

Shoulder Arthroscopy with Rotator Cuff Repair Post-Op Instructions

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OVERVIEW

This is a protocol that provides you with general information and guidelines for the initial stage and progression of rehabilitation according to the listed timeframes. Specific changes may be made by the care team as appropriate given each patient's operative findings.

QUESTIONS

If you have any concerns or questions after your surgery, during business hours call 763-302-2231. You may need to leave a message.

After Hours: 763-520-7870



BRACE

- Shoulder immobilizer should be worn full-time for the first week, including while sleeping.
- Immobilizer can be removed occasionally to allow range of motion to the hand, wrist, and elbow.
- Immobilizer can also be removed for cleaning and showering.

DIET

- Progress to your normal diet as tolerated.

WOUND CARE

- Leave surgical dressing in place for 2-3 days.
- Swelling, bleeding, or oozing from the incision sites is not uncommon. If bleeding or drainage occurs from the incisions, re-apply (or reinforce) with a new dressing.
- Once surgical dressing has been removed, keep incisions clean and covered.
- You may shower in 2-3 days with gentle soap and running water.
- No pools, tubs, baths, or immersion until the incisions have fully healed.

MEDICATIONS

- Local anesthetics were used at the time of surgery. This will wear off in 8-12 hours. If you received an anesthetic “block” from the anesthesiologist, this could last even longer.
- Most patients will require oral narcotic medications for a short period of time following surgery. Use these medications judiciously and take only as much as needed to control your pain.
- Narcotic pain medications have common side effects including: nausea, vomiting, somnolence, and constipation. These side effects go away following cessation of the medication.
- Ibuprofen and acetaminophen can be used as adjuvant pain relievers. It is often helpful to take these medications in between narcotic doses.

DR. ARTHUR’S TOP 3:

An active recovery is essential for the success of your surgery. These are Dr. Arthur’s Top 3 most important instructions following surgery:

1. **Muscle activation is essential:** Activate your biceps, triceps, and forearm muscles as much as possible.
2. **Range of motion is essential:** Some level of immobilization is important to allow the rotator cuff to properly heal. Active motion of the shoulder should generally be avoided. However, occasional motion to the elbow, wrist, and hand is fine.
3. **Sleeping:** Sleeping is often difficult following shoulder surgery. Get some additional pillows to support the shoulder or try sleeping in a recliner for the first few days.

ACTIVITY

- Shoulder immobilizer will be worn full-time for the first week, and then changed to a sling at your first post-operative appointment.
- Occasional motion to the hand, wrist, and elbow is encouraged.
- Active shoulder motion is discouraged, and you should avoid any overhead activities.
- Early shoulder and arm activity will be purposefully limited in order to assist in the appropriate healing of the rotator cuff.
- Once your body heals properly, activity will be slowly advanced through the guidance of a dedicated physical therapy program.

PHYSICAL THERAPY

- Physical therapy will not be scheduled until 3-4 weeks from surgery. Typical physical therapy course:
 - Weeks 0-4: Shoulder immobilization to allow rotator cuff to heal.
 - Weeks 4-8: Slowly regain full shoulder range of motion.
 - Weeks 9-12: Start shoulder and scapular strengthening program.
 - Weeks 13-16: Continue shoulder strengthening program.
 - Weeks 16+: Enjoy your repaired shoulder!

DRIVING

- No driving until instructed by your surgeon.

ICE THERAPY

- Use ice judiciously.
- Ice is good at relieving the pain but may be detrimental to your body's natural healing process.
- Ice will adversely decrease blood flow into the surgical site, which can inhibit the ability of your body to deliver important growth factors and stem cells to their target site.
- Ice will also inhibit the body's natural mechanism to clear the swelling and inflammation that accumulates at the surgical site, which can cause unwanted congestion in the soft-tissues.
- Much better than ice: dedication to an active recovery through walking, joint range of motion, muscle activation, and steady return to normal daily activities.

POST-OP APPOINTMENTS

- Your first post-op appointment should be scheduled 7-10 days from surgery.
- At that appointment, you will have your sutures removed and review the surgery with Dr. Arthur. Please bring your operative pictures with you to this appointment to enhance your understanding of the surgery.
- We will review the surgery and go over the therapy and recovery plan.
- Subsequent appointments will be guided based on your level of recovery.

WHAT TO EXPECT AFTER SURGERY

- Swelling, bruising, and slight oozing from the incisions are common and to be expected.
- Overhead activities and active shoulder motion are discouraged.
- Narcotic pain medication can be discontinued as soon as the immediate post-op pain has adequately subsided. Ibuprofen and/or acetaminophen can be used throughout the recovery process.
- Most patients return to work within a few weeks of surgery. If your job is demanding or you need help or guidance, Dr. Arthur will work with you to find the appropriate timing on returning to work.

