(989) 583-7450

Garrett Kerns, D.O.

Specializing in:

 Sports Medicine
 Arthroscopic & Reconstructive Shoulder, Elbow, Knee and Hip Surgery

Discharge and Home Instructions Shoulder Surgery

following	g surgery was perfo	rmed:					
Arthrosc	□Acromioplasty	□ Dista	l clavicle excisio	n	s tenodesis/tenotomy		
Open:							
The following anesthesia was utilized: □ General □ Peripheral nerve block □ Local anesthetic							
nagemen	t after Anesthesia:						
Resume tolerated	regular diet, beginn I	ing with bland,					
Begin tak	king all your normal	medications th	at were taken p	rior to surgery, u	nless directed otherwise		
n Manage	ment:						
Anti- Narc Nerv Bloo	inflammatory: otic: e pain medication: d thinner:	□ Diclofenac□ Percocet□ Gabapentin□ Aspirin	□ Celebrex□ Norco□ Lyrica	□ Etodolac			
	Arthrosco Open: The follo Drink add Resume of tolerated Begin take Manage Ou have b Anti- Narc Nerv Blood	Arthroscopic: Rotator cuff	□ Other Open: □ Total shoulder replacement □ Fracture Repair □ Other The following anesthesia was utilized: □ Ge □ Loc nagement after Anesthesia: Drink adequate amounts of fluids Resume regular diet, beginning with bland, tolerated Begin taking all your normal medications the have been provided with the following provi	Arthroscopic: Rotator cuff repair	Arthroscopic: Rotator cuff repair		

- of pain aftersurgery. Begin taking these medications as directed the evening after surgery or as soon as you begin to feel pain, even if theperipheral nerve block or local anesthesia is still providing pain relief. You may begin to taper off the medications as your painallows.
- Apply ice to the operative site for 15-30 minutes every 2-4 hours for the first 72 hours after surgery. Do not apply ice directlyon the skin, as this may cause a burn.

Activity:

- Do not drive or perform strenuous activity for 24-48 hours after anesthesia.
- Sleeping tends to be more comfortable with the operative arm properly supported in the sling, sitting propped upright in bed orin a recliner chair with a pillow behind the operative arm. This position also allows for the placement of ice onto the shoulderthroughout the night.

Surgical Incision Management & Bathing:

- Keep the surgical dressing clean and dry. You may remove it after 48-72 hours. If the incisions are dry, they may stay opento the air and do not need to be covered, except for bathing.
- It is normal for dressings to become lightly saturated after surgery in the first 24-72 hours. You may reinforce with additionalgauze dressing and tape. Notify Dr. Kerns' office if the dressings continue to be heavily saturated even with reinforcement.
- Remove the sling when bathing and keep your arm resting at your side. Keep the dressings and incisions dry
 when bathingby covering with plastic wrap and securing with tape, or by covering with some other water
 proof dressing. Keeping theincision dry is also best facilitated by either taking sponge baths or using a
 removable shower head directed away from thesurgical site. This must be continued until your first follow-up
 appointment with Dr. Kerns and removal of sutures or staples.

Sling:

- You have been discharged with an abduction pillow sling supporting the operative arm.
- Use of the sling is dependent upon the surgical procedure performed and you should follow the following guidelines:
 - Your sling is provided simply for comfort. It may be removed as soon as it is comfortable to do so over the next 1-3days. You may perform light activities as tolerated with the operative extremity.
 - Your sling is protecting the surgical repair and must stay in place at all times during the day and night, except for bathing and performing exercises at home or with your physical therapist. Do not use the operative extremity for any activities

Physical Therapy:

- Appropriate physical therapy is critical to the success of your surgery and recovery and you should follow the followingguidelines:
 - Begin physical therapy in 2-3 business days after surgery at designated facility. Take the attached
 physical therapyprescription with you to the physical therapist. It contains all the instructions for your
 therapist. If you have not beenscheduled for physical therapy previously, ask Dr. Kerns' staff for
 assistance to schedule this appointment when calling theoffice to schedule your follow-up
 appointment with Dr. Kerns.
 - Perform home exercises as instructed prior to surgery or by the physical therapist 1-2 times per day. You may remove the sling for exercises and replace after your exercises are completed. Outpatient physical therapy will be discussed and scheduled at your first follow-up appointment with Dr. Kerns.

Concerns:

- Contact Dr. Kerns Office at (989) 583-7450 if you experience any of the following:
 - Fever greater than 101.5 or chills
 - Excessive redness or drainage from the incisions
 - Pain, numbness, or tingling that is worsening and not managed with ice and medications

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•	Call the office at (989) 583-7450 to schedule a follow-up appointment							
	For: □ 1-3 days	□ 7-10 days	□ 10-14 days					