



DISCHARGE INSTRUCTIONS FOR BANKHART REPAIR SURGERY

Following shoulder surgery there are a few things that will aid in your recovery.

1. May keep a pillow under the elbow to support the operative shoulder. Keep ice or cold therapy on the operative shoulder as much as you can tolerate. The coldness will help with swelling and also help with discomfort. Never put ice directly on the skin.
2. A sling will be ordered for you to wear post-op. You need to take your arm out of the sling at least 3-4 times a day. Bend at the elbow, wrist and fingers. This will alleviate any stiffness you may incur while in the sling.
3. If you have received a regional shoulder block, you must leave your sling on until told otherwise by your surgeon.
4. Keep dressings dry until removed. Remove dressings and pain pump (if applicable) 48 hours after surgery and shower. May reapply bandaids if needed.
5. Take your pain pills as prescribed, but remember, narcotics can make you sleepy, nauseated or constipated so take them with plenty of food and water. You may take a mild laxative or a stool softener, such as colace, as needed. You may take Ibuprofen 400-600mg every 4-6 hours as needed for pain. You may take the Ibuprofen in addition to taking the prescribed pain medication. No alcoholic beverages while taking pain medications.
6. May resume home medications as directed by physician. Diet as tolerated. No spicy or greasy foods recommended the day of surgery.
8. You have a follow up appointment scheduled with Dr. _____
on _____ at TALLGRASS or 29TH & URISH CLINIC
9. **CALL YOUR PHYSICIAN'S OFFICE AT 233-7491, IF YOU HAVE ANY OF THE FOLLOWING:**
 1. Pain not controlled with pain medication
 2. Fever of 101 for 2 consecutive days
 3. Nausea that does not subside after 24 hours after surgery
 4. Redness or drainage from incision sites
 5. Any questions or concerns.

WE STRONGLY SUGGEST A RESPONSIBLE ADULT REMAIN WITH YOU AT HOME TODAY AND TONIGHT FOR YOUR PROTECTION AND SAFETY. IF YOU HAVE ANY QUESTIONS, OR IF A PROBLEM DEVELOPS, PLEASE CALL YOUR PHYSICIAN IMMEDIATELY. IF YOU ARE UNABLE TO CONTACT YOUR PHYSICIAN AND YOU FEEL THIS IS AN URGENT SITUATION REQUIRING A PHYSICIAN'S ATTENTION, GO TO THE EMERGENCY ROOM CLOSEST TO YOU.

DESIGNATED CAREGIVER CONSENT

I WILL BE THE DESIGNATED DRIVER OF THIS PATIENT AFTER DISCHARGE FROM TALLGRASS SURGERY CENTER. I AM FULLY AWARE THIS PATIENT NEEDS CAREGIVING ATTENTION FOR THE FIRST 24 HOURS.

X _____
PATIENT/PATIENT FAMILY MEMBER

X _____
REGISTERED NURSE