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# POST-OP INSTRUCTIONS

## Arthroscopic Rotator Cuff Repair

Dr. Vishal Mehta

visit [www.healthy-txt.com/drmehta](http://www.healthy-txt.com/drmehta)  
for more detailed instructions

**PAIN:** our prescription for pain medication will be called into the pharmacy of your choice before you leave the surgery center. After the first day or two, as the pain lessens, you may decrease the frequency with which you take the medication. Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable. Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this.

Use ice or a cold therapy unit constantly for the first 48 hours, then as frequently as needed.

**MILD PAIN:** If you are having minimal pain and would like to switch to a milder medication, please take Tylenol/acetaminophen (extra strength or regular). Do not take Tylenol and Norco together (this would be too much acetaminophen). Do not exceed more than 4000mg of Tylenol/acetaminophen in a 24 hour period. Try to avoid medications such as Advil, Aleve, Motrin, or Ibuprofen for about 3 months after surgery—some studies show that these medications could slow healing of your surgical repair.

**DRESSINGS:** You will have a soft dressing applied over your incisions. It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection. Leakage immediately after surgery is normal and actually helps to drain some of the fluid that accumulates in the joint during surgery. The dressings may become moist or blood-stained; this is normal and usually not a cause for alarm.

**BATHING:** You may remove your dressing 48 hours after your surgery to take a shower. For showering, you may remove your entire sling and let your arm rest at your side. Under the surgical dressing, you may have steri-strips over your incisions (small white strips of tape). Please leave them in place until they fall off on their own or until they are removed at your first post-op appointment. You may let soap and water gently wash over your incisions, but do not scrub them. Pat them dry with a towel, then recover each of the incisions with a band-aid if desired. You may not soak your shoulder in a

bathtub or go into a pool or hot tub until incisions are well healed (usually takes a few weeks).

**PHYSICAL THERAPY:** Therapy typically starts 3-6 weeks after surgery. The timing for when you begin physical therapy will be individualized based on your surgery. If you are going to a facility other than ATI, please ask your therapist to visit [www.healthy-txt.com/drmehta](http://www.healthy-txt.com/drmehta) for Dr. Mehta's protocols.

**WHEN TO CALL:** Please call our office at (630) 584-1400 if you develop a fever greater than 101°F, increasing pain that is not responding to pain medication, redness around incisions or shoulder, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood. If it is after hours, the answering service will contact the physician assistant on call.

It is normal to develop bruising to the operative arm. Some people have bruising across the chest all the way down to the hand. It can also be normal to develop swelling to the arm and hand. Gravity tends to pull fluid down the arm- your body will be able to reabsorb this fluid but it may take a few weeks. If the swelling becomes increasingly painful and more tender to the touch, please let our office know.

**AFTER SURGERY:** You will be receiving a post-operative phone call from the surgical staff within a few days after surgery to check on you and assist you with any concerns. **DRIVING:** Please do not attempt driving for about 3-4 weeks after surgery. This is for your safety, as well as other drivers- please do not attempt to drive with only one hand. Reasons for no driving post operatively: A quick, reactive motion of the shoulder while driving could damage your surgical repair. Secondly, you should not drive while taking any narcotic pain medications.

**SLING:** The sling has 2 components: sling and waist portion. The sling should be worn at all times when you are up and walking around. While you are sitting/resting, you may remove the sling as long as your upper arm/shoulder stays near your body. You may take off the entire sling up to 3 times daily to bend and straighten your elbow while keeping your shoulder near your body.

The waist portion of the sling does not need to be worn while you are laying down to sleep. It should be on when up and walking or when seated for longer periods of time.

**MOTIONS TO AVOID:** Do not lift shoulder out in front of body, out to your side, or reach behind your back until your physical therapist has progressed you to that point in therapy. Usually, it is 6 weeks before you'll be moving the shoulder on your own. It is ok to bend/straighten your elbow and use your hand to do things like typing (as long as your shoulder stays near your body). For example, you should put a computer keyboard in your lap instead of reaching out on a table for your keyboard). Initially in therapy, your therapist will do "passive motions," which means your muscles won't be doing the work. This protects your surgical repair and allows your body to heal.

**SLEEPING:** Please try to wear the sling while you are sleeping for 6 weeks after surgery- this provides good support to the shoulder. You may remove the sling to sleep if you are too uncomfortable, but try to keep your shoulder near your body (placing pillows around and behind the shoulder may help). Some people find it more comfortable to sleep upright (in a recliner chair) for a few days to weeks after surgery- this is optional.

**RETURN TO WORK:** This depends on the nature of your job. If you have a desk job or can work from home, you may be able to do computer/phone work within 1 week of surgery. However, you may not drive yourself to work for 3-4 weeks.

If you have a labor job, or job that requires heavy lifting/repetitive use of your shoulder, you may need to be off work for months. You will have restrictions for up to 6 months after your rotator cuff repair. Some employers allow light-duty, and we can give you work restriction notes at each post operative visit if necessary.

## **MOST COMMON QUESTIONS**

**How should I be using my sling?** The sling should be worn at all times when you are up and walking around. While you are sitting/resting, you may remove the sling occasionally as long as your upper arm/shoulder stays near your body. You may gently bend and straighten your elbow, keeping your upper arm near the body. Typically the sling will be worn for 1 month total. However, the use of the sling may be individualized based on your surgery. Some patients will wear the sling for 6 weeks to protect their surgical repair.

