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SOTRS

St. George SportsMed
Orthopaedics and Sports Medicine

INFORMATION FOR PATIENTS UNDERGOING SURGERY

BEFORE SURGERY

PAPERWORK

You will be provided with an admission pack containing information about the relevant hospital. There will be paperwork to complete and return to the hospital.

OUTCOME SCORES

I ask the majority of my patients to fill out surveys about their shoulder or elbow. Although some of the questions can seem silly or repetitive, they are used throughout the world. It is very important that you fill out these surveys. They let us know how you are doing and how we are doing. The initial survey is done at the time of booking surgery and gives us something to compare to later.

PREADMISSION CLINIC

Depending on your general health you may need to attend the preadmission clinic.

MEDICATIONS

Most regular medications should be taken right up to and including the day of surgery.
However, some medications may need to be ceased some time prior to surgery.
Please discuss this with Dr Smith if you are unsure as to what you should do before your surgery.

ASPIRIN AND ANTI-INFLAMMATORY AGENTS

Cease 1 week preoperatively

LIPID LOWERING AGENTS

Cease 1 day preoperatively and resume when stable and eating a full diet

HRT AND ORAL CONTRACEPTIVES

In high risk surgery stop at least 4 weeks preop and during any period of postoperative immobility.

MAO INHIBITORS

Discuss with Anaesthetist

HERBAL PRODUCTS

Stop 2 weeks preoperatively

WARFARIN

Stop 5 days preoperatively after consultation with your GP and / or Specialist

CLOPIDOGREL / PLAVIX

stop 1 week preoperatively after consultation with your GP and / or specialist

DABIGATRAN (PRADAXA), APIXABAN (ELIQUIS) AND RIVAROXABAN (XARELTO)

Last dose 48 hours prior to surgery

ACE INHIBITORS

Please see ‘Day of Surgery’

SMOKING

Smoking increases the risks of the operation including those related to the anaesthetic and the surgery itself. It is advisable to stop at least 2 weeks before the date of your operation. It is also preferable that you are off nicotine replacement, such as patches, before the operation. If you feel you can give up but need more time, it may be advisable to postpone the surgery to give you a chance to do so. Please discuss this with your General Practitioner and Dr Smith.

RINGS AND JEWELLERY

Following surgery there may be some swelling of the arm or hand, so it is important to remove all rings on the arm to be operated prior to surgery. If you are unable to remove these rings yourself, it is advisable to ask a jeweller to remove them for you in advance of the operation. Rings that have not been removed before surgery may need to be cut off and this may cause damage to precious items.

SKIN CARE

You should take care in the two weeks before surgery to avoid scratches or wound in the area of the surgery. These or active infections elsewhere in the body may result in the procedure needing to be postponed due to the increased risk of postsurgical infections.

SPECIFIC ISSUES FOR ALL SHOULDER SURGERY

SKIN CREAM

The risk of wound infection may be reduced by applying 5% to 10% Benzoyl Peroxide to the shoulder for two days prior to the day of surgery. This is an inexpensive gel that you can buy at a pharmacy. One product is Clearasil Ultra Acne Treatment Cream which contains 5% benzoyl peroxide. After showering, apply the gel to the shoulder area for the 2-3 days before surgery.

SPECIFIC ISSUES FOR ROTATOR CUFF REPAIRS

VITAMIN D

Vitamin D is important to bone health and studies also suggest that Vitamin D deficiency can be associated with poor healing after rotator cuff repair. Many patients are Vitamin D deficient. I recommend that you take Vitamin D (800 IU) for a month prior and for at least 12 weeks following rotator cuff repair surgery.

ICE THERAPY

Ice after surgery is a very effective pain-relieving option that is free from side-effects.
Options for icing the shoulder include a bag of ice, a bag of peas, or a dedicated ice/ compression machine.
Many people find that the machine is most convenient, and the compression treatment has extra benefits. However, the machine may have an out-of-pocket expense. If you are interested in this type of device speak to Dr Smith's team at least a week before surgery

PREOPERATIVE CHECKLIST

AS SOON AS YOU CAN

Order ice machine if you wish.
Vitamin D (start one month prior - rotator cuff repair surgery only).
Stop smoking.

A WEEK BEFORE SURGERY

Make sure that you know what to do with your medication.
Admission documentation completed.
Get your scans together (x-rays, CT and MRI)

A FEW DAYS BEFORE SURGERY

Skin cream (Start 2-3 days pre-operatively before shoulder surgery).
Remove jewellery from affected side.

