

Rotator Cuff Repair **Postoperative Instructions**

David P. Trofa, M.D.

Assistant Professor of Orthopaedic Surgery, Columbia University Medical Center

Chief of Sports Medicine, New York-Presbyterian Westchester

Director of Clinical Outcomes, Department of Orthopaedic Surgery

Head Team Physician, Columbia University

www.DavidTrofaMD.com

ABOUT YOUR SURGERY

- Thank you for entrusting me with your surgical care. Please feel free to contact my office with any questions or concerns that you may have during your postoperative recovery, and I will make sure that all your concerns are adequately addressed.
- With this surgery we repaired the tendons of the rotator cuff and decompressed the space above the rotator cuff (known as the subacromial space) by removing the subacromial bursa and any bone spurs (acromioplasty).
- If the tissue quality was poor, biologic augmentation may have been performed as discussed preoperatively.
- If the biceps tendon was frayed, torn, or appeared to have significant inflammation, a biceps tenodesis or tenotomy may have been performed.
- If you had tenderness over your AC joint, and pain with movement of your arm across your body at the AC joint, a distal clavicle excision may have been performed.

POSTOPERATIVE OFFICE VISIT

- You should have an office visit scheduled within 10-14 days after your surgery.

MEDICATIONS

- Prescriptions for pain and other applicable medication will be sent to your pharmacy before your procedure.

Pain Medication

- ***The goal of the multimodal pain regimen is to minimize the amount of narcotic (opioid) medications that you require for postoperative pain control.***
- You should discuss these medications with your primary care doctor to make sure there are no interactions with any other medications that you are taking, and that your kidneys and/or liver are healthy enough for their use.
- Always eat prior to taking medication. Do not take medication on an empty stomach.
- If you had a regional nerve block, start taking pain medication when you feel pins and needles. Do not wait until you have pain. If the block has not worn off before you go to sleep, take a dose of pain medication anyway.

- If you don't have a bowel movement by the third day, take **Colace (Docusate)** and **Senna** over the counter as per package instructions.

Anticoagulation (Blood Thinners)

- You will receive a prescription for **Aspirin 325 mg (#21 total) to be taken once daily** with food for prophylaxis against blood clots unless you have a contraindication to this medication.
- Ambulation, foot/hand pumps, and movement of the surgical site within the confines of the weightbearing and motion restrictions provided are additional ways to reduce the occurrence of blood clots after surgery.
- Seek emergency attention if you develop increasing leg pain, swelling that does not decrease with elevation of the lower extremity, enlargement of veins near the skin, reddish skin discoloration, or skin that is warm to touch.

DRESSING CHANGES, WOUND CARE, AND BATHING

- You may remove your surgical dressings 72 hours after surgery but will need to re-apply new dressings (waterproof bandaids work well). There may be a small amount of clear or reddish drainage - this is normal. Patients who are on blood thinners may expect increased drainage. If drainage continues for 3 days following surgery, please contact our office.
- Please keep your wounds clean and dry. You may shower with waterproof bandaids over the wounds. Please do not apply any lotions, creams, or ointments directly to the incisions until 30 days after surgery. After your sutures are removed at your first postoperative visit, you may get your incisions wet and they no longer need to be covered.
- ***AVOID STEAM ROOMS, SWIMMING POOLS, AND TUBS FOR A FULL 4 WEEKS AFTER THE DATE OF YOUR SURGERY TO AVOID INFECTION.***

SWELLING / INFLAMMATION CONTROL

- Icing the surgical site is very important following surgery. In most cases you will be offered a cryotherapy unit to use after surgery. This unit is a cooler which circulates cold water through a cuff. This device may be left on the surgical site for extended periods of time. There is a rental fee to use this device, or it may be purchased directly. For any questions regarding this equipment please call East Coast Orthotics at 212-342-0846.
- If you choose to use regular ice packs, please limit icing to 20-minute sessions every 2-3 hours at most to avoid any skin problems.
- Icing should be continued for the first several weeks following surgery.
- It is normal to have swelling and/or bruising around your incisions, or about the surgical extremity after surgery. This will gradually resolve after surgery.
- ***PROLONGED FEVER OVER 102 DEGREES, THICK DRAINAGE, CHEST PAIN, SHORTNESS OF BREATH, OR CALF PAIN SHOULD BE REPORTED IMMEDIATELY. PLEASE CALL IF YOU EXPERIENCE THESE SYMPTOMS.***

REHABILITATION / PHYSICAL THERAPY

- Physical therapy and sling instructions will be different depending on the type of rotator cuff surgery you have had. Sometimes, Dr. Trofa will use a Rotator Cuff Patch instead of sewing the rotator cuff together (or he may perform both). This decision is sometimes made during surgery and may change your rehabilitation. You will be told by Dr. Trofa

or a member of his team which kind of surgery you have had in the recovery area. Please see below for detailed instructions which are specific to the kind of surgery you have had.

- **If you have had a Rotator Cuff Patch applied without a formal repair:**
 - You may use the sling for comfort and transition out of the sling at your own pace. This usually happens during the first week. It does not need to be worn at night for sleep.
 - Physical Therapy can be started immediately. This can be done at any facility you like and a prescription for PT will be provided at your time of surgery.

- **If you had a Rotator Cuff Repair, with or without a patch:**
 - You must wear the sling for 6 weeks. It is ok to remove the sling while sitting with the arm supported on a pillow. While the sling is off it is ok to move the elbow, wrist, and hand. It is normal to develop bruising and swelling of the upper arm, just above the sling. This can be improved by removing the sling more frequently. However, if you are up walking around or outside your house, you should have the sling on. You should also wear the sling at night for sleep for 6 weeks.
 - Formal physical therapy will be started at 1-2 weeks after your surgery. This can be done at any facility you like.

SLEEPING TIPS

- Unfortunately, it is often difficult to get quality sleep following shoulder surgery of any kind. Many patients do better in a recliner or propped up on pillows. It may be best to take pain medicine shortly before bed, as these medicines typically have a sedating effect.

DRIVING AFTER SURGERY

- The ability for someone to resume driving after surgery is seldom a medical question, but more often a legal question. Driving with any form of a brace or sling on may be interpreted as driving while impaired. It is the responsibility of all licensed drivers to always drive safely no matter what their permanent or temporary impairment may be.

WORK AFTER SURGERY

- Discussions of return to work will depend on the type of work that you perform, and the immediacy of needs to return. This discussion will be had preoperatively and at each visit postoperatively to help you, the patient, to get back to what you need to be doing in a timely fashion, while not compromising your surgical outcome.

DIET AFTER SURGERY

- A balanced, healthy diet high in proteins is most valuable for the body to utilize during the healing process after surgery. There are otherwise no formal restrictions on your diet after surgery.

OTHER COMMENTS

- We recommend abstaining from alcohol or tobacco use in the postoperative period. This is for general health reasons, as combination with the prescribed medications can be

dangerous, but also to prevent adversely affecting the body's healing response to your surgery.