

## **Post-Operative Instructions: Shoulder Arthroscopy with Rotator Cuff Repair**

- 1) Dressing - You may remove your dressing the day after surgery. After the dressing is removed, you may shower, but do not submerge or soak the incision sites. Pat, do not rub, to dry over them. Cover with a Band-Aid as needed.
- 2) Bleeding - Post-operative bleeding is not unusual. Reinforcing your dressing is as needed. If you have concerns about the amount of bleeding, please call the office. If you had a block at the time of surgery, expect your arm to be very weak, partially paralyzed and numb during the first day. The function should return steadily by the next day. Do not remove your sling until this happens and you recover motor function in your arm.
- 3) Sling Use - Wear sling and/or abduction pillow at all times. It may be removed for exercises, showering and clothing changes only as directed. Keep your arm/elbow at the side for showering and clothing changes. If you are awake and can keep your arm at your side, you may remove the sling, but be careful to follow the restrictions. If you find yourself doing too much and causing yourself pain, use your sling. Sleep with the sling until your follow up appointment.
- 4) Icing - Use your cold therapy unit, if you have one, or ice packs on the shoulder as directed until you are seen in the office. If you have an icing unit, wear the sleeve over your clothing regularly for 2 days. You can use ice, but freezing 4 water bottles and rotating 2 into the machine and your freezer can decrease the need for ice. . After 2 days wear it for 20 minutes at a time at least 3-4 times per day. Use the same schedule for ice packs. You can ice your shoulder more if desired.
- 5) Range of Motion - Your post-operative therapy begins on the day of surgery. Elbow and wrist range of motion exercises should begin on the first post-operative day. You should perform these exercises 3-4 times per day as tolerated to maintain full elbow and wrist motion. Other exercises may be prescribed by your physician as well. You may remove the sling/abduction pillow once a day to do pendulum exercises, in which you bend forward at the waist and swing the arm as it dangles under you one way and then the

other. Do not lift your arm at the shoulder, or move your elbow away from your body, under its own power. In some instances we may advise you not to move the arm, but unless you have received these specific instructions, we recommend that you do these exercises.

- 6) Activity - Do not elevate your arm, even passively, above 90° for the first 4 weeks. Do not lift more than 5 lbs. for 6 weeks. Any shoulder motion other than that described in #5 should be strictly passive and carried out by a Physical Therapist. Your therapist will have specific instructions guiding your therapy. At 4-6 weeks the tendon is usually healed enough to begin active-assisted and active range of motion. Strengthening of the muscles usually begins about 6-8 weeks from surgery and continues for 2-3 months. It takes 3 months for the tendon to heal to the bone. Return to pre-injury activity is usually acquired in 3-6 months.
- 7) Pain - Post-operative pain should be controlled by the prescriptions given to you. You should discontinue their use if you have stomach pain or GI issues with them. Take them with food or the provided proton pump inhibitor. With regard to pain medication, you should try to wean off of the strong pain medication as you are able. Most patients can switch to extra-strength Tylenol after the first 1-2 weeks.
- 8) Concerning Signs - If you have a fever over 101.5°, shaking, chills or increasing pain after 3-4 days past surgery, please contact us or go to the Emergency Room. Moderate pain is expected for a week or so but should gradually diminish.
- 9) Follow Up - You will be seen in the office 10-14 days after surgery for follow-up. If you have any problems or questions please call us.