DAY OF SURGERY

EATING AND DRINKING

In almost all cases you will be asleep (under General Anaesthesia or GA) for the operation. Because of this, you should not eat or drink within 6 hours of the proposed surgery. You may have clear drinks (water or black tea) up to 2 hours before the proposed surgery. Any non-clear fluids such as milk or tea/coffee with milk and fruit juice etc. count as food and should be avoided for at least 6 hours before surgery.

MEDICATION

On the morning of your operation you should take your usual medications with a small sip of water or clear fluids (see above) unless otherwise directed.
Certain medications are best omitted such as ACE inhibitors (eg: Ramipril, Lisinopril and Captopril). If in doubt, please check with your anaesthetist.

WASHING AND BATHING

Take note of the instructions provided by the hospital. In general, you should bathe and wash your hair with plain unscented soap. Don't worry about using deodorants, powders or creams and avoid make up and nail polish.

RINGS AND JEWELLERY

Following surgery there may be some swelling of the arm or hand. Prior to surgery, any rings on the arm to be operated on will need to be removed. If you are unable to remove these rings yourself, it is advisable to ask a jeweller to remove them for you in advance of the operation. Rings that have not been removed before surgery may need to be cut off and this may cause damage to precious items.

WHERE AND WHEN TO ATTEND

Take note of the instructions provided by the hospital. If there is any doubt, please contact us.

WHAT TO BRING

Copies of x-rays and scans
Glasses, hearing aids etc
Physical aids, slings or braces provided preoperatively or that help you mobilise
Medicare/DVA pharmacy or safety net cards
Credit card (or other means of payment)
Private Health insurance card
All medications in their packaging

DR SMITH

Before the operation Dr Smith will see you and go over the operative plan again and confirm your consent for the operation. The side of the operation (left or right arm) will be checked with you and with the consent form. The site of the surgery will be marked with a pen. This is another chance to ask any remaining questions you may have. You will be asked many times to confirm your identity and the site of the surgery. This is normal procedure!

THE ANAESTHETIST

The anaesthetist will see you and discuss the anaesthetic and any blocks or injections that may be necessary

TRANSFER TO THEATRE

When it is time for your operation you will be taken to the Theatre Suite. You may be wheeled down in your bed or choose to walk. You will be taken to the Anaesthetic Room next to the Theatre. You may be anaesthetised in this room and taken through to the theatre once you are asleep or this may be done in the theatre itself.

AFTER THE OPERATION

You will wake up in the Recovery Room where a nurse will check on you until you are fully awake. You may eat and drink when you feel able. Once you are awake and comfortable you will be taken back to the ward.

GOING HOME OR STAYING IN OVERNIGHT

This depends on the procedure undertaken. If daycase surgery has been performed then once you are awake, comfortable, had something to eat and drink and the Nursing Staff are happy with your condition, you may go home. If an inpatient stay has been planned then you will be transferred to a ward. The length of stay depends on the complexity of the surgery and your general health, social circumstances and mobility.

HOW DID IT GO?

Dr Smith will explain the operation and results to you. Although you will be awake enough to hold a conversation and acknowledge the explanation, many people find they do not remember this. Do not worry as you should be given clear rehabilitation guidelines by your therapist and arrangements will be made for you to be seen again in the clinic where the explanation of the operation and findings can then be repeated and any questions answered. There are often intra-operative images or photos, particularly if you have had key-hole (arthroscopic) surgery and these will be explained to you.

AFTER SURGERY

LEAVING HOSPITAL

DISCHARGE TIME

If you have stayed overnight, discharge time is 10am.

PHYSIOTHERAPIST

You will usually be seen by a physiotherapist prior to discharge.
Exercises will be demonstrated to you and written information supplied.

PHARMACY

On the way out of the hospital please go to the pharmacy

i. Buy the following over the counter:

Paracetamol 500mg	100 TABS
Ibuprofen 200mg	30 TABS (if safe for you; as per the operation note)
Vitamin C 1000mg	14 DAY SUPPLY
Vitamin D 800 IU	3 MONTHS SUPPLY (if you had rotator cuff repair)

ii. You will also have received a prescription for Tapentadol

PAIN RELIEF

It is normal to be in some discomfort following an operation. This usually improves significantly over the first few days and then more gradually over the first few weeks.
We use multiple different types of pain relief
The combination of different things is important because it limits the side effects from any one of them.

