

DISCHARGE INSTRUCTIONS: ROTATOR CUFF REPAIR

Dr. Tenholder Patients

You have undergone rotator cuff repair, a procedure that secures the tendon to the bone using sutures or other devices. On average, it takes 6 weeks for the tendon to biologically heal and reattach. **Protecting the repair during this time is critical.** Do not lift your arm forward (elevate) or out to the side (abduct). Follow one simple rule: keep your elbow at or close to your side. Actively using the repaired tendon before it heals can cause the repair to fail.

Most of my rotator cuff repairs are performed arthroscopically. If your surgery was done through an “open” or “mini-open” approach, it means you had a large or complex tear. In these cases, your early recovery may be more restricted. You may be placed in a sling with an attached pillow, and you may be advised not to perform the pendulum exercises listed below.

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 – This should be taken only as often as necessary. Do not take pain medication with alcohol, sleep aids, or other sedatives.
3. Anti-inflammatories (NSAIDs) – You may be prescribed an NSAID or asked to purchase one over the counter. If so, details will be included in your discharge instructions.
4. Nerve block – Most patients receive a nerve block in the neck to numb the shoulder. This typically lasts 6-12 hours. Begin taking your pain medication before, or as soon as, you notice the nerve block wearing off (return of tingling or sensation in the hand). Once the nerve block starts to fade, it wears off quickly, and if you do not have pain medication already in your system, it can be hard to get the pain back under control.
5. Sling – A sling has been provided to protect your repair and keep you comfortable. You must wear it while sleeping. When upright, position your elbow deep in the corner of the sling, with the wrist above the level of the elbow (angled “downhill” from hand to elbow). The sling should hold your elbow in front of your body, resting on your abdomen rather than at your side. At night, place a pillow behind your elbow to keep it from falling along your side. You may remove the sling as long as the elbow is supported by your other arm, an armrest, or your lap. It can also be removed for hygiene or showering, as long as the arm remains supported.

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 should not perform any shoulder exercises until after your first follow-up appointment.
 - a. At your first follow-up visit, you will be prescribed 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 (3 times 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 any stop-and-go sport are to be avoided until cleared by Dr. Tenholder.
 - g. Return to Work – Your ability to return to work depends on several 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 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.

WOUND CARE

1. Remove the surgical bandage the day after surgery. You may use peroxide once to help remove dried blood, but do not use it repeatedly. Clean the incisions with antibacterial soap and water, then cover them with Band-Aids or gauze for larger incisions.
2. You may shower beginning 3 days after surgery. Keep showers brief and try to keep the surgical site out of direct water.

3. Do not bathe, swim, or soak until at least one week after your stitches have been removed.
4. Bruising around the shoulder, upper arm, and chest is common and may appear within 1-5 days after surgery.

CALL DR. TENHOLDER IF YOU EXPERIENCE ANY OF THE FOLLOWING:

1. Pain is not controlled or worsens within the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody fluid from the incision. (A small amount of clear, red-tinted fluid or mild drainage for a day or two is normal.)
3. A temperature higher than 101.5 degrees.
4. Pain, redness, or swelling in your arm or hand.
5. Numbness or weakness in your arm or hand that continues after the nerve block has worn off.

RETURN TO DR. TENHOLDER'S OFFICE:

Your first follow-up appointment is usually scheduled within 5–10 days after surgery. The date and time were chosen with you and the surgery scheduler during the scheduling process. If this information was not provided or you don't remember the details, please call our office at 850-863-2153. Any receptionist can assist you, or you may contact my surgery scheduler directly.