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ORTHOPAEDIC SPORTS MEDICINE

PEDIATRIC PROTOCOL · AGES 12+

POST-OPERATIVE INSTRUCTIONS

Arthroscopic Shoulder Stabilization

Pediatric Post-Operative Instructions · Ages 12+ · Bankart Repair

> **FOR PARENTS AND PATIENTS**
> This guide is for **both you and your parent or guardian**. Medication instructions are directed to your parent or another adult caregiver — please make sure they have read this carefully before you leave the hospital. Activity instructions speak to you directly. Recovery is a team effort, and the more you both understand the plan, the better your outcome will be.

What was done

You had an **arthroscopic shoulder stabilization (Bankart repair)** to treat recurrent shoulder instability or dislocation. The labrum — the soft-tissue ring that deepens the shoulder socket and anchors the shoulder ligaments — was torn and reattached to the glenoid using suture anchors. The goal is to restore the normal anatomy and prevent future dislocations.

In adolescents, the recurrence rate of shoulder instability without surgery is high — particularly in contact athletes. This surgery significantly reduces the risk of re-dislocation when followed by appropriate rehabilitation.

Sling and weight bearing

Sling	Wear the sling at all times for the first 4 weeks — including sleeping. You may remove it briefly for hygiene and exercises prescribed by your PT.
External rotation	Do not rotate the arm outward (away from the body) beyond the limit set by Dr. Roth for the first 6 weeks. This protects the repair from overstretching.
Hand and wrist	Move your fingers, hand, and wrist freely from day one to prevent stiffness. Elbow bending and straightening is also fine.

Medications *(for the parent or caregiver)*

Your child's post-operative pain plan uses scheduled non-opioid medications as the foundation, with oxycodone available for breakthrough pain only. **All doses below are weight-based** — calculate each dose based on your child's current weight. Take with food when possible. Do not exceed the maximum dose per administration.

DOSE CALCULATOR — DO THIS BEFORE YOUR CHILD'S FIRST DOSE

MEDICATION	DOSE	MAX PER DOSE	FREQUENCY
Ibuprofen (Advil / Motrin)	10 mg/kg	600 mg	Every 6 hours with food · Days 1–14
Acetaminophen (Tylenol)	15 mg/kg	1,000 mg	Every 6 hours, **offset 3 hours from**

MEDICATION	DOSE	MAX PER DOSE	FREQUENCY
			ibuprofen · Days 1–14
Ondansetron (Zofran) — for nausea	0.15 mg/kg	4 mg	Every 8 hours as needed for nausea · Days 1–5
MiraLAX — for constipation	17 g (1 capful)	17 g	Once daily as needed · while taking oxycodone

Example (40 kg child): Ibuprofen = 400 mg every 6 hrs · Acetaminophen = 600 mg every 6 hrs, starting 3 hours after ibuprofen. A 60 kg teenager reaches the adult maximum dose.

STAGGER IBUPROFEN AND ACETAMINOPHEN — DO NOT GIVE AT THE SAME TIME

Give ibuprofen at hours 0, 6, 12, 18 and acetaminophen at hours 3, 9, 15, 21. This keeps a consistent level of pain relief around the clock and reduces the need for oxycodone.

BREAKTHROUGH OXYCODONE — 5 TABLETS PRESCRIBED

Dose: 0.1 mg/kg per dose · maximum 5 mg per dose · every 4–6 hours as needed. Many patients do not need any oxycodone. Give only if your child's pain rises above a 4 despite the scheduled ibuprofen and acetaminophen. Use for as short a time as possible — opioids cause constipation and drowsiness. **Lock up unused tablets and dispose of extras safely** — do not flush. Many pharmacies offer free medication disposal.

IMPORTANT — DO NOT GIVE ASPIRIN

Do not give aspirin or any aspirin-containing product (Excedrin, Pepto-Bismol, etc.) to anyone under 18. Aspirin use in children and teenagers with a viral illness is associated with a rare but serious condition called Reye's syndrome.

DRIVING AND OPERATING MACHINERY

Your child must not drive while taking **oxycodone**, which can cause drowsiness, dizziness, or impaired coordination. If your child is 16 or older and has a license, remind them this applies even at low doses — they should not drive or operate machinery until they are off oxycodone.

Diet *(for the parent or caregiver)*

Start with clear liquids — water, Gatorade, broth, Jell-O — then advance to light foods (crackers, toast, rice) as tolerated. Return to a normal diet once your child is keeping food down comfortably, usually by the next day. Ibuprofen and oxycodone can upset the stomach — always give with food.

Ice and elevation

Keep the arm elevated as much as possible for the first 3–5 days — use pillows to prop the arm above heart level when resting.

Ice: Bagged ice or gel packs — 20 minutes at a time, no more than once per hour, with a cloth between ice and skin. Cold-therapy devices: 20–30 minutes up to 4 times per day with a thin cloth. If you had a nerve block, your arm may be numb for up to 24 hours — set a timer and do not leave ice on regardless of sensation.

