



Orthopedic Surgery • Sports Medicine  
*Neil Kumar, MD*

## **Post-Operative Instructions – Rotator Cuff Repair with possible:**

### **Subacromial Decompression, Distal Clavicle Excision, Biceps Tenodesis, Biceps Tenotomy**

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#### **How Big Was Your Tear?:**

Surgery for rotator cuff tears is different for each patient and many factors go into the recovery plan after repair. After surgery, I will tell you if your rotator cuff tear was small, medium, or large. Other procedures may have been done at the same time as the repair, which will also play an important role in your recovery. All of this information will form the guidelines for your post-operative physical therapy plan.

#### **Bandages:**

Your post-operative dressing has two layers. First, your incisions were closed with stitches and covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place until your sutures are removed about 2 weeks after surgery.

The second layer is a white fluffy dressing that is taped to your shoulder. Since arthroscopy is performed with water, this second layer can absorb some water that will leak from your shoulder for the first couple hours after surgery. Occasionally, there will also be a small amount of blood mixed with this water, which is nothing to worry about.

We will remove the dressings and replace them with fresh new ones a few days after surgery. Once your dressings are removed in the office, you do not have to cover your shoulder unless the skin is irritated by your clothes or if you will be in the sun for long periods of time. Your skin will be extra sensitive to the sun until fully healed so take extra precaution.

#### **Ice, Elevation & Cryo-Cuff:**

The best way to minimize swelling after surgery is with the frequent application of ice and gentle range of motion exercises. The ice pack should be large (like a big zip-lock bag) and held firmly on the shoulder.

Many patients will have a cryo-cuff placed on top of the bandages to cool the shoulder after surgery. (If you do not have one simply follow the same instructions using a bag of ice). Use the cryo-cuff for 20 to 30 minutes every 1-2 hours for the first 3 to 4 days. Also, use it after physical therapy or times of increased activity for the next several weeks.

**Sling:**

A sling is used to protect your repair after surgery and for comfort. Use of sling is dependent on the size of the tear and type of surgery you had. The sling is usually required at all times up to 4 weeks for small tears, 6 weeks for medium tears, and 8 weeks for large tears. Your therapist will give you specific instructions on how to position the sling correctly. The sling should be worn at all times, including during sleep. The only exception is during showers. Feel free to adjust the sling in order to make it more comfortable so long as your shoulder stays in the proper position.

Several times a day, the sling must be removed to work on gentle pendulum range of motion. Your therapist will show you the proper technique to do these exercises safely. Pendulum exercises help prevent excessive stiffness, which will allow you to regain motion and recover strength later during rehabilitation.

**Washing & Bathing:**

You will be seen in the office a few days after surgery. Until this time, keep the dressings clean and dry to avoid issues with incision healing. You may shower by covering or wrapping plastic over the dressing. Once your dressings are changed in the office, you can shower without covering your shoulder. You can use soap on your shoulder and over the Steri-Strips. This shower should be quick. Do not take a bath or use a swimming pool until 1 month after surgery. Because lake and ocean water contain bacteria, avoid these for 6 weeks after surgery.

The yellow discoloration you will find on your shoulder and arm is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water, instead you will need rubbing alcohol to remove it. This should be avoided until your first office visit unless it is causing your shoulder to itch, then it can be removed sooner.

**Physical Therapy**

Most patients will have seen the physical therapist at least once prior to surgery. This is so you can start the rehabilitation process right away. At this appointment, your therapist will teach you exercises that will be important to do regularly before surgery and right after surgery. They will also teach you how to use the sling properly. Regular physical therapy will begin after your first office visit, and you will start range of motion exercises on your first visit depending on the type of surgery you had.

**Follow up appointment:**

I want to see my patients in the office 3 to 4 days after surgery. Sometimes I find other issues with your shoulder that we did not anticipate. When these unforeseen circumstances occur, I may want to see you in the office sooner than originally planned.

**Pain Medications:**

I will usually prescribe multiple medications for the control of your post-operative pain. Please read the Surgical Pain Medicine Guide to help understand your post-surgical pain medications. During surgery, I will often inject a painkiller, like novocaine, that will give some pain relief for several hours after surgery. It is important to begin to take your pain pills before this medicine wears off.

Oxycodone is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. Narcotic medications like Oxycodone can cause nausea or an episode of vomiting. Take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses, the nausea goes away. If you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. Normally, Oxycodone is taken every 6 hours but if the pain is severe, it can be used every 4 hours. Remember, narcotic pain medications do have addiction potential with prolonged use.

### **Sleeping:**

Many patients have difficulty sleeping after their shoulder surgery. There are several reasons for this: pain from the surgery, the difficulty wearing your sling, and simple restlessness. Taking your pain medication about one hour before you go to bed can often alleviate the pain and help you get a good night's rest.

### **DVT Prophylaxis – Prevention of Blood clot following surgery:**

The risk of a leg blood clot following minor surgery is very rare. The majority of patients that suffer this complication usually have a prior history of a blood clot, a positive family history of DVT, or other unusual risk factors. The medical literature is unclear what method of prevention is best and you will find that each surgeon does this a little different.

- Take one 81mg aspirin every day for 30 days
- Take one 325mg aspirin every day for 30 days
- Take one 325mg aspirin twice a day for 30 days

### **What to watch out for:**

- Pain that is increasing every hour in spite of the pain medication
- Pain or swelling in your calf
- Fever greater than 101°
- Increasing pain with walking
- Unable to keep food or water down for more than one day

### **Who to Call for Questions and Problems:**

If you are having problems or have questions, please call our office at 813-684-3707 (Brandon/Riverview office) or 813-633-0286 (Sun City office) and our nurse will help you. We realize the after surgery some problems or questions are urgent and can not wait until normal working hours. Under these circumstances please call 813-684-3707 anytime (24 hours a day, 7 days a week) and the doctor on-call or I will return your call. If you do not receive an answer within 20 minutes there may be a problem with the beeper so please call again. If an emergency were to occur you can always go straight to the emergency room for immediate attention.