



Postoperative Instructions Shoulder Arthroscopic Rotator Cuff Repair

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PLEASE READ THESE INSTRUCTIONS COMPLETELY AND ASK FOR CLARIFICATION IF NECESSARY - DIRECT QUESTIONS TO YOUR NURSE BEFORE LEAVING THE SURGERY CENTER OR VIA PHONE/EMAIL TO DR BODEN'S STAFF AFTER ARRIVING HOME

Wound Care

- Maintain your operative dressing, loosen bandage if swelling of the hand occurs.
- It is normal for the shoulder to bleed and swell following surgery. If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- Remove surgical dressing on the **third post-operative** day – if minimal drainage is present, apply band-aids or a clean dressing over incisions and change daily.
- If an open biceps tenodesis was performed, then you should wait to get your wound wet until after the first post op visit.
- If no open biceps tenodesis was performed, you can get your wound wet in the shower on the 3rd post-operative day. NO immersion in a bath until given approval by our office.
- Your stitches will be removed at your first postoperative visit.
- After your first postoperative visit **10-14 days after surgery**, you can leave incision open to air. You may shower and allow water to run over incision. Do not soak or immerse incision in water. Do NOT apply ointments or creams to incisions.

Medications

- Local anesthetics are injected into the wound and shoulder joint at the time of surgery. This will wear off within 8-12 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. You can begin the prescription pain medication provided to you upon arriving home and continue every 4-6 hours as needed for pain.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative.
- Zofran (Ondansetron) can be taken if needed for nausea.
- Do not drive a car or operate machinery while taking the narcotic medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.



- For 2 weeks following surgery take one 81mg aspirin twice daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe distal arm pain occur or significant swelling of the distal arm/hand occur.

You have been prescribed the following medications for use post-operatively, unless discussed otherwise:

1. Pain Medication: Unless discussed otherwise, you have been prescribed pain medication (Oxycodone, Tramadol, etc.) for use postoperatively. Take as prescribed as needed for pain. This medication should only be used in the initial postoperative period, and you should try to wean off of it over the first 1-2 weeks after surgery.
2. Acetaminophen (Tylenol): Unless discussed otherwise, or contraindicated due to other health reasons, you have been prescribed acetaminophen to help with pain control postoperatively. This should be taken on a scheduled basis. Do not use additional acetaminophen if your narcotic pain medication has acetaminophen in it.
3. Zofran (Ondansetron): Take as prescribed if needed for nausea.
4. Anti-Inflammatory: Unless discussed otherwise, or contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Celecoxib, Ibuprofen, etc.) for use postoperatively. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed with food to help reduce swelling and pain.
5. Aspirin 81mg: Please take one (1) 81 mg baby aspirin twice daily for 30 days following surgery. This is to help minimize the risk of blood clot (extremely rare). If you are under age 16 or unable to take aspirin for other medical reasons, you do not need to take aspirin after surgery.

Activity

- You are to wear the sling placed at surgery for 4-6 weeks as described by Dr. Boden. This includes sleeping and throughout the day.
- When sleeping or resting in inclined positions (ie: reclining chair), a pillow under the forearm for support may provide better comfort.
- It is ok to sleep however you are comfortable.
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed the arm should remain in the sling at all times.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

Immobilizer

- Your sling is to be worn for 4-6 weeks following surgery.
- You are to be in the sling 23.5 hours a day.
- Remove sling for hygiene, dressing, and home exercise only.
- You should not drive while in a sling.

Ice Therapy

- Beginning immediately after surgery, use the ice machine (when prescribed) as directed for the first 2-3 days following surgery. Ice at your discretion thereafter.



- When using “real” ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of the skin. In either case, check the skin frequently for excessive redness, blistering, or other signs of frostbite. When using the ice machine, it is okay to ice continuously as long as you check the skin frequently.

Exercise

- Begin exercises (active elbow extension/flexion without resistance) 24 hours after surgery unless otherwise instructed.
- While maintaining your elbow by the side, begin elbow, hand, and wrist exercises immediately.
- Formal physical therapy (PT) typically begins after you are seen at your first post operative appointment 2 weeks after surgery. A prescription and protocol will be provided at your first post-op visit.

Diet

- Begin with clear liquids and light foods (jello, soup, etc.).
- Progress to your normal diet as tolerated.

Emergencies

- Contact Dr. Boden’s office if you experience any of the following:
 - 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) or chills
 - Redness around incisions
 - Color change in distal arm and/or hand
 - 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 that requires immediate attention proceed to the nearest emergency room.

Follow-up Care

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 502-588-3630.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you have any further questions please contact the office or sent a message through MyChart.

SHOULDER POST OPERATIVE EXERCISES

WRIST FLEXION / EXTENSION



Actively bend wrist forward.
Then backwards as far as you can.
Repeat 10-15 times. Do 3 sessions per day.

ELBOW FLEXION / EXTENSION



With palm either UP, DOWN, or THUMBSIDE UP
gently bend elbow as far as possible.
Hold for 5 seconds.
Then straighten arm as far as possible.
Repeat 10-15 times. Do 3 sessions per day.
****DO NOT PERFORM THIS EXERCISE IF
BICEP TENODESIS WAS PERFORMED****

PENDULUM SWINGS

(Clockwise/counterclockwise)



Let arm move in a clockwise circle,
then counterclockwise by rocking body
weight in a circular pattern.
Repeat 10-15 times. Do 3 sessions per day

PENDULUM SWINGS

(Side to side)



Gently move arm from side to side
by rocking body weight from side to side.
Let arm swing freely.
Repeat 10-15 times. Do 3 sessions per day