

DISCHARGE INSTRUCTIONS: ROTATOR CUFF REPAIR

You have undergone rotator cuff repair, which involves placing tendon against bone with suture and/or other devices. It will take 6 weeks on average for the tendon to actually biologically heal and re-attach. During those first six weeks, **protecting the repair is paramount.** This means that you should not lift the arm in front of you (elevate) or away from the side of your body (abduct). There is one simple rule to follow: keep your elbow at, or close to, your side. If you actively use the repaired tendon(s), the repair will fail.

Most of my rotator cuff repairs are performed arthroscopically. If you had an “open” or “mini-open” approach, you had a large or complex tear. Your initial postoperative recovery may be more restricted in some of these cases: you may have a sling with an additional pillow attached and you may be asked not to perform the pendulum exercises listed below.

A. Comfort (see postop pain control instructions for details and precautions)

1. Ice –Place crushed ice over your shoulder for 20 minutes, four times a day.
2. Pain Medication –These should be taken only as often as necessary. Do not take pain medication with alcohol, sleep aids, or other sedatives.
3. Anti-inflammatories (NSAID’s)—Most patients will be given a prescription for NSAID’s, or asked to obtain some over the counter. If so, this will be on your discharge instructions from the surgical facility.
4. Nerve block—Most patients receive a nerve block placed in the neck to numb the shoulder. This can last 6-12 hours on average. Start taking your pain medication before, or at, the first sign that the block is resolving (return of tingling or sensation in the hand). Once they start resolving, nerve blocks wear off quickly, and if you do not have pain medication circulating, it can be hard to get the pain back under control.
5. Sling – A sling has been provided for your comfort and to protect the repair. You must sleep with the sling on. When upright, the elbow should be seated deeply in the corner of the sling, with the wrist above the level of the elbow (heading “downhill” from hand to elbow). The sling should be worn such that the elbow is in front of the body (on the abdomen, not at the side). During sleep, I recommend placing a pillow behind the elbow to keep it from falling down along your side. You may take off the sling as long as the elbow is supported by your

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other arm, an armrest on a chair, or your lap. The sling can be removed for hygiene or showering, again making sure the arm is supported.

B. Activities

1. The sling should be used in the manner noted above for 6 weeks postoperatively. If you had an open or mini-open repair of a large-sized tear, your sling may have an attached pillow to support the elbow away from the body.
2. Motion – Regaining motion in your shoulder can decrease pain and quicken your recovery. However, you must remember to protect your repair at all times. If you had a large tear, you will be asked not to perform any shoulder exercises until after your first follow up appointment.
 - a. At your first follow up visit with Dr. Tenholder, you will be given a prescription for formal physical therapy.
 - b. Pendulum exercises—Start the day after surgery. Sit in a chair or stand and support yourself with the nonoperative arm. Carefully remove your sling, hang your arm at your side. With your elbow straight, lean forward over your knees and gently swing your arm forward and backward like a pendulum or in small circles. Do this for a few minutes, 4 times daily.
 - c. With your sling off and upper arm supported, you may flex and extend your elbow and wrist (3X a day for 15 repetitions) to avoid elbow stiffness.
 - d. Active range-of-motion (when you move the arm without someone’s help)—it is ok for you to move your arm actively **ONLY** if the elbow is supported at your side, not allowing your elbow to come away from the body. This includes activities like using a computer keyboard or mouse, buttoning a shirt, or bringing your hand to your mouth. The shoulder should only rotate through a small range of motion, and should not elevate or abduct.
 - e. It is OK to shrug your shoulders and perform ball squeezes in the sling.
 - f. Athletic activities such as lifting, swimming, bicycling, jogging, running, and stop-and-go sports should be avoided until cleared by Dr. Tenholder.
 - g. Return to Work – Your ability to return to work depends on a number of factors, including pain control and the specific demands of your job. You must wear a sling and abide by the restrictions noted above for six

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weeks. You will not be able to work at shoulder level or above, or lift more than a pound or two for 8-12 weeks.

C. Wound Care

1. Remove the surgical bandaging the day after surgery. Use peroxide to remove any dried blood the first time, but do not use peroxide repetitively. Clean the incisions with anti-bacterial soap and water, and place Band-aids (patches or gauze for any larger incisions).
2. You may shower 3 days after surgery. Keep it brief and try to keep the surgical site out of the water.
3. Bathing, swimming, and soaking should be avoided until one week after the stitches are removed.
4. It is common to see bruising around the shoulder and into the upper arm and chest develop 1-5 days after shoulder surgery.

D. Call Dr. Tenholder if:

1. Pain is not controlled or worsens the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody material from the wounds. (Clear red tinted fluid is OK and some mild drainage should be expected for a day or two).
3. Temperature elevation greater than 101.5 degrees.
4. Pain, redness, or swelling in your arm or hand.
5. Numbness or weakness in your arm or hand that persists after the nerve block wears off.

E. Return to Dr. Tenholder's Office:

Your first return to our office is typically within 5-10 days after your surgery. The postoperative appointment day and time was selected by you and my surgery scheduler during the scheduling process. If this was not communicated to you or you do not recall the specifics, please call the office at 850-863-2153. Any of the receptionists can inform you. Alternatively, you can call my surgery scheduler directly.

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