LOCAL ANAESTHETIC (LA) AND BLOCKS

LA will be injected around the incision(s) at the end of the procedure. A nerve 'block' may also have been used at the start of the procedure. These will provide good pain relief for 6-24 hrs. If you have had a 'block' you may also have a numb, tingly or floppy arm. This can last up to 24 hours.

ICE

Ice after surgery is a very effective pain-relieving option that is free from side-effects.
While you are awake, ice the site of surgery for about 20 mins every 1 to 2 hours.
Even if you aren't having a lot of pain, this is a good idea for the first 2-3 days
Options for icing include a bag of ice, a bag of peas, or a dedicated ice/ compression machine.

EXERCISE

Gentle exercise is a good form of pain relief.
You will be shown simple and safe exercises prior to discharge
Do not push through the pain barrier. Do not force or stretch.
Only do what you are shown. Doing more now does not improve your outcome later.

VITAMIN C

Vitamin C can decrease pain after surgery and may prevent nerve related pain developing.

PAINKILLERS

PAINKILLING MEDICATIONS

Make sure you are using other forms of pain relief: Ice, Vitamin C and rehabilitation exercises.
Effective and safe use of painkillers is very important as they have significant side effects.
Painkillers should be taken regularly at first and then stepped down to 'as needed'.

PARACETAMOL (PANADOL)

A simple and safe painkiller that can be used in combination with other stronger medications.
Paracetamol decreases the number of stronger painkillers that are needed.
Do not stop taking paracetamol just because it does not take away all your pain.

NON-STEROIDAL ANTI-INFLAMMATORIES - NSAIDS (IBUPROFEN, MOBIC, CELEBREX)

These are effective painkillers that can be used in combination with other stronger medications.
Anti-inflammatories decrease the number of stronger painkillers that are needed.
Do not stop taking anti-inflammatories just because they do not take away all your pain.
NSAIDS modulate bone and soft tissue healing processes.
So we try to use them at specific times only.

i. We recommend 3 days of anti-inflammatories to help with the immediate pain post-operatively (if this is safe for you; as per the operation note).
ii. Then you should avoid NSAIDs from 3 days-6 weeks following surgery as they may interfere with healing
iii. Then you should use NSAIDS (if safe and tolerated) from 6-12 weeks if you have had tendon repair surgery as they may improve tendon remodelling.

TAPENTADOL

Is a strong painkiller that may cause some side effects and can be addictive.
The dose of Tapentadol is variable depending on age, weight and other factors.
They are supplied in 50mg tablets. Usually 50mg (one tablet) is sufficient.
If pain is severe a second tablet can be used.
We aim to decrease the dose and stop Tapentadol as soon as possible.

VITAMIN D

Vitamin D is important to bone health and studies also suggest that Vitamin D deficiency can be associated with poor healing after rotator cuff repair. Many patients are Vitamin D deficient. I recommend that you take Vitamin D (800 IU) for a month prior and for at least 12 weeks following rotator cuff repair surgery.

SUMMARY OF TABLETS TO BE TAKEN AFTER SURGERY

PHASE 1: THE FIRST 3 DAYS AFTER SURGERY

i. 2 x 500mg Paracetamol regularly every 6 hours (4 times per day)
   Take Paracetamol whether you are in pain or not.
ii. 2 x 200mg Ibuprofen regularly every 8 hours (3 times per day with food)
   Take Ibuprofen whether you are in pain or not.
   Only if safe for you. As per the operation note.
iii. Tapentadol (Palexia) 1 OR 2 tablets (50-100mg) every 4-6 hours as needed
   Most patients require Tapentadol during this time.
   Aim to take as little Tapentadol as possible.
iv. Vitamin C 1000mg once per day
v. Vitamin D 800 IU once per day if you have had a rotator cuff repair

PHASE 2: 3 DAYS TO AROUND 2 WEEKS AFTER SURGERY

i. 2x 500mg Paracetamol regularly every 6 hours whether you are in pain or not.
ii. Tapentadol (Palexia) 1 OR 2 tablets (50-100mg) if needed.
   Most patients only need to take Tapentadol at night-time.
   Some patients need to continue Tapentadol occasionally during the daytime as well.
   Aim to stop Tapentadol as soon as possible.
iii. Vitamin C 1000mg once per day.
   Stop after 2 weeks.
iv. Vitamin D 800 IU once per day if you have had a rotator cuff repair.

