



DISCHARGE INSTRUCTIONS FOR SHOULDER MANIPULATION SURGERY

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

1. 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 wear the sling at all times until the block has fully worn off. After the block has worn off, the sling is not necessary. Bend at the elbow, wrist and fingers. This will alleviate any stiffness you may incur while in the sling. You may also do shoulder shrugs several times per day, however, do not do shoulder rolls.
3. 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.
4. May resume home medications as directed by physician. Diet as tolerated. No spicy or greasy foods recommended the day of surgery.
5. You are to begin physical therapy on _____ at _____.
6. You have a follow up appointment scheduled with Dr. _____ on _____ at TALLGRASS or 29TH & URISH CLINIC
7. **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. 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