



Rotator Cuff Repair Manual

Edward Szalapski, MD

PREPARING FOR SURGERY

- **Make a pre-operative physical exam with your Primary Care Physician**
 - This is necessary to make sure you are healthy to undergo surgery. Wait to make this appointment until you have scheduled surgery with Jessica, our care coordinator. Often times, the hospital or surgery center needs the physical performed during a particular time frame. You may need further testing (i.e. cardiologist)
- **Make a post-operative appointment**
 - We request that you follow up to clinic 2-3 weeks following your surgery. At that time, you will see Dr. Szalapski's physician assistant, Tracy. Typically at this appointment, we will remove sutures/staples, check your elbow motion and we will give you therapy exercises to perform at home.
- **Taking time off work**
 - This varies between patients and the type of job you have. Typically, patients need a minimum of 3-4 months off work if you have a physical job; if you have a desk job, you may be able to return to work earlier. If you need paperwork filled out for your employer, please bring this to the office prior to your surgery and avoid bringing any paperwork to the hospital or surgery center.
- **Preparing your house for your return after surgery**
 - This is an outpatient surgery which means that you will be returning home following the procedure. There are some things we recommend doing prior to surgery to make your transition home easier. These include removing tripping hazards (such as throw rugs), preparing for meals for after surgery and moving items you use regularly to a place that is easy to access. In addition, it is often helpful to wear loose clothing or tops that zip or button closed in the front- many patients find this easier as motion is very limited following surgery. You will need to have a ride to and from the surgery center and should have someone staying with you following surgery.
- **Medications to have at home**
 - Extra-strength Tylenol and oral anti-inflammatories (Advil, Ibuprofen, Aleve etc.)- these are great to help supplement your pain control regimen

- Stool Softener Supplements (Miralax, prune juice) - Many patients develop constipation following surgery from a combination of narcotic pain medications and being sedentary. Getting up to walk frequently, drinking plenty of water and having a diet rich in fiber (wheat bran, oats, fresh fruits and vegetables) will also help. If you have developed constipation from previous narcotic use or continue to have difficulty with these over-the-counter options, let us know. We can also prescribe medication such as Senokot.

DAY OF SURGERY

- You will receive notification from the hospital or surgery center prior to surgery when to arrive. They will also provide you with more instruction and you will meet with Dr. Szalapski for any last minute questions prior to surgery. An anesthesiologist will also meet with you at the hospital to go over different anesthesia. If you are a good candidate for a nerve block, we recommend getting one. This will make your arm feel asleep for approximately 12 hours but helps with pain control.
- Surgery will typically take 1-2 hours. This time includes getting you positioned, the operation itself and all the necessary anesthesia.

AFTER SURGERY

- In order to protect your rotator cuff repair, you should not raise your arm for 6 weeks. Failure to observe this precaution may cause your repair to fail.
- You will be placed into a sling following your procedure. This should be worn **at all times**. You may remove only for hygiene purposes or to work on elbow and wrist range of motion exercises as given to you in the discharge paperwork.
 - You may also remove when sitting but prop the operative extremity up with pillows.
- We recommend that you take a “6-pack” immediately when you start to feel your nerve block wearing off. This will help you stay ahead of the pain. The 6 pack includes:
 - 2 narcotic pain medications (typically Oxycodone or Dilaudid)
 - 2 Tylenol
 - 2 anti-inflammatories (such as Ibuprofen or Advil)
- Try to keep your incision(s) clean and dry following surgery. No tub baths.
- Ice the shoulder often- shoot for at least 20 minutes 3 times a day.