PHASE 3: PAINKILLERS (AROUND 2 WEEKS AFTER SURGERY)

i. 2 x 500mg Paracetamol at night-time if needed.
   Most people need night-time painkillers for 4-6 weeks.
   Some patients need to continue Panadol during the daytime as well.
ii. Vitamin D 800 IU once per day if you have had a rotator cuff repair.
   Stop after 3 months.

PHASE 4: TENDON REMODELLING PHASE (FROM 6 WEEKS TO 12 WEEKS AFTER SURGERY)

i. 2 x 200mg Ibuprofen regularly every 8 hours (3 times per day with food) if you have had a rotator cuff repair.
   Only if safe for you. As per the operation note.

WOUND CARE

It is common for there to be some blood-stained fluid come from your surgical wounds. This is particularly common after key-hole (arthroscopic) surgery. Your shoulder and elbow will be swollen from the fluid used to distend the joint. The retained fluid is absorbed over the first few days after surgery, but it is normal for some of this to leak out as a blood-stained fluid from the surgical scars. You will normally have a large absorbent dressing over the shoulder when you return from Theatre. This will be removed before you are discharged, and the splash-proof dressing changed if needed. You will be given spare dressings to take home with you. The wounds should be kept clean and dry for two weeks when they will usually be checked in the clinic.

WASHING AND BATHING:

The dressings used are typically splash proof but not waterproof. You will be able to shower, while attempting to keep the affected part of the arm out of the spray as much as possible. If the dressings do become wet, they will need to be changed as soon as possible. Your sling can be removed for showering and a disposable paper sling used instead. Alternatively, you can support the weight of the arm with the unaffected hand or letting the arm rest on your abdomen.

POST-OPERATIVE SWELLING:

Limitation of swelling is the most important thing you can do for yourself after the surgery.
After any operation on the shoulder or arm swelling will occur.
Ice therapy will help in the first 2 weeks.
If you have had elbow or wrist surgery, elevating the hand as much as possible will help whether you are standing sitting or lying down

BRUISING

After shoulder surgery it is common for the front of the shoulder (chest and biceps) to turn black and blue at about 3 to 5 days after surgery. The bruising may go down to the elbow as well. This is temporary and resolves within a couple of weeks.

SLEEP

Sleep is one of the most difficult things after shoulder surgery. Expect this to be a bit difficult for the first few weeks. Some people find it easiest to sleep in a reclining chair while others sleep in their normal bed. A pillow wedge can be useful for sleeping in bed.

SLING

The sling is one of the biggest annoyances following surgery but is important for your recovery.
The sling may be removed for showering.
OTHERWISE IT SHOULD BE WORN AT ALL OTHER TIMES UNTIL YOU ARE TOLD BY DR SMITH.
Further information is available in your rehabilitation sheets.

CLINIC FOLLOW-UP

You will be reviewed at one- or two-weeks post-surgery when the wounds will be reviewed.
If you do not already have an appointment made please ring the rooms and make a booking.

RECOVERY PHASE

CLINIC FOLLOW UP

Regular follow up visits are arranged until maximum recovery is reached.
This is usually 1-2 years after surgery.

OUTCOME SCORES

I ask the majority of my patients to fill out surveys about their shoulder or elbow. Although some of the questions can seem silly or repetitive, they are used throughout the world. It is very important that you fill out these surveys. They let us know how you are doing and how we are doing. They can be completed in clinic or more commonly you will fill out online. You will receive email reminders about these surveys.

REHABILITATION

You will be reviewed by the practice physiotherapist in the rooms at key time points when the rehabilitation guidelines change.
It is crucial that you follow the rehabilitation guidelines. Doing too much too soon could disrupt the surgery and effect your long-term outcome.
You may choose to see a physiotherapist regularly to supervise your rehabilitation.
Alternatively, some patients choose to follow our guidelines at home on their own.
Often the best 'bang for your buck' is to see a physiotherapist regularly between 3 months and 6 months after surgery.

DRIVING

There are no firm guidelines on return to driving. Rough estimates depending on the type of surgery are listed in the rehabilitation documents.
You should not drive within 24 hours of a general anaesthetic. You should not drive in a sling, cast or splint. You should not drive when taking pain medication which may affect your ability to drive (including codeine). You should be able to drive under normal circumstances AND also be able to perform emergency manoeuvres safely and without pain.