If you have an “arc” sling (with waist portion): The waist strap should be on when you are up walking. Wearing the waist strap to sleep is optional. The purpose of the waist strap with the small bar that extends is to hold the shoulder in a slightly “abducted” position, which allows for less tension on the rotator cuff and labrum during the healing process.

**What motions should I avoid?** Do not lift shoulder out in front of body, out to your side, or reach behind your back until your physical therapist has progressed you to that point in therapy. Usually, it is 1 month to 6 weeks before you’ll be moving the shoulder on your own. It is ok to bend/straighten your elbow and use your hand to do things like typing (as long as your shoulder stays near your body). For example, you should put a computer keyboard in your lap instead of reaching out on a table for your keyboard). Initially in therapy, your therapist will do “passive motions,” which means your muscles won’t be doing the work. This protects your rotator cuff/labrum repair and allows your body to heal.

**When can I drive?** Please do not attempt driving for about 4 weeks after surgery. This is for your safety, as well as other drivers- please do not attempt to drive with only one hand. Reasons for no driving post operatively: A quick, reactive motion of the shoulder while driving could damage your surgical repair. Secondly, you should not drive while taking any narcotic pain medications.

**How should I be sleeping?** Please try to wear the sling while you are sleeping for 4 weeks after surgery- this provides good support to the shoulder. If you have an “arc” sling (which has a waist strap portion), you do NOT need to sleep with the waist strap attached. You may remove the sling to sleep if you are too uncomfortable, but try to keep your shoulder near your body (placing pillows around and behind the shoulder may help). Some people find it more comfortable to sleep upright (in a recliner chair) for a few days to weeks after surgery- this is optional.

**What about pain medications?** Take the narcotic medication regularly for at least the first few days after surgery. If you have having minimal pain and would like to switch to a milder medication, please take Tylenol/acetaminophen (extra strength or regular). Do not take Tylenol and norco together (this would be too much acetaminophen). Do not exceed more than 4000mg of Tylenol/acetaminophen in a 24 hour period. After your rotator cuff repair/labral repair, try to avoid taking NSAID anti-inflammatories such as Advil (Ibuprofen), Motrin, and Aleve (Naproxen)- there are studies that show these anti-inflammatories may slow healing of your repair. If, for example, you get a headache and would like to take an occasional anti-inflammatory that is fine.

#### **HOW CAN I LEARN MORE ABOUT ROTATOR CUFF TEARS?**

Please visit AAOS site: <http://orthoinfo.aaos.org/topic.cfm?topic=a00064>

Surgery for rotator cuff tears: <http://orthoinfo.aaos.org/topic.cfm?topic=a00406>

## **WHAT TO EXPECT DURING YOUR RECOVERY**

**7-10 days post-op:** You will have your first office visit with Cassie Mandala, Dr. Mehta’s Physician Assistant. You will review surgical pictures and discuss the procedures. Please feel free to ask any questions.

**4-6 weeks post-op:** You will be able to discontinue your sling/immobilizer around this time. You may begin to use your arm for daily activities, but should not lift more than a few pounds. For exercise, you may do a stationary bike, walking, and some lower-body exercises but should avoid running or elliptical machines (this will cause too much jostling of the shoulder).

**2-3 months post-op:** You may continue to use your arm for daily activities, but should avoid any aggressive lifting or throwing motions. You should have very good motion of your shoulder at this time. For exercise, you may stationary bike, light jog, elliptical machine, and continue doing your physical therapy strengthening exercises.

**3-4 months post-op:** The majority of people are finished with physical therapy by now. You still have some restrictions for your shoulder- please contact our office if you have questions about which activities are safe at this time.

**6 months post-op:** If things have progressed as expected, you will likely be able to resume all activities as tolerated. Congrats- you no longer have any restrictions for your shoulder! Understand that full strength may still take a few more months.

## **SPORTS SPECIFICS GUIDELINES**

We know you are eager to return to your sports and hobbies. We want to guide you safely through that process. Please use the following as a guide:

### **GOLF**

6 weeks post-op: Putting

3 months post-op: Chipping, pitching, and half-swings with your short irons

4-5 months post-op: Full but gentle swings with irons

6 months post-op: Full play with no restrictions

### **BASKETBALL**

3 months post-op: jogging, light dribbling drills

4-5 months post-op: Free-throws, passing drills, "shooting around," but no contact

6 months post-op: No restrictions

### **FOOTBALL**

3 months post-op: Jogging and light throwing drills

4-5 months post-op: Agility/plyometric training with the guidance of a professional

6 months post-op: No restrictions

### **WRESTLING**

3 months post-op: Jogging

4-5 months post-op: Agility/plyometric training with the guidance of a professional

6 months post-op: No restrictions

### **BASEBALL/SOFTBALL**

3 months post-op: Jogging and light throwing drills (with guidance of physical therapist)

4-5 months post-op: Throwing/batting drills

6 months post-op: No restrictions

## **WEIGHT LIFTING**

Please follow the instructions of your physical therapist. Once you are nearing the end of physical therapy (typically 3 months post-op), your therapist can create a safe “return-to-lifting” program. Physical Therapists and Athletic Trainers can outline a specific plan for you.