



3905 Waring Road T: (760)-724-9000
Oceanside, CA 92056 F: (760)-724-3686

Dr. Stark's Shoulder Arthroscopy Discharge Instructions

1. DIET: Resume normal diet gradually. We recommend you start with liquids and soft foods and progress to your normal diet as tolerated. Avoid greasy, spicy food today.
2. PAIN CONTROL: Use prescribed pain medication as ordered. Eat prior to taking pain medication; to avoid constipation, drink plenty of liquids and take a stool softener or fiber product. You may use Tylenol or Ibuprofen for LESS severe pain.
3. ACTIVITY: Rest today and increase activity tomorrow.
4. TO AID HEALING AND COMFORT:
 - a. Ice to Surgical Site
 - b. Move fingers frequently, making a full fist and extending fingers
5. SURGICAL SITE CARE:
 - a. Do not shower for 3 days
 - b. Shower in 3 days with dressing in place. Remove and discard bandages, dry incisions, and cover incisions with band-aids.
6. SLING:
 - a. Keep sling and abduction pillow in place at all times except showers and when performing exercises.
 - b. You need to sleep in the sling; you may find it more comfortable to sleep propped up at a 45 degree angle or in a lounge chair.
7. EXERCICES:
 - a. ROTATOR CUFF AND INSTABILITY REPAIRS: Begin exercises first post-op day (See attached exercise sheet).
 - b. IMPINGEMENT/STIFFNESS: Begin supine ACTIVE forward elevation of arm on first post-op day. If too painful, work on PASSIVE exercises.
8. THERAPY:
 - a. ROTATOR CUFF AND INSTABILITY REPAIRS: Formal physical therapy will begin approximately 4 weeks post-op.
 - b. IMPINGEMENT/STIFFNESS: Begin therapy within 3-7 days post-op
9. FOLLOW –UP:
 - a. With Dr. Stark in 7-10 days. Call for appt 760-724-9000
10. Have a responsible adult remain with you after discharge for 24 hours.
11. Do not drive a motor vehicle, operate dangerous equipment, make any important legal decisions, or drink alcoholic beverages for 24 hours after anesthesia or while you are still taking prescription pain medications.

PRECAUTIONS: Call Dr. Stark (760-724-9000) promptly in case of:

1. Persistent Bleeding
2. Chills or fever over 101 degrees
3. Nausea or Vomiting lasting more than 24 hours
4. Pus draining from surgical site
5. Pain unrelieved by pain medication
6. FOR DIFFICULTY BREATHING, CALL 911.

I understand these instructions and have received a copy of them:

Responsible Party _____ Date/Time _____

RN _____ Date/Time _____ Dr. Stark Signature _____ Date/Time _____