

Patient Discharge
Instructions #4



Rotator Cuff Repair

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Rotator Cuff Surgery: Different techniques are in use at this time. The overall goals are to remove the chronically inflamed bursa; remove the acromial hook or bone spur; occasionally to remove an arthritic AC joint; and to repair the rotator cuff to itself or to the humeral head. These can be done arthroscopically or through an open incision.

Arthroscopic techniques involve using small incisions (arthroscopy portals) to look into the shoulder joint. A motorized shaver is used to remove the bursa. Next a power burr is used to remove the bony hook or spur from the acromion. The rotator cuff is repaired with sutures to itself or to the bone of the humeral head with or without surgical anchors, which are inserted into the bone of the humeral head. Sometimes this surgery is performed with a small incision at the outer shoulder (a mini-open surgery).

Open rotator cuff repair involves detaching the deltoid muscle from the acromion. Next the acromial hook or spur is removed using a saw or osteotome (chisel). A rasp is often used to smooth the cut bone edges. The bursa is then removed with scissors. The torn edge of the rotator cuff is prepared, and the tendon is sutured into the bone of the humeral head. This may be done by making bony tunnels or using anchors to the bone. The deltoid muscle is then sewn back onto the acromion. **Mini-open procedures** use a smaller incision to accomplish this.

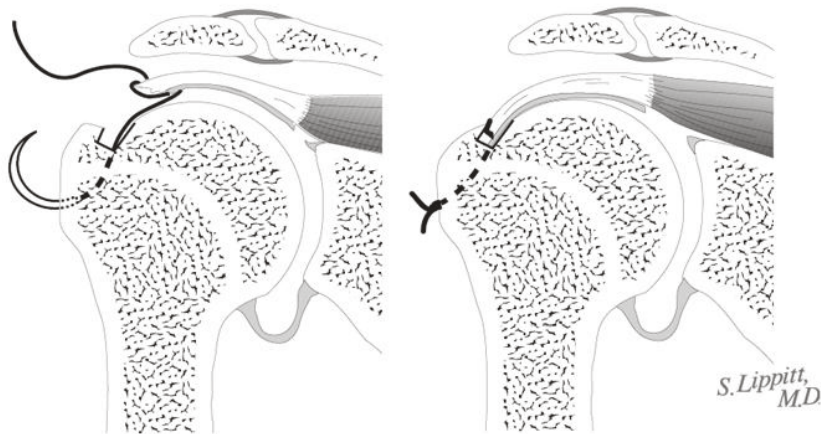


Figure 1

Please view our website at: www.OrthoNeuro1.com for more information. Click on **Patient Education**, then click on **Shoulder**. The Viewmedica window has information on anatomy, conditions, and surgical techniques. There is also an option to print information.

Before Surgery

- ◆ Please read all of your instructions and follow them carefully.
- ◆ Dr. Berasi tries to speak with every patient immediately before surgery. On rare occasions, he may not be able to do so, if your case is moved to a different OR in order to expedite your treatment.
- ◆ Your surgery time is an estimate that depends upon coordinating patients, personnel, doctors, OR rooms, and equipment. We apologize if you must wait, but rest assured that we will take all the time needed to do your surgery.
- ◆ Dr. Berasi will call your family immediately upon completing your surgery. If your family is not available at that time, please call the office the following day.
- ◆ Arthroscopic pictures will be taken and explained to you at your first office visit. You will also receive a copy of the pictures.

Diet

- ◆ Return to your normal diet slowly. Start with liquids. Progress to a regular diet if you are not nauseated.
- ◆ Do not drink any alcoholic beverages for 24 hours or while you are taking narcotic pain medication.
- ◆ You will need a diet high in fiber until you return to your usual activities.
- ◆ If you are diabetic, check with your family physician about diet and medication.