Wound care

You will leave the operating room with a bulky dressing over the shoulder. Arthroscopic surgery fills the joint with saline fluid, some of which drains through the incisions over the first 48 hours — the bulky dressing is there to catch this. Some blood staining on the dressing is normal.

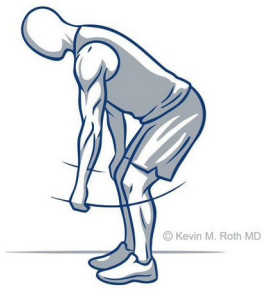
Keep the dressing clean and dry for 3 days. On day 3, peel back the white paper tape and remove the gauze. Discard the gauze and any yellow strips beneath. **Leave the small white tape strips (Steri-Strips) on the skin** — they will lift off on their own over 1–2 weeks. If incisions are dry, cover with Band-Aids.

Home exercises

Begin these gentle motion exercises as directed — usually within the first few days. Do them slowly, 2–3 times per day. They keep the nearby joints loose while your shoulder stays protected in the sling. Stop short of pain and never force a movement.

Pendulums

Bend forward at the waist with the arm dangling. Rock your body gently in circles and side-to-side — let the arm swing from your body's motion, not from the shoulder muscles.



Shoulder shrugs

Shrug both shoulders upward, hold briefly, then relax.

Shoulder blade pinches

Gently pinch your shoulder blades together, hold briefly, then relax.

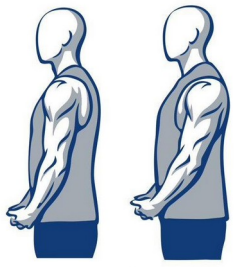
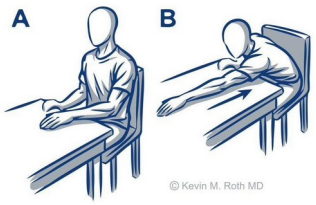


Table slides

Sit at a table with your hand resting on the surface. Slowly slide the hand forward — let gravity and the table move the shoulder passively.



Wrist and finger movements

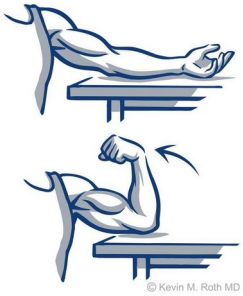
Bend and straighten your fingers and wrist to keep blood circulating and prevent stiffness in the hand.

Grip and finger extension

Squeeze a soft ball or rolled-up towel, hold briefly, then open the hand and spread the fingers as wide as you can. Repeat to keep the hand and forearm muscles active.

Elbow bends

Bend and straighten the elbow through its full range as comfort allows.



Physical therapy and return to sport

PT begins within the first 1–2 weeks. The focus early on is maintaining elbow and hand mobility while the shoulder heals in the sling. Shoulder motion and strengthening begin progressively after the first 4–6 weeks. Return to non-contact sport typically takes 4–5 months. Return to contact sports (football, wrestling, rugby, hockey) or overhead throwing sports requires 5–6 months minimum and full strength testing.

> **NO CONTACT SPORTS OR COLLISION ACTIVITIES UNTIL CLEARED**
>
> A fall on the shoulder or a collision before the repair is healed can cause the labrum to re-tear. This is the most important restriction in the first 6 months.

School and activity

Most students can return to school within a few days of surgery, depending on pain levels and mobility. Notify the school nurse and PE teacher — **no PE, sports, or unstructured physical activity until cleared by Dr. Roth, his PA or his NP.** If your school requires a note, call the office and we will provide one.

When to call *(for the parent or caregiver)*

Call **(650) 853-2943** any time, day or night, for any concern. Specifically call if your child experiences:

- Pain that is not controlled by the medication regimen, or that is getting worse rather than better after the first 48 hours
- Fever above 101 °F (38.3 °C)
- Increasing redness, warmth, or swelling around the wound
- Drainage from the wound that is cloudy, yellow, or foul-smelling
- Numbness or tingling lasting longer than expected from any nerve block
- Any concern about the cast, splint, or brace

EMERGENCY — CALL 911

Call 911 immediately if your child develops sudden shortness of breath, chest pain, or a rapid or irregular heartbeat. These can be signs of a blood clot in the lung, which is a medical emergency.

Follow-up appointment

Your first post-operative appointment is typically within 7–14 days of surgery. If you have not already scheduled this, call **(650) 853-2943**. Bring all your medications to the appointment. At this visit, Dr. Roth, his PA or his NP will check the incision and review your child's progress. Physical therapy will be scheduled at or shortly after this visit.

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Board-Certified Orthopaedic Surgeon · Subspecialty Certification in Sports Medicine

Dr. Roth completed his orthopaedic surgery residency at Harvard Medical School and his sports medicine fellowship at the Kerlan-Jobe Orthopaedic Clinic in Los Angeles. In practice since 2013, he specializes in advanced arthroscopic techniques and sports medicine procedures, and sees patients at Palo Alto Medical Foundation's Palo Alto and Dublin offices.

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