



Rotator Cuff Repair Manual

Edward Szalapski, MD

PREPARING FOR SURGERY

- **Make a pre-operative physical exam with your Primary Care Physician**
 - The pre-operative physical exam is necessary to make sure you are healthy enough to undergo surgery. Please refrain from making this appointment until you have scheduled surgery with Jessica, our care coordinator as this needs to be performed during a particular time frame. In some instances, you may need further testing further specialized testing prior to surgery (for example with a 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, assess wound healing, check your range of motion, and 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 they have a physical job. If a patient has a desk job, they 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 back to 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 wear these types of clothes make getting dressed easier as shoulder range of 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 at least 24 hours following surgery.

- **Medications to have at home**

- Extra-strength Tylenol and oral anti-inflammatories (Advil, Ibuprofen, Aleve etc.)- are great to help supplement your pain control regimen. Please note that you **SHOULD NOT** use Advil, Ibuprofen, or Aleve if you have a history of stomach ulcer or kidney disease.
- **Stool Softeners** - Many patients develop constipation following surgery from a combination of narcotic pain medications and being sedentary. Constipation can be alleviated by getting up to walk frequently, drinking plenty of water and having a diet rich in fiber (wheat bran, oats, fresh fruits and vegetables). Miralax (which can be purchased over the counter) is also helpful. Follow the directions on the package. If you have developed constipation from previous narcotic use or continue to have difficulty with these over-the-counter options, let us know.

DAY OF SURGERY

- You will receive notification from the hospital or surgery center prior to surgery when to arrive on the day of surgery. On the day of surgery, you will meet with Dr. Szalapski in the pre-operative area for any last minute questions prior to surgery. An anesthesiologist will also meet with you to review your history and discuss anesthesia, including post-operative nerve block if appropriate. If you are a good candidate for a block, we recommend it as it will reduce the narcotic pain medications you will require. This will make your arm feel asleep for approximately 12 hours, but can last as long as 24 hours.
- Surgery will typically take 1-2 hours. This time includes getting you positioned, time for anesthesia, and the actual procedure.

AFTER SURGERY

- In order to protect your rotator cuff repair, you should not raise your arm away from your side for at least 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)- DO NOT use these medications if you have a history of stomach ulcer or kidney disease
- Try to keep your incision(s) clean and dry following surgery. No baths.
- Ice frequently. We recommend the ice be on at least 20 minutes on and 60 minutes off (to protect skin from being frozen), a minimum of 3 times a day. This can be repeated as often as you need.

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.
- Try to wean off narcotic pain medication as soon as tolerated. You may supplement with Tylenol or Ibuprofen as needed. You should expect swelling in the operative extremity, which often develops in the hand. Continue to ice often.
- Follow up to clinic two weeks following surgery for staple/suture removal, evaluate your recovery and any questions you may have.

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. You may remove the sling only for hygiene; range of motion exercises or to rest on pillows when seated. The sling helps control 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 in 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 directed by your physical therapist.
- 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, begin strengthening exercises.
- 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, performing elbow, wrist and finger range of motion helps to reduce swelling.
- **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 should perform daily dressing changes or as needed. It is common for the incisions to drain in the first week. Please call the office if drainage continues. Avoid any topical ointments or creams to the incisions. Keep the incisions clean and dry. 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 hand.
- **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!

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