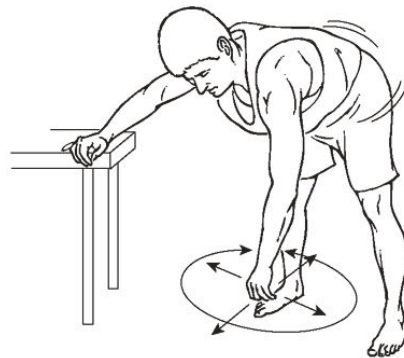
Safety and Activity

- ◆ Arrange for an adult to drive you home from the hospital and stay with you for the first 24 hours after surgery.
- ◆ Limit your activity for 24 hours. You may feel dizzy; take care as you walk or climb stairs.
- ◆ Do not drive or operate machinery for 24 hours or while you are taking narcotic pain medication.
- ◆ Do not make important personal decisions or sign legal papers for 24 hours.
- ◆ Keep the shoulder in a sling at all times, except for showering and pendulum exercises, for the first 4 weeks. Wear it to sleep as well.

Safety and Activity (continued)

- ◆ Postoperative rehabilitation and exercises are very important to regain motion and then strength.
- ◆ Return to sports depends on the type of sport and the position played, as well as the quality of the tendon at the time of repair.
- ◆ A minimum of 6 months is necessary after surgery before returning to sports.
- ◆ Full shoulder motion and strength are necessary before returning to sports
- ◆ Return to work depends on the type of employment. Desk work can be done in a few days using the non-operative arm. Physical labor jobs may require up to 6 months before returning. This should be discussed with Dr. Berasi prior to returning to work.
- ◆ **You may perform the pendulum exercises shown below 3 days after surgery. These are passive exercises that do not require you to actively lift your arm.**

Shoulder * Pendulum



1. Lean forward at the waist, letting your operative arm hang freely. Support yourself by placing the opposite hand on a chair, table or counter as shown above.
2. Sway your **whole body** slowly forward and back. This will cause your arm to move. Let your arm hang freely. Do not tense it up or try to actively raise the operative arm.
3. Repeat the above swaying side to side and moving in circular patterns, clockwise and counter-clockwise.
4. Do 10 repetitions in each direction.
5. Repeat exercise 10 times, 4 times each day.

Pain Management

- ◆ You will be given a prescription for pain medication. Many patients do well by taking ibuprofen 600mg-800mg three times daily with food. Make sure that you have no contraindications to ibuprofen, such as ulcers, and take it with food.
- ◆ Ice the shoulder whenever possible for 15 minutes, every 1-2 hours, while awake for the first 1-2 weeks after surgery. Thereafter, continue to ice your shoulder if you experience pain or swelling.

Wound Care

- ◆ Some bloody spotting on the dressing is normal in the first 24 hours.
- ◆ You may remove your dressing in 3 days and shower. Your arm must remain hanging down relaxed at your side. You will need assistance to re-apply your sling. **Do not actively lift or use your operative arm.**
- ◆ Keep the wound clean and dry for the first two weeks, except for showering.

Post Anesthesia Instructions

- ◆ If you received general anesthesia, you may have a dry, raspy sore throat. Throat lozenges may relieve this. You may also have 1-2 days of muscle soreness.
- ◆ If you received spinal or epidural anesthesia, you may have pain at the injection site. Rarely patients may have a headache. If you do, stay in bed (getting up to go to the bathroom only), drink plenty of fluids and take Tylenol (Acetaminophen) 650 mg. every 4 hours. Do not exceed 4000 mg. in a 24 hour period. Call us at (614) 775-6600 if you have not urinated within 6 hours, your headache persists after 2 days, you develop new leg weakness or numbness, or you experience an inability to control your bowels or bladder.
- ◆ After a regional nerve block, you may not have return of movement or feeling to the operative arm for up to 24 hours after the block is placed. Protect the affected arm until normal movement and feeling return. Some pain at the injection site is normal. If you have severe pain at the injection site, contact the Anesthesia Department at (614) 775-6600.

Follow Up Appointment

- ◆ Make an appointment to see Dr. Berasi in approximately 1 week if your surgery was done arthroscopically, and in 2 weeks if done open.

Contact your doctor immediately if you have any of the following:

- ◆ Heavy or persistent bleeding.
- ◆ Difficulty breathing or swallowing.
- ◆ Fever over 101°F.
- ◆ Changes in the color or temperature of your hand or fingers.
- ◆ Sudden onset of numbness after nerve block resolved.
- ◆ Sudden, severe pain or pain not relieved by medication.
- ◆ Redness, swelling or pus around the incision.
- ◆ Inability to urinate within 6 hours of leaving the hospital.

For after hour emergencies, contact the doctor at (614) 890-6555. If symptoms are severe, go to the nearest emergency room or call 911.