

# Shoulder Arthroscopy / Rotator Cuff Repair

## Post-Operative Guidelines

This document will help you plan for your post-operative recovery course following surgery. **Please read and retain this information for future reference.** Many of the questions you may have later can be answered by referring to this information.

### DIET

- Begin with clear liquids and light foods (jellos, soups, etc.).
- Progress to your normal diet if you are not nauseated.

### SHOULDER IMMOBILIZER

- **Your shoulder immobilizer should be worn at all times (except for hygiene) for the first 4 weeks.**
- **Do not lift anything heavier than 2 lbs for the first 4 weeks.**
- We recommend you wear the shoulder immobilizer for sleeping. It is okay to remove it from time to time in a protected (indoor) environment.
- Keep your elbow fully resting in the sling and in front of your body at all times to minimize stress on the repair.
- It is okay to adjust the immobilizer to your comfort.
- A pillow behind the elbow may help when lying down to prevent the elbow from sliding backwards.

### WOUND CARE

- **Keep the surgery site clean and dry** as it heals.
- Waterproof bandages will be covering the incisions. You can keep these bandages on until your first post-op appointment, but they do need to stay clean and dry. If they become wet, dirty, or start to peel off, then replace with waterproof band-aids.
- Under the bandages is Dermabond, this is a surgical glue and tape that is used in conjunction with absorbable sutures to close the incision. Do not touch the Dermabond/steri strips, they will fall off on their own.
- To shower, remove the shoulder immobilizer
  - Do not actively move the shoulder, just let it hang by your side or use the extra sling provided.
- Helpful Hints for comfort:
  - Apply ice to your shoulder but keep the bandages dry (additionally can use the Game Ready Machine if available)
  - Typically, patients find it most difficult to sleep lying in their bed immediately after shoulder surgery, and commonly choose to sleep in a recliner for a time or get a wedge for their bed to prop them up.
  - Use pillows to stay comfortable.

## NORMAL SENSATIONS AND FINDINGS AFTER SURGERY

- Pain
- Swelling and warmth up to 2 weeks
- Small amounts of bloody drainage for first few days
- Numbness around the incision area
- Bruising
- Low grade temperature less than 101.0 for up to a week after surgery
- Small amount of redness to the area where the sutures insert in the skin

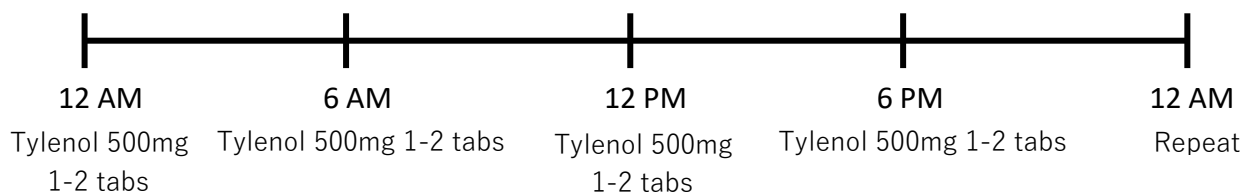
## PAIN MANAGEMENT

- A nerve block is used at the time of surgery. This will wear off within 12-24 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- **Do not drive a car or operate machinery while taking the narcotic medication.**
- Please avoid alcohol use while taking narcotic pain medication.
- **Please avoid NSAIDs for the first 4 weeks (Advil, Aleve, Mobic, etc.) as they may slow down the healing process**

## NON-NARCOTIC PAIN MEDICATIONS

### Extra-Strength Tylenol (Acetaminophen) 500mg Tablets *(available over the counter)*

- Indication: pain, non-narcotic pain reliever
- Use: Take 1-2 tablets every 6 hours. Do not exceed 8 tablets in a 24-hour period.



**NARCOTIC PAIN MEDICATIONS**

OPIOIDS/NARCOTICS are prescription pain medications. One of the following medications will be prescribed and should only be used if adequate pain control is not achieved with combination of ice, Aleve, and extra-strength Tylenol outlined above. Side effects include constipation, nausea, drowsiness, dry mouth, itchiness. Use a 0-10 pain scale to decide how much medication to take:

Pain 0-4/10: No narcotics necessary

Pain 5-7/10: Take one tablet

Pain 8-10/10: Take two tablets

**Tramadol (Ultram) 50mg tablet**

- Indication: pain 5/10 or greater. Non-opioid *narcotic like* medication
- Use: 1-2 tabs every 6 hours as needed for pain. Do not take more than 8 tablets in any 24-hour time period.

**MEDICATIONS TO MANAGE SIDE EFFECTS**

Narcotics may cause nausea and constipation. Bowel regimen is recommended.

**Colace (Docusate) 100 mg - available OTC**

- Indication: constipation, stool softener. Take consistently while on narcotics.
- Use: Take 1 pill three times per day while you are taking narcotics.

**Senokot (Senna) 8.6 mg - available OTC**

- Indication: constipation, stool laxative. Take consistently while on narcotics.
- Use: Take 2 pills at bedtime. Increase to 2 pills twice daily if no bowel movement by post-surgery day 2.

**Miralax (Polyethylene Glycol) 17.6 g – available OTC**

- Indication: constipation, stool laxative. Take if above medications are not working.
- Use: Take one dose at bedtime. In addition to above with no bowel movement by post-surgery day 2.

**Zofran (Ondansetron ODT) 4 mg - Prescription sent to pharmacy**

- Indication: nausea. Take as needed.
- Use: Take 1 pill AS NEEDED every 8 hours, do not exceed 3 pills in 24 hours

**ACTIVITY**

- Keep sling on at all times, including sleeping.
- NO driving until instructed otherwise by physician.
- May return to sedentary work or school 2-3 days after surgery, if pain is tolerable.
- No lifting more than 2 lbs for the first 4 weeks after surgery.

## ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not obtained) for 30-45 minutes every 2 hours daily until your first post-operative visit. Care should be taken with icing to avoid frostbite to the skin.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.

## EXERCISES

- Begin exercises 24 hours after surgery (hand, wrist, and elbow movement) unless otherwise instructed.
- Formal physical therapy (PT) typically begins as soon as possible, ideally 1-3 days after surgery.

## EMERGENCIES\*\*

Contact Dr. Ahsan's Team via **MyChart** or **630-646-7000** if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal).
- Unrelenting pain.
- Fever (over 101° – it is normal to have a low-grade fever for the first day or two following surgery)
- Redness around incisions.
- Color change in foot or ankle.
- Continuous drainage or bleeding from incision (a small amount of drainage is expected).
- Difficulty breathing.
- Excessive nausea/vomiting
- Calf pain.
- If you have an emergency after office hours or on the weekend, contact the office at 630-646-7000 and you will be connected to our pager service. This will connect you with the Physician on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

## FOLLOW-UP CARE/QUESTIONS

- Your first post-operative appointment will be 1 week following surgery for wound evaluation and to answer any questions you have regarding the procedure.
- Typically, the first physical therapy appointment following Rotator Cuff Repair is made for 1-3 days following surgery. This prescription will be communicated prior to surgery.
- If you have any further questions, please contact Dr. Ahsan's team directly.

## Frequently Asked Questions: Arthroscopic Shoulder Surgery

### What is the rotator cuff?

The rotator cuff is a tendon that connects the four rotator cuff muscles to the ball of the shoulder (humeral head). The cuff is a fibrous structure that covers the entire head of the humerus in normal circumstances. The supraspinatus, infraspinatus, teres minor and subscapularis are the muscle of the rotator cuff, and listed in typical order of injury.

### Why does the rotator cuff tear? What is impingement?

Tears in the rotator cuff occur as a result of trauma or as a part of the aging process. Bones around the shoulder tend to thicken as we all get older. This bone thickening phenomena (acromial spurring) results in there being less room for the rotator cuff to function, especially with overhead type activities. Pain associated with thickening of the bone without a tear of the rotator cuff is called impingement.

Tears of the of rotator cuff result in there being a gap in the attachment of the rotator cuff tendon to the ball of the shoulder. This results in focal weakness of the shoulder and pain.

### Will impingement and rotator cuff injuries heal themselves over time?

Unfortunately, these types of injuries do NOT heal. While rehabilitation and exercise may make your shoulder feel better, rotator cuff tears persist indefinitely without surgical intervention. In fact, these tears and spurs usually will increase in size over time.

### What does rehabilitation do for this shoulder condition?

Rehabilitation to strengthen the intact rotator cuff and other muscles around the shoulder is often prescribed. Strengthening these muscles is a good way to help decrease pain and increase function by compensation. However, shoulder muscle strengthening does NOT fully return normal functions. This varies from person to person.

### What is done to my shoulder during a rotator cuff or impingement surgery?

Impingement procedures are called subacromial decompressions. In this arthroscopic procedure, Dr. Ahsan removes the thickened bone and bursa tissue that is interfering with your shoulder movement. In effect, he is creating space for your rotator cuff to move and function. A subacromial decompression is a routine party of most rotator cuff procedures. Alone, a subacromial decompression takes about 20-25 minutes or actual operative time.

During rotator cuff repair procedures, the rotator cuff is reattached to the ball of the shoulder using sutures. Small devices called anchors are inserted into the ball of the shoulder where the tear or detachment of the cuff has occurred. These devices are typically NOT metallic, and are very small (less than 4.5 mm in diameter). Once inserted into the humerus, the sutures are used to sew the rotator cuff back to its attachment site. The body then heals the injury, making the suture unnecessary over time. Rotator cuff repairs are typically arthroscopic (minimally invasive procedures) that take about an hour of actual operative time. In some cases, Dr. Ahsan may need to make a small incision to further enhance the repair and increase the likelihood of clinical success following your procedure. He will discuss these issues with you during your surgical consultation.

### What type of anesthesia is administered?

Typically, a regional anesthetic is administered that numbs the operative limb. These blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during your surgery. You and the anesthesiologist will discuss these issues in detail immediately prior to your surgery.

### How long do I wear a sling after surgery?

Patients undergoing typical rotator cuff surgery should wear the sling for 3-4 weeks.

### How long is the recovery?

The typical recovery from rotator cuff repair surgery approximately is four months.

Patients will usually wear a sling for 3-4 weeks. Physical therapy begins immediately after surgery. We will let you know which time point is best for your individual recovery. After six weeks, Dr. Ahsan encourages you to get back to your normal activity and exercise schedule.

Sample schedule of activities following shoulder surgery:

- a. Weeks 1-2: No excessive sweating. Walking OK. Take it easy
- b. Weeks 2-6: Exercise bike, walking a treadmill OK.
- c. Week 6+: Running, elliptical, light weight work OK. Get moving.

Note: Operative limb exercises are based on PT limitations at any given time.

### What are the risks of shoulder surgery?

While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for 1 week after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff. Again, smoking interferes with wound healing, so discontinuing smoking 2 weeks prior and following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, doing leg lifts etc. all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area, or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner (Warfarin, Coumadin) until the clot disappears.

There are many nerves around the shoulder. Fortunately, the majority of these nerves do NOT exist in the surgical field during a typical rotator cuff procedure. Nevertheless, though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient.

### Is there anything else that I need to do following surgery?

Rotator cuff repair patients should plan to return to the office at 1 week, 6 weeks and 3 months following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. The first postoperative appointment should be made when a date for surgery is confirmed.

Please note that Dr. Ahsan expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your shoulder procedure.