



P: (843) 353-3460 | F: (843) 353-3461

## Scapular Capsular Release – Lysis of Adhesions Postoperative Instructions

### Diet

- Begin with clear liquids and light foods (Jell-O, soups, etc.)
- Progress to your normal diet if you are not nauseated.

### Wound Care

- Maintain your operative dressing, loosen bandage if swelling of the hand occurs
- It is normal for the shoulder to bleed and swell following surgery. If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply band-aids or a clean dressing over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning the day after surgery.
- You can get your wound wet in the shower on the 2nd post-operative day. NO soaking or immersion of operative site.

### Medications

- Local anesthetics are injected into the wound and shoulder joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- Primary Medication = (Oxycodone)
  - Take 1 – 2 tablets every 4 – 6 hours as needed
  - Max of 12 pills per day
  - Plan on using it for 2 to 5 days, depending on level of pain
  - Ondansetron (Zofran) take as needed for nausea
  - Docusate sodium (Colace) as needed for constipation
- Meloxicam two times a day for 2 weeks
- Tylenol 1000mg three times a day for two weeks
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication or while in sling

## Activity

- You are to wear the sling placed at surgery for 1-2 days for comfort..
- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed the arm should remain in the sling at all times.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician, it is illegal to drive in a sling
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

## Immobilizer (if prescribed)

- Your sling is to be worn 1-2 days following surgery for comfort
- After 2-3 days wean out of sling and begin moving shoulder to regain range of motion

## Ice Therapy

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice packs (if machine not prescribed) for 45 minutes every 2 hours daily until your first post-operative visit. Care should be taken with icing to avoid frostbite to the skin.

## Exercise

- Begin exercises (pendulums and active bicep flexion without resistance) 24 hours after surgery unless otherwise instructed.
- While maintaining your elbow by the side, begin elbow, hand, and wrist exercises immediately.
- Formal physical therapy (PT) typically begins immediately after surgery. A script will be sent to the location of your physical therapy to being 5 days a week for the first 2 weeks, then you will transition to 3x's a week for an additional 4 weeks
- It is imperative you attend physical therapy regularly and work on the exercises at home along with the CPM machine to maintain the range of motion gained at the time of surgery

## Emergencies

- Contact Dr. Gehrman or his clinical assistant at (843) 353-3460 if any of the following are present:
  - Painful swelling or numbness
  - Unrelenting pain
  - Fever (over 101°F - it is normal to have a low grade fever for the first day or two following surgery) or chills
  - Redness around incisions
  - Color change in wrist or hand

- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- \*\*If you have an emergency after office hours or on the weekend, contact the same office number 843-353-3460 and you will be connected to our page service – they will contact Dr. Gehrman or one of his colleagues if he is unavailable. Do NOT call the hospital or surgical center.
- \*\*If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

### Follow Up Care + Questions

- A member of Dr. Gehrman's team will call you 24 to 48 hours after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 843-353-3460.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (843-353-3460) and ask for appointment scheduling.
- The first post-operative appointment will be with myself or one of the Physician Assistants. They will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.

## SHOULDER CAPSULAR RELEASE/ LYSIS OF ADHESIONS PROTOCOL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery \_\_\_\_\_

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

### Weeks 0-4:

- Stop sling use within 3 days
- Focus on ER at 0° immediately
- Progress full pain-free ROM arc A/AA/PROM - no limitations, focus on IR and ER at 90° abduction in supine position.
- Work on FF and ABD with stabilization of the scapula.

### Weeks 4-6:

- Begin Rotator Cuff and Scapular Stabilization strengthening, begin at 0° and progress to 45° / 90° as tolerated in Pain Free Arc.

### Months 3-12:

- Begin resisted IR/BE (isometrics / bands); isometric > light bands > weights
- Advance strengthening as tolerated; 10 reps / 1 set per exercise for rotator cuff, deltoid, and scapular stabilizers
- Increase ROM to full with passive stretching at end ranges
- Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks.

### Comments:

Functional Capacity Evaluation  Work Hardening/Work Conditioning  Teach HEP

### Modalities:

Electric Stimulation  Ultrasound  Iontophoresis  Phonophoresis  TENS  Heat before/after  Ice before/after  Trigger points massage  Therapist's discretion  
 Other \_\_\_\_\_