



## **POST-OPERATIVE INSTRUCTIONS**

### **ROTATOR CUFF REPAIR**

#### **Wound Care**

After arthroscopy the wound is covered with dressings. These should generally be left in place for 2-3 days. Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood persists despite elevation and icing, please call the doctor. Bruising down into the elbow and chest wall is not uncommon.

You may remove your dressings 2-3 days after your surgery. Your incisions will be covered with visible sutures. Do not remove the steri-strips or cut any of the visible sutures. Cover the incisions with Band-Aids.

Be sure to watch for signs and symptoms of infection after surgery, which include: redness, increased swelling, warmth, wound symptoms, or if you are experiencing discoloration of the fingers or numbness/tingling, please notify your surgeon.

#### **Showering and Dressing**

Showering is allowed once the dressing is removed. **DO NOT** immerse your incisions under water. This means **NO** baths, swimming, or hot tubs of any kind for at least two weeks after surgery. To clothe yourself, remember to put your operative arm in your shirt first (keeping your hand at your side), pull the shirt in position and then reach through the remaining sleeve with your good arm. A helpful hint: button up shirts are the easiest and safest to wear while recovering from surgery. Once dressed, be sure to properly place your operative arm in the shoulder sling.

#### **Sleeping**

Patients are generally more comfortable sleeping in a reclining chair or with pillows propped behind the shoulder and/or under the forearm. Some difficulty with sleeping is common for 2-3 weeks after surgery.

## **Ice**

Icing is very important for the first 5-7 days after surgery. While the post-op dressing is in place, icing should be continuous. Once the dressing is removed on the third day, ice is applied for 20-minute periods 3-6 times per day. Care must be taken with icing to avoid frostbite to the skin. To avoid frostbite, place a towel or T-shirt between the ice and your skin. If you are using a cryotherapy device, please follow the instructions given by the device representative.

## **Sling**

Your sling with supporting abduction pillow should be worn at ALL times including sleeping (except for hygiene and exercises). Maintain your elbow position against the pillow and even with your side or in front of this position.

## **Activity**

Be sure to use and move your hand, wrist, and elbow in order to decrease swelling in your arm. Squeezing a tennis ball or squeeze ball is encouraged as it will reduce the amount of swelling in your arm and hand. While exercise is important, don't over-do it.

## **Exercises**

Do NOT perform ACTIVE elbow exercises IF a biceps tenodesis is performed, but PASSIVE elbow exercises are permitted. In other words, use your non-operative hand to gently bend and straighten the elbow of the operative extremity while holding the wrist of that arm.

Call Your Physician Immediately If You:

- Experience chest pain, with or without deep breathing.
- Experience pain in your arm or arms that does not seem to be related to your surgery.
- Notice that your surgical site is excessively cool to the touch, is dusky in color or has numbness and tingling.
- Develop a temperature of 102° F. or higher or start to have chills.
- Notice that the affected arm is becoming more swollen, warm, red and painful.

- Have significant bright red bleeding from the incision.
- Have discomfort (pain) that is not relieved by prescribed medication.

## **Physical Therapy**

You will be prescribed Physical Therapy to start after your first follow-up visit.

## **Medications**

Take as prescribed. Narcotic pain medications: Percocet or Lortab is used for severe pain. It can be taken up to every four hours as necessary. Most patients only require Lortab or Percocet for the first week. Once pain is better controlled, you may simply take extra strength Tylenol one to two tabs every six hours. Take these medications with food. If you have any problems taking the medications, please stop them immediately and notify the office.

Local anesthetics are put into the joint during surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery when the effect of these medications wears off. Using the pain medication as directed will help control pain with little risk of complication. Taking pain medication before bedtime will assist in sleeping. It is important not to drink while taking narcotic medication. You can supplement the narcotic medications with 200 mg or 400 mg of ibuprofen every 4-6 hours. You should resume your normal medications for other conditions the day after surgery. We have no specific diet restrictions after surgery, but extensive use of narcotics can lead to constipation. High fiber diet, lots of fluids, and muscle activity can prevent this occurrence.

## **Eating**

The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient shows signs of dehydration (lack of urination) please call the doctor or the surgical center.

## **Driving**

NO driving is allowed until instructed by a physician. You may return to sedentary work ONLY or school 4-5 days after surgery, if pain is tolerable.

## **Follow-Up**

Your initial follow-up visit will usually be 10-14 days after surgery.

If you have any questions, concerns or problems please feel free to contact the office at (931) 488-8700.