RETURN TO WORK

The required time off work will depend both on the nature of your work and the type of operation you have undergone. Please refer the specific information sheets about your surgery.

RETURN TO SPORTS

The required time off sports will depend on the surgery undertaken, the level of participation and the nature of the sport itself. Please refer the specific information sheets about your surgery.

IS SURGERY RIGHT FOR ME?

Surgery is generally successful. However, it is not possible to guarantee that the surgery will meet all of your expectations. No surgery is without risk. While every attempt is made to minimise these risks, complications can occur. You should consent to undergo surgery only when you are satisfied that the potential risks of surgery are outweighed by the potential benefits bearing in mind your own symptoms and functional limitations. Dr Smith can offer guidance and information, but the final decision is yours.

POTENTIAL RISKS OF SURGERY

The risk of complications is higher in those who smoke or use tobacco products and consideration should be given to stopping use before surgery.

ANAESTHETIC RISKS:

Problems following or during anaesthetics are very rare but include Heart Attack (Myocardial Infarction, MI), Stroke (Cerebro-Vascular Accident, CVA) and a clot in the leg (Deep Vein Thrombosis, DVT) or lungs (Pulmonary Embolus, PE).
Although uncommon these can be very serious or even life-threatening.

UNSIGHTLY SCARRING

Scars usually heal without any problems. In the short term they may be itchy and mildly tender, but this settles as the scar matures. By 12 months after the operation scars are usually fine and pale in colour. Occasionally the scar may become hypertrophic or keloid (raised and red). Some people are prone to this. There is sometimes an area of numbness around the scar. This is more troublesome in some locations than others. The numbness often improves with time, but some may be permanent.

INFECTION (<1%).

An infection at a surgical site is uncommon and typically is mild and superficial and would be expected to settle with oral (tablet) antibiotics. If there is any concern the surgeon or hospital should be contacted. Rarely there is a deep infection which may require re-admission to hospital for intravenous (through a drip) antibiotics.

NEURO-VASCULAR DAMAGE (DAMAGE TO NERVE OR BLOOD VESSELS).

Orthopaedic surgery is often undertaken very close to important blood vessels and nerves. Damage to these vessels is very rare but can be very serious.

STIFFNESS.

With any injury or operation around a joint there is a small risk of developing a stiff joint afterwards. This should get better, often with a period of physiotherapy.

BLEEDING

There is usually little blood loss in upper limb surgery. Open shoulder operations where a tourniquet cannot be used are most at risk. It is common to get bruising around the elbow after shoulder surgery because of this. Occasionally enough bleeding occurs to make a patient anaemic (low blood count). Blood transfusion is rarely required.

FAILURE OF HEALING

In any surgery where implants are inserted, or soft tissues or bone are repaired there is a small chance that healing may not occur. This can cause a poor result after surgery.

PROBLEMS RELATING TO IMPLANTS

Implants such as plates and screws, sutures, bone anchors and joint replacements are commonly used in orthopaedic surgery. Implants may work loose and move around if healing does not occur. They may also cause some pain at the insertion site.

JOINT REPLACEMENTS

The materials used all wear out over time although most modern devices will last for at least 10 years. Fracture near the replacement, loosening and dislocation of the replacement may also occur.

CHANGE IN SYMPTOMS.

The chance of symptom improvement is high. There is a small chance that symptoms may remain unchanged or get worse.

RE-OPERATION (FURTHER SURGERY)

Any of the problems listed above may result in the need for further surgery

EXPECTATIONS

It is important that your goals and expectations of surgery are well matched to the procedure that is going to be undertaken. More than one type of surgery might be possible and each may have distinct advantages and disadvantages. Please discuss this with Dr Smith

QUESTIONS

Please ask any questions that you wish at any time.

BILLING INFORMATION

Informed financial consent is an integral part of your care.
If you and Dr Smith have together decided that surgery is the best treatment option for you, you will be provided with an estimate of fees, outlining surgical costs and including an approximation of out of pocket expenses.
There will be separate additional costs involved for the hospital (including implants and equipment) and also your anaesthetist and Dr Smith's assistant surgeon.
We will provide you with the relevant contact details to allow you to request information on these other costs.
For emergency procedures it may not be possible to provide a written estimate of fees although Dr Smith will provide you with as much information as possible.
Of course, things may change during an operation and therefore the estimate of fees is an approximation only and so the final bill may be different to the estimate.