BLOD CLOT (DVT) PROPHYLAXIS

- Deep vein thrombosis (DVT) is a serious condition because blood clots in your veins can break loose, travel through your bloodstream and lodge in your lungs, blocking blood flow (pulmonary embolism or PE).
- **Symptoms:** Pain and swelling in the affected leg. The pain often starts in the calf and can feel like a cramping or tightness.

- **Risk factors:** Smoking, obesity, pregnancy, oral contraceptives, prolonged sitting, and surgery.
- **Prevention:** Stop smoking, muscle activation, walk and engage in an active recovery, and take Aspirin 81 mg twice daily for patients 18 years and older.
- Pain, swelling, and calf tightness are common following knee surgery and is not an indication that you have a DVT.
- Ultrasound is the only reliable method of diagnosis for a suspected DVT.

ICE MACHINE



NICE1 COLD + COMPRESSION THERAPY



BREG® POLAR CARE WAVE



BREG® POLAR CARE CUBE™

Patients are not required to purchase any of these devices. They are only offered as a supplemental modality to help with pain control. Patients may use ice packs from home or any other cold therapy device.

Benefits

- Portable ice machines
- Reduces pain and swelling
- Gives constant cold therapy

Price

- Call for pricing

Contact

- Neu Medical – Nate Hammond PTA, CSCS
- NHammond@NeuMedicalDME.com
- 952.484.4527

NARCOTIC DISPOSAL

Why You Should Dispose of Your Medications

- Children accidentally ingesting harmful medications.
- Use of medications for other reasons instead of their intended purpose.
- Use of expired medications which can cause illness or other harm.
- 33% of Americans report they have not cleaned out their medicine cabinets in more than a year.

Flush?

Proper disposal is important. Medicines flushed down the toilet contaminate water, harm wildlife and pollute drinking water. According to the Minnesota Pollution Control Agency, U.S. Food and Drug Administration and Drug Enforcement Administration, flushing medications down the toilet is not the best way to get rid of unused medications.

How You Should Dispose

1. Bring your medications to a local drug take-back location. (see list below).
2. The DEA has two National Drug Take Back Days every year across the U.S.
 - a. Go to the DEA, Diversion Control Division website for more information:
https://www.deaddiversion.usdoj.gov/drug_disposal/takeback/
3. Some drug take-back programs offer mail-back programs.
4. You should only flush medications if it's indicated by the medication instructions.
5. If you are unable to bring your medications to a drug take-back location, you can throw away medications by:
 - a. Mixing them with sawdust, kitty litter or coffee grounds.
 - b. Sealing the contents in a plastic bag.

LOCATIONS TO DISPOSE**Brooklyn Center**

Hennepin County District Court Brookdale
6125 Shingle Creek Pkwy, Brooklyn Center, MN
Hours:

- Mon-Thurs 9 AM - 9 PM
- Fri & Sat 9 AM - 5 PM
- Sun Noon - 5 PM

Brooklyn Park

Hennepin County Sheriff's Patrol Headquarters
9401 83rd Ave. N., Brooklyn Park, MN
Hours: Mon-Fri 8 AM - 4:30 PM

Edina

Hennepin County Library – Southdale
7001 York Ave. S., Edina, MN
Hours:

- Mon-Thurs 9 AM - 9 PM
- Fri & Sat 9 AM - 5 PM
- Sun Noon - 5 PM

Golden Valley

Golden Valley Police Department
7800 Golden Valley Rd, Golden Valley, MN
Hours: 24 hrs a day, 7 days a week

Maple Grove

Maple Grove Police Department
12800 Arbor Lakes Pkwy N, Maple Grove, MN
Hours: 24 hrs a day, 7 days a week

Minneapolis

Hennepin County Public Safety Facility
401 4th Ave. S., Minneapolis, MN
Hours: 24 hrs a day, 7 days a week

Minneapolis Police Department

1st precinct
19 N 4th St., Minneapolis, MN
Hours: 24 hrs a day, 7 days a week

Minneapolis Police Department

4th precinct
1925 Plymouth Ave. N., Minneapolis, MN
Hours: 24 hrs a day, 7 days a week

Minnetonka

Hennepin County District Court Ridgedale
12601 Ridgedale Drive, Minnetonka, MN
Hours:

- Mon-Thurs 9 AM - 9 PM
- Fri & Sat 9 AM - 5 PM

Osseo

Osseo Police Department
415 Central Ave., Osseo, MN
Hours:

- Mon-Thurs 7:30 AM - 5 PM
- Fri 7:30 AM - 11:30 AM

Spring Park

Hennepin County Sheriff's Water Patrol
4141 Shoreline Drive, Spring Park, MN
Hours: Mon-Fri 8 AM - 4:30 PM

For more information visit hennepin.us/medicine
or call 612-348-3777.