

# ROTATOR CUFF REPAIR- POSTOPERATIVE INSTRUCTIONS

## ROTATOR CUFF

The rotator cuff connects your upper arm bone with your shoulder blade and is made up of four of the muscles and tendons in your shoulder:

- Supraspinatus
- Infraspinatus
- Subscapularis
- Teres Minor

### **TENDON TEAR**

The rotator cuff tear can be partial or complete. Most tears occur in the supraspinatus tendon, but other tendons can be involved.

## ROTATOR CUFF TEAR - SURGICAL REPAIR

The surgical approach depends on the surgeon's experience and patient anatomy/physiology. All techniques have the same goal: **reattach the tendon to the bone so that it can heal**. One or more tendons can be reattached and surgery most often involves the use of suture anchors for this purpose.

The most commonly used techniques are: Arthroscopic, Mini-open and Traditional open repair.

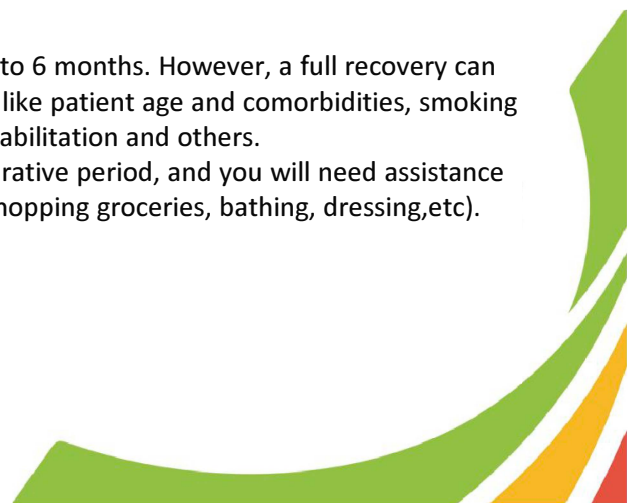
- Arthroscopic repair - small incisions are used to insert a small camera and instruments to reattach the tendons. It is the least invasive and most commonly performed method.
- Mini-open repair - combines both open and arthroscopic method.
- Traditional open repair - some complex cases maybe will need a traditional surgical incision, larger than the previous ones.

All three methods have similar results regarding pain relief, patient satisfaction, and improvement in strength and shoulder function after proper rehabilitation.

## RECOVERY

Surgery may require a long recovery period and usually takes 4 to 6 months. However, a full recovery can take up to a year. Many factors influence the surgery outcome, like patient age and comorbidities, smoking status, tear size, number of tendons involved, adherence to rehabilitation and others.

The function of the operated limb will be limited in the postoperative period, and you will need assistance with daily living activities (making a meal, cleaning the house, shopping groceries, bathing, dressing,etc).



# ROTATOR CUFF REPAIR- POSTOPERATIVE INSTRUCTIONS

## POSTOPERATIVE CARE

### GENERAL INSTRUCTIONS

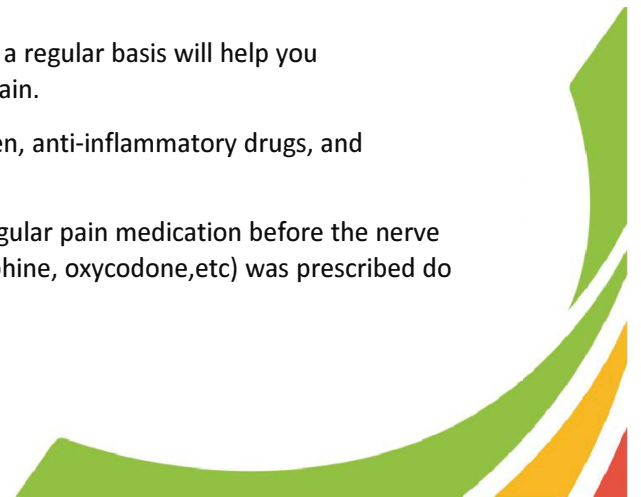
- You may experience discomfort and pain in the shoulder for several days, but we will help you deal with it. It may not be possible to completely eliminate your pain, but make it less intense.
- Immobilization(sling), ice therapy and medications will help you manage pain for the first few days.
- If having a **nerve block** : **DO NOT** apply ice until the block wears off.
- **DO NOT** move your shoulder or try to reach behind your back with the operative arm.
- NO weight bearing through surgical arm.
- NO pushing and pulling with the operative arm.
- You should move your hand, wrist and elbow to reduce swelling.
- NO lifting of objects.

### SLING

- You will be placed in a sling to limit the motion of your shoulder in order to protect