



Shoulder – Surgical Information

This information pamphlet has been designed to give you a basic understanding of the considerations that need to be made when preparing for surgery. Please keep in mind that this material is a reference guide only and your preparation and recovery may differ from that described.

PREPARING FOR YOUR PROCEDURE

If you decide to go ahead with surgery, you will need to learn what to expect from the surgery. Preparing mentally and physically for surgery is an important step toward a successful result. Understanding the process and your role in it will help with your recovery and you will reduce the chance of having any problems.

WORKING WITH YOUR SURGEON, YOUR GP & YOUR ANAESTHETIST

Before surgery, your doctors will assess your medical condition to make sure you don't have any issues that could interfere with the anaesthetic, the surgery or your outcomes. Routine tests, such as blood tests, an ECG and x-rays, are often performed before any major surgery.

HELPFUL CHECKLIST

Blood Loss During Surgery

Some blood loss during surgery is inevitable and is expected. Sometimes the loss of blood can be large and fluid or blood replacement may be required. Fortunately, this is extremely rare in upper limb surgery. Discuss with your doctors the options for preparing for potential blood loss, prior to surgery.

Blood Thinning Medication

Common blood-thinning medications such as aspirin, non-steroidal anti-inflammatory drugs (NSAIDs), warfarin and clopidogrel should be stopped 7 days prior to elective surgery to decrease the expected blood loss.

Please advise your surgeon if you are taking any of these medications. Your surgeon will advise accordingly if any of these medications should be stopped.

Daily Activities

You will be able to resume most activities; however, you should avoid activities that place excessive stress on the operated area. Remove any floor rugs that could cause you to slip. Assistive Shoulder & Upper Limb Surgery devices such as a long-handled shoehorn, a long-handled sponge, and a grabbing tool can be used to prevent over bending.

Daily Activities

You may require prolonged bed rest or limb elevation after your surgery. Arrange for someone to help out with everyday tasks like cooking, shopping and laundry. Put items that you use often within easy reach before surgery so you will not have to reach and bend as often. Remove all loose carpets and tape down electrical cords to avoid falls. Make sure you have a stable chair with a firm seat cushion, a firm back and two arms. It is recommended to go shopping and consider stocking up your fridge in anticipation of your recovery, as you may not be able to drive immediately following your surgery.

Diet

Eat a well-balanced diet, supplemented by a daily multivitamin containing iron. No food should be consumed within 6 hours of an anaesthetic. No water should be consumed within 4 hours of an anaesthetic.

Driving

A safe return to driving depends on the procedure you have had, your ability to drive and your recommended rehabilitation. Your suitability to drive after your procedure is discussed in detail at www.asulc.com.au/driving/



Fasting

It is not safe to have food within 6 hours of an operation; water can be consumed up to 4 hours before your operation. E.g, if your operation is scheduled for the morning – you should not have anything to eat after midnight, or any plain water after 4:00am. If your surgery is scheduled for the afternoon (starting at midday), you can have an early breakfast at 6:00am and plain water up until 8:00am.

Infections

Report any infections to your GP and to your surgeon. Surgery cannot be performed until all infections have been treated appropriately. If an infection is suspected, antibiotics should be withheld until a specimen has been sent for analysis. If you have any tooth, gum, bladder or bowel problems, have these treated before your procedure to reduce the risk of an infection later. If you have concerns, please contact Dr James McLean as soon as possible.

Medications

Some medications interact with other medications prescribed doing surgery such as antibiotics and pain relief. Other medications can increase the expected blood loss or interfere with wound healing. Discuss any medications you are taking with your doctors to see which ones you should stop taking before surgery. Methotrexate should be stopped 7 days prior to surgery.

Skin

All surgery requires a cut (or cuts) through the skin. Any breach in the skin has a small risk of infection until the wound

has healed. Some skin conditions or ulcerations around the surgical site can increase the risk of infection.

Smoking

Smoking interferes with wound and bone healing. Cutting down will reduce your surgical risks and likely improve your outcome.

Weight

Being underweight can affect your body's response to the anaesthetic, wound healing and the stress of surgery. Similarly, if you are overweight, losing weight before surgery will help decrease the stress placed on your body during the procedure and reduce the force through your joints during your rehabilitation. Patients with a BMI greater than 35 have an increased risk of complications including infection, wound breakdown, implant failure and revision surgery.

Work

Confirm with Dr James McLean and your employer how long you plan to take off work. After a procedure, a minimum of 2 weeks off work can be expected to recover from the anaesthetic and to protect the healing wounds. Longer periods may be expected if your work site has potential hazards, or if your employer requires "a full work clearance" before returning to full duties. To avoid disappointment, find out whether your employer is happy for you to return to work at modified duties or whether they require a "full work clearance". NB. It is important that you discuss this with your employer prior to surgery to avoid disappointment.

PREPARING FOR DAY SURGERY

Driving

Have someone available to take you home – you will not be able to drive for at least 24 hours. A safe return to driving depends on the procedure you have had, your ability to drive and your recommended rehabilitation. It may be recommended by your surgeon that you do not operate a motor vehicle for an extended period of time ie. 2 – 10 weeks post surgery. Your suitability to drive after your procedure is discussed in detail at: www.asulc.com.au/driving/

Nausea & Vomiting

Do not drink or eat anything in the car on the trip home. The combination of anaesthesia, pain-relievers, food and car motion, can quite often cause nausea or vomiting. After arriving home, wait until you are hungry before trying to eat.

Begin with a light meal and try to avoid greasy food for the first 24 hours.

Pain Relief

Take your pain medicine as directed. Begin the pain medicine as you start getting uncomfortable, but before you are in severe pain. If you wait until your pain is severe before taking your medication, you will have more difficulty controlling the pain.

Swelling

If you had surgery on an extremity (elbow, wrist, hand, keep that extremity elevated and use ice indirectly (do not apply ice directly to the skin). Place ice in a wet towel onto the skin for no longer than 20 minutes at a time.

DO YOU STILL HAVE A QUESTION THAT HAS NOT BEEN ANSWERED WITHIN THIS DOCUMENT?

If so, it may be covered in one of our other publications: www.asulc.com.au/forms. Sometimes we may miss a question that is important to you. Please feel free to leave feedback so that we can improve our service to you and future patients.

This material has been produced as a reference guide only and should not be used in place of a consultation with a qualified medical practitioner. This information sheet is not intended for medicolegal purposes. The Adelaide Shoulder & Upper Limb Clinic is a group of independent Orthopaedic Specialists with a common vision and philosophy. Each Orthopaedic specialist is a separate legal entity from Adelaide Shoulder & Upper Limb Clinic.