TREATMENT PLAN

Surgery Day – Week 2

- In order to protect your rotator cuff repair, you should not raise your arm for 6 weeks. Failure to observe this precaution may cause your repair to fail. Remain in sling at all times.
- Perform elbow, wrist and finger range of motion exercises to prevent stiffness. Limit all motion at the shoulder.
 - Remove the sling to the operative extremity. Let gravity pull down the upper arm to straighten at the elbow. Then, keeping the elbow at your side, try to touch your hand to your shoulder. Repeat. You may use your non-operative extremity to assist motion.
 - Keeping the elbow at your side with the arm bent to 90 degrees at the elbow, rotate the hand to face the ceiling and the floor. Repeat. Again, you may use your non-operative extremity to assist motion and apply a gentle stretch.
 - Bend all directions of the wrist, trace gentle circles. Extend your fingers straight and bend them to make a fist. Repeat.
- Wean off narcotic pain medication as tolerated. Supplement with Tylenol or Ibuprofen as needed. Expect some swelling on the operative extremity, ice often.
- Follow up to clinic two weeks following surgery for staple/suture removal and to discuss the procedure we performed.

Week 2 – Week 6

- In order to protect your rotator cuff repair, you should not raise your arm for the full 6 weeks. Failure to observe this precaution may cause your repair to fail.
- You will be given specific exercises at your two week postoperative visit. You will perform these pendulum exercises in addition to elbow and wrist exercises three times a day.
- Remain in sling at all times- may remove only for hygiene, motion exercises or to prop on pillows when seated. The sling helps with pain and is a good reminder to avoid any motion at the shoulder. Avoid lifting or carrying anything heavier than a cup of water in the operative extremity.
- Follow up to clinic at week 6 for further evaluation and for a referral to begin formal physical therapy.

Week 6 – Week 12

- Discontinue use of sling
- Start formal physical therapy including range of motion exercises and progressive strengthening as tolerated. The initial focus will be on improving your range of motion, strengthening exercises will be initiated as your motion improves.
- Transition back to daily activities such as driving.
- Follow up at week 10 or 12 for further evaluation.

Week 12 and Beyond

- Continue working with physical therapy, focus is more on strengthening exercises as these take some time to gain and maintaining motion.
- Transition back to work and other activities as tolerated.
 - Most patients are back to normal activities around 6 months postop although this can take up to one full year.

OTHER GENERAL INFORMATION

- **Medication Refills:** Please call us for any refills of medications, allowing at least 24 hours for refills to be processed. Any refills requested before the weekend should be submitted on the Thursday before. Narcotic pain medications (Oxycodone/Dilaudid) cannot be prescribed over the phone- you, a family member or friend must drive to the clinic to pick up the physical prescription. If you live farther away and are unable to get to clinic during business hours, we can mail you a prescription but please allow 3-4 business days from the time you call in the request.
- **Swelling/Bruising:** Expect to have some swelling and bruising following surgery. This will commonly affect the shoulder, armpit, and upper arm but can extend into the forearm, wrist and hand. Ice often and try to keep the upper extremity elevated above the level of your heart to help your body resorb this fluid. Additionally, continue with elbow, wrist and finger motion.
- **Incision:** Following your surgery, you will have a bulky dressing to the operative site. You may remove this 2 days after your surgery. Redress the incision(s) with gauze and tape. You may do daily dressing changes or as needed. It is common for the incision to drain some in the first week. Avoid any topical ointments or creams to the incision. Keep the incision clean and dry. No tub baths, you may only shower if you are able to keep the incision dry.
- **Physical Therapy:** As noted above, formal physical therapy does not start until 6 weeks following your surgery. However, we will give you exercises that you should perform daily at home. These exercises are important as they help prevent stiffness in the shoulder, elbow, wrist and digits.

- **Driving:** You will not be able to drive for 6 weeks following surgery. You will need to arrange rides to your clinic appointments and other errands. You may resume driving once you discontinue the sling and start formal physical therapy at your 6 week postop appointment.
- **OF NOTE:** This treatment regimen is based on a typical postoperative course for average tears with good tissue quality. You may progress differently or require other treatments. We tailor our treatment protocol to each individual patient and adjust as needed. This informational packet is intended to provide a general guide for our patients undergoing a rotator cuff repair.

Should any questions arise before or after surgery, please call us!

Jessica - Care Coordinator for Dr. Szalapski: 952-456-7199

Tracy - Physician Assistant for Dr. Szalapski: 952-456-7194