly to the skin.

The anesthesiologists will offer you a regional anesthetic, a shot near the nerves at the base of the neck, that may help with pain during and after surgery for an average of ~12 hours, and as much as 3 days (rarely).

ANTIBIOTIC: 2-3 PILLS ONLY (Total of 24 hours of antibiotic coverage), unless specifically instructed by Dr. Bernstein. **DO NOT TAKE THIS PRESCRIPTION UNTIL AFTER (POSTOPERATIVE) SURGERY, YOU WILL RECEIVE INTRAVENOUS ANTIBIOTIC IMMEDIATELY PRIOR TO INCISION/SURGERY (PREOPERATIVELY).**

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You received an IV antibiotic at the time of surgery. You will receive a prescription for oral antibiotic for after surgery, to be taken 3-6 hours after your last IV dose during surgery on the day of surgery to diminish likelihood of infection. The doctor will provide you written instructions on when to start taking the antibiotic medication after surgery. Let us know if you are allergic, or sensitive to the antibiotic that has been prescribed.

If you were on an antibiotic preoperatively, please continue taking that antibiotic postoperatively until it is all gone (generally no more than 14 days) unless otherwise instructed by Dr. Bernstein. If this issue was not clarified, please call the office for clarification.

PRECAUTIONS:

Early post-operative problems could be manifested by unusual and escalating pain unrelieved by prescriptions, temperature elevation (101.5° or above), or progressive swelling/bleeding. These are uncommon, but if presented, you should seek urgent consultation at our office, with your own physician, or even an emergency room in some instances.

- ❖ DO NOT DRIVE: THE DAY OF SURGERY, IF YOUR ARE INTOXICATED (WITHIN 6 HOURS OF TAKING A NARCOTIC), OR IF YOU DO NOT FEEL THAT YOU CAN SAFELY OPERATE YOUR VEHICLE IN A MANNER THAT WOULD ALLOW YOU TO HANDLE A DRIVING EMERGENCY.
- ❖ DO NOT TRAVEL DURING THE 2 WEEKS FOLLOWING YOUR SURGERY
- ❖ DO NOT APPLY OINTMENTS OR LOTIONS TO YOUR SURGICAL SITES UNTIL AFTER ALL
- ❖ SUTURES/STAPLES/STERI-STRIPS HAVE BEEN REMOVED, unless specifically instructed to do so by Dr. Bernstein
- ❖ CPM DEVICE DOES NOT NEED TO EXCEED 90-100 DEGREES.

SCAR CARE:

Starting 2-3 weeks after surgery, assuming the incisions are healed, you will be asked to massage your scars many times throughout the day (During the first 6 weeks - only the ones that you can get to without twisting your shoulder only, if someone else can do the other ones, great) for 20-30 seconds at a time with a lotion that contains sun screen, vitamin E, and/or aloe (SPF to protect from the UV radiation of the sun. Get in the habit of using a lotion with sunscreen so that when you are in the sun you are not caught without it. For at least 2 years, your scars will continue to mature and be more sensitive to the sun than the rest of your otherwise normal skin). I have no one brand that I recommend, though I do have a list that you may receive after staple removal. Go to the sunscreen section/lotion section of your local pharmacy and look at the ingredients on the different lotion and sunscreen products. You may select a sunscreen with vitamin E and/or Aloe, or a hand lotion that contains sunscreen in it and vitamin E and/or Aloe.

ANESTHESIA INSTRUCTIONS

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1. A responsible adult should be aware of instructions, accompany, and drive patient home.
2. Anesthetic may make you feel tired for several days.
3. Do not drive the day of your surgery or if taking pain medicine.
4. Prior to driving YOU must be confident that you can drive safely, and not be taking narcotic or narcotic-like pain medicines.
5. You may experience a sore throat and dryness in your mouth.
6. Muscle soreness may occur.
7. Be aware of dizziness and take extra time transitioning from laying to sitting, and from sitting to standing.
8. Do not drink alcoholic beverage for 24 hours after your surgery, or if taking any anti- inflammatory or narcotic pain medications.
9. Do not make any critical decisions on the day of surgery.
10. The anesthesiologists will offer you a regional anesthetic (which is routine for shoulder surgeries). This is a shot near the nerves at the base of the neck, that may help with pain during and after surgery for an average of ~12 hours, and as much as 3 days (rarely).

Clinical Assistant to Dr. Bernstein
Rachel Pioch, MS, ATC
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(Please do not leave time sensitive, urgent messages on this extension)

- Typically, Dr. Bernstein’s clinical team will call to check on you a few days after your surgery.
- If not already scheduled, or to confirm appointment (if necessary) time and location, please call now about your post-operative wound check and dressing change for postoperative day 2-3.
 - For Thursday cases, your visit will be a walk in appointment in our IOC at the Schaumburg office, with one of Dr. Bernstein’s clinical assistants
 - For Monday and Friday cases, your visit will typically be with Katie Pope, PAC or one of Dr. Bernstein’s other clinical assistants for your first dressing change.
- Your second postoperative visit will typically be scheduled with Katie Pope, PAC. If not done preoperatively, please call to schedule your follow-up/suture or staple removal/postoperative examination between 10-14 days with Dr. Bernstein’s team.
- Most patients will start Physical Therapy (PT) within a week of their surgery, 2-3 times per week. Some patients will not start formal PT until 6 weeks postop.

Thank you,

Barrington Orthopedics Specialists

ALTHOUGH THIS IS A POST OPERATIVE FORM, IT IS NOT SPECIFIC FOR YOUR CONDITION UNLESS OTHERWISE NOTED IN WRITING. Reviewed and Revised: August 20, 2020



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