

## **POST-OPERATIVE INSTRUCTIONS**

### **SHOULDER ARTHROSCOPY**

Rotator cuff repair (Massive)

Dr. Adam O'Brien

#### **MEDICATION**

- You will be prescribed a narcotic pain medication with or without additional Tylenol, take as instructed and only as needed. Do not take additional Tylenol unless prescribed.
  - **Pain medication may cause constipation.** You may take an over the counter stool softener (docusate, senna, Miralax, etc) to help prevent this problem.
  - You should take these medicines with food or they may nauseate you.
  - You may not drive or operate heavy equipment while on narcotics.
  - Pain medication is refilled on an individual basis and only during office hours.
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 6-12 hours after your surgery). **Do not wait until the block completely wears off.**
- Do **NOT** take medications such as Advil, ibuprofen, Aleve, naproxen until 6 weeks after surgery
- Resume all other home medications unless otherwise instructed.

#### **WOUND CARE and DRESSINGS**

- You may remove your bandages two days after surgery unless instructed otherwise. Do not remove the steri-strips (small pieces of tape) covering the incisions.
- Do not get your dressings wet. When showering (after dressings removed), let water run over the incisions and pat dry (no scrubbing).
- You may take off your sling to shower, but let your arm dangle at the side
- To access your armpit, lean forward slightly to let you arm dangle away from your side. Do not lift your arm above your head or use your muscles to hold our arm up.
- Incisions may not get wet until after your first postoperative visit. **No submersion of wounds (bath, hot tub, pool) until a minimum of 3 weeks after surgery.**
- You may notice small spotting through your dressings, this is normal. You may place an additional bandage of this area. If it becomes saturated, it is ok to change the dressings entirely and replace them

#### **BRUISING**

- The arm/shoulder may become swollen and bruised, which is normal and is from the fluid and blood in the shoulder moving down the arm. It should resolve in 14-21 days.
- The elbow, forearm and inner arm may also become swollen and bruised, which is normal

- **If you experience severe pain or swelling, call immediately (see contact info).**

### **COLD THERAPY**

- Ice should be used for comfort and swelling. Use it at least 20 minutes at a time, every hour while awake if needed. (A simple bag of peas works well as an inexpensive alternative)
- **Never apply directly to exposed skin. Place a dish-towel or t-shirt between your skin and the ice.**

### **SLING**

- The sling and abduction pillow should be worn at all times (including sleeping) other than for showering, dressing changes and exercises.
- Do not attempt to use your own muscles to move your elbow away from your side
- You may move your fingers, hand, wrist and elbow as tolerated. **The arm should be taken out of the sling 3-4 times a day to bend and straighten the elbow**
- For sleep, you may want to sleep in a reclined chair or elbow propped on pillows (to prevent it from sagging)

### **WEIGHT BEARING and EXERCISES**

- Non-weight bearing (carrying, lifting or supporting body) for first 6 weeks
- Your first physical therapy session should occur within 1-2 weeks after surgery
  - It is a good idea to schedule this before surgery to avoid wait lists
  - Physical therapy is crucial to recovery, and much of the work is **homework!**

### **EMERGENCIES**

- Please call if you notice any of the following (see contact info below):
  - Uncontrolled nausea or vomiting, suspected reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

### **FOLLOW UP APPOINTMENT**

- Please make your first post-op visit 10-14 days after surgery if not already scheduled.

### **CONTACT INFORMATION**

- For surgery or prescription related questions or concerns, please contact:
  - **Monday-Friday (8AM-5PM)** – Ortho Triage Nurse at 512-509-2525 (option 1).
  - **After Hours (M-F 5PM-8AM/weekends/holidays)** – Patient Advisory Nurse at 1-800-724-7037.
- For any scheduling or appointment questions or concerns please call 512-654-6588 (M-F, 8AM-5PM).

The intent of this rehabilitation protocol is to provide the patient and therapist with general guidelines post-operatively. It is meant to be adaptable based on individual patient progress and clinical decision making. The goal of rehabilitation is to allow the repair time to heal, while maintaining shoulder range of motion. Unlike other repairs, the rotator cuff heals slowly and must be allowed ample time before excessive stress is seen. Progression through each phase is based on patient's performance, pain, timing related to rotator cuff healing, and clinical discretion.

**\*\*Important:** for patients undergoing additional biceps tenodesis, they should perform AROM with wrist in neutral position and no resisted biceps activity for 8 weeks

	<b>Weight Bearing</b>	<b>Sling</b>	<b>Therapeutic Exercise</b>	<b>Precautions and Goals</b>
<b>Phase I 0-5 Weeks</b>	Non-weight bearing	On at all times other than hygiene, elbow ROM	Pendulums OK, neck ROM, elbow/wrist ROM	No active ROM (AROM), no lifting or supporting body.
<b>Phase II 5-8 Weeks</b>	Non-weight bearing	On at all times other than hygiene, elbow ROM.  Begin to wean at week 5-6 if comfortable	Continue Phase I  Begin passive ROM (PROM) supine, start at: - flexion to 90° - ER in scapular plane to 20° - IR to abdomen	No AROM, no shoulder motion behind the back.  Goal PROM: - flexion to 125° - ER to 75° - IR to 75° - abduction to 90°
<b>Phase II 8-10 Weeks</b>	Non-weight bearing	For comfort only	Start AAROM flexion in supine position. Progress to full passive ROM	No supporting body, no sudden jerking movements,

			<p>by week 10.</p> <p>Ok for pool therapy for light AROM.</p> <p>Initiate prone rowing to neutral arm position.</p> <p>Begin rotator cuff isometrics</p>	<p>no motion behind the back</p>
<p><b>Phase III</b> <b>10-14</b> <b>Weeks</b></p>	<p>Partial weight bearing (&lt;5 lbs)</p>	<p>None</p>	<p>Continue stretching and PROM as needed.</p> <p>Add dynamic stabilization exercises. Start strengthening program (band work, pulleys).</p>	<p>No supporting body, no sudden jerking movements, no overhead lifting</p>
<p><b>Phase IV</b> <b>4-6</b> <b>months</b></p>	<p>Partial weight bearing (&lt;10lbs)</p>	<p>None</p>	<p>Continue as above.</p> <p>Initiate light functional activities and progress to fundamental shoulder exercises</p> <p>Advance proprioceptive and light sports (chipping for golf, ground strokes tennis, etc) at 5 months</p>	<p>No supporting body, no sudden jerking movements.</p> <p>Patients must elevate arm without shoulder/scapular hiking before initiating isotonic</p>
<p><b>Phase IV</b></p>	<p>Advance to</p>	<p>None</p>	<p>Begin interval sport</p>	<p>Gradual return</p>

<b>6+ months</b>	full weight bearing		program (golf, doubles tennis, etc)	to all activities if pain free.  Typical return to play >8 months.
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