

SUBACROMIAL DECOMPRESSION

Your Instructions After Surgery

With or without distal clavicle excision. Also used for arthroscopy without a repair, such as partial rotator cuff debridement.



SCAN FOR THE
ONLINE VERSION



Stanford
MEDICINE



Medications

MEDICATION	WHAT IT IS FOR	HOW TO TAKE IT
Acetaminophen (Tylenol)	Baseline pain control	1,000 mg every 8 hours , on a schedule. No more than 3,000 mg in 24 hours.
Oxycodone 5 mg	Breakthrough pain not managed by other medications. Most people need it for the first few days to week after surgery.	1 to 2 tablets as needed every 4 to 6 hours.
Ondansetron (Zofran)	Nausea	As needed, as directed on the label.
Docusate (Colace)	Stool softener	Take while you are taking oxycodone, as directed on the label.
Aspirin	Blood clot prevention	As directed for 2 weeks , starting the morning after surgery.
Anti-inflammatory	Pain and swelling	May be an option for some patients. Take one only if Dr. Tummala recommends it and you can tolerate it.

Your medications may vary slightly from this list based on your current medications and health history. Any changes will be reviewed with you before surgery.

Example of a day in the first week

TIME	ACETAMINOPHEN	OXYCODONE
8 am	1,000 mg	Take 1 to 2 tablets as needed every 4 to 6 hours
4 pm	1,000 mg	
12 am	1,000 mg	

- **Acetaminophen is the base of your pain control.** Oxycodone is only for pain that breaks through.
- Tell us if you have a history of stomach ulcers, GI bleeding, kidney problems, or an NSAID allergy.
- Do not drive or drink alcohol while taking oxycodone.
- All medications are sent to your pharmacy. Pick them up before your surgery date or after surgery.
- If you had a **nerve block**, your arm will feel heavy and numb for many hours, sometimes more than a day. **Start your pain medication before the numbing wears off**, because it usually goes from numb to painful quickly.



Sling

- The sling is for comfort. Wear it for the **first 1 to 2 weeks**.
- After that, wear it **only when sleeping, if you need it**. Stop using it completely by **4 weeks**.
- Take it off for your exercises and bathing. You may use your hand and wrist freely.



Dressing and Showering

Your incision care at a glance

Days 0 to 3

Keep the dressing **on and dry**. **No showering**; sponge bathe.

Day 3

Remove the dressing and **shower**. Put **clean, dry gauze** back on; change daily or when wet.

Day 5

Leave the incisions **open to air** if they are dry.

4 to 6 weeks

Once fully healed, you may **soak** in a bath, pool, or hot tub.

- Under the dressing you may see some old blood and small white strips (steri-strips) over the incisions. Leave the steri-strips in place.
- When you shower, let soapy water run over the incisions. Do not scrub, and pat them dry afterward.
- To wash under the arm, lean forward at the waist and let the arm hang down in front of you. Do not lean to the side. A washcloth under the arm can make it more comfortable.
- Clean around the incisions with a clean washcloth and soap and water only. Do not put alcohol, lotion, ointment, or Neosporin on the incisions.
- Some blood-tinged or clear drainage is normal. If you see thick, yellow, pus-like drainage, send us a photo through the patient portal.



Icing

- Ice at least **4 times a day for 20 minutes at a time**, especially for the **first 3 days**. Many patients continue beyond that if they find it helpful.
- Always keep a towel or cloth between the ice and your skin.
- Cold therapy unit: use as directed. If yours has compression, you may start the compression setting the day after surgery as pain allows.



Physical Therapy

- Formal therapy begins **within the first few days after surgery**. Do your home exercises until then, then follow your therapist's program.
- You may go to any therapy clinic that is convenient for you. Book prior to surgery or as early as possible, and call to confirm your appointment.
- Bring the therapy protocol for your therapist.



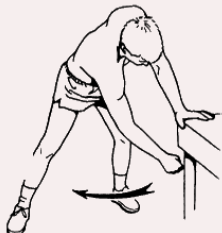
Motions to Avoid

- No lifting, pushing, or pulling against resistance with the operated arm for the **first 4 weeks**.
- Do not raise the arm out to the side while turning it, such as reaching behind your head, for the **first 4 to 8 weeks**. Your therapist will tell you when to start.
- If you had a distal clavicle excision, do not reach across your body for **8 weeks**.



Home Exercises

- Start moving the shoulder the **day after surgery**. The exercises below are an easy way to begin. Do them **3 to 4 times a day, for 5 to 10 minutes** each session.
- Do these **until your first therapy visit**. Once therapy starts, stop these and do the exercises your therapist gives you.

EXERCISE	PICTURE	HOW TO DO IT
Pendulum circles		Lean forward and rest your good hand on a table. Let the operated arm hang straight down, relaxed. Rock your body weight in a circular pattern so the arm swings in a circle clockwise, then counterclockwise. Your body moves the arm; the shoulder muscles stay relaxed.
Pendulum side to side		In the same position, gently rock your body weight from side to side and let the arm swing freely.
Elbow bending and straightening		Sit with the arm supported at your side. With the palm up, then down, then thumb up, gently bend the elbow as far as you can, then straighten it as far as you can. Keep the shoulder still.
Wrist bending		Actively bend the wrist forward, then backward, as far as you can.
Hand and grip	Open and close the fingers fully. Squeeze a soft ball or rolled washcloth.	

- **Advance as tolerated.** There is no repair to protect, so you may move the shoulder more as comfort allows, within the limits under Motions to Avoid.
- Avoid any motion that causes a significant increase in pain.
- You may use your hand and wrist freely.



Sleep and Activity

- Sleep in a recliner or in bed with the arm supported on pillows. Alternate sitting, reclining, and lying down as you can tolerate.
- Return to your usual activities as tolerated, within the limits under Motions to Avoid.



- ## Work

- ## Follow-Up

- ## When to Call

- This handout is for education only and does not replace medical advice. Always follow the instructions Dr. Tummala and the care team give you for your specific situation.*

PAGE 4 OF 4