



SLAP Repair

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days.
 - You may use it 20 minutes on, 20 minutes off, as often as you wish.
 - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain** – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as step-down medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

Activity

- Please keep the shoulder immobilized in the sling at all times until otherwise directed.
 - You can expect to need the sling for at least 4 weeks.
- Wear the sling while sleeping. You may find sleeping in a recliner to be more comfortable for the first month.
- You may remove the sling several times per day to perform range of motion with your elbow and wrist to avoid stiffness.
 - Keep your elbow close to your body as you flex and extend it.
 - Do not lift your arm in front of you or away from your side—this will damage your repaired rotator cuff.
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
 - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins 4 weeks after surgery.
 - Please call your insurance company for a list of facilities in your area and choose one by the time you come to your 1 month post-op appointment.
- Driving – At a minimum, no driving until you have stopped taking the narcotic.
 - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.
- **IMPORTANT: If you had a biceps tenodesis, do not twist your wrist and forearm (ie, opening a jar, turning a doorknob). These motions may injure your biceps tendon.**

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Wound Care

- Your incisions are covered by several absorbent pads secured with foam tape. Please leave this in place until your first post-op visit.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- No showering until after your first post-op visit.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Recovery milestones:

PT will be 3x per week, starting one month after your surgery. Once you begin PT, you must do the exercises **daily**.

Overview:

- Week 1 – Perform hand, wrist, elbow ROM to prevent stiffness
- Week 2 – Begin pendulum swings, circumduction exercises
- Week 4 – Discontinue sling
- Week 10 – Begin sport-specific exercise program
- Week 16 – Begin interval throwing program for throwing athletes

Physical Therapy Protocol

PHASE I – WEEKS 0-2

Precautions: Sling immobilization at all times;

Exercises:

- Gentle elbow, wrist and hand exercises started the day after surgery and continued throughout rehab period

PHASE II – WEEKS 2-4

Precautions: Continue sling immobilization

Exercises:

- Codman circumduction exercises;
- Gentle PROM within pain-free range
 - Avoid ER beyond neutral and extension of arm behind body

PHASE III – WEEKS 4-10

Precautions: Discontinue sling

Exercises:

- Progressive PROM to full, as tolerated in all planes;
- Begin:
 - Passive Posterior capsular and internal rotation stretching
 - Passive and manual scapulothoracic mobility program
 - ER in abduction exercises
 - Protected biceps, rotator cuff and scapular stabilizer strengthening;
- Allow use of operative extremity for light activities of daily living.

PHASE IV – WEEKS 10-16

Exercises:

- Begin biceps, rotator cuff and scapular stabilizer resistance exercises
- Introduce sport-specific exercise program.

PHASE V – WEEKS 16-24

Exercises:

- Begin interval-throwing program on level surface
- Continue stretching and strengthening programs with special emphasis on posterior capsular stretching

PHASE VI – WEEKS 24-28

Exercises

- Begin throwing from the mound.

PHASE VII – AFTER WEEK 28

Exercises:

- Allow full velocity throwing from the mound
- Continue strengthening and posterior capsular stretching indefinitely
 - Since occult posterior capsular tightness had a significant role in the original S.L.A.P. Lesion, stretching this area will limit the chances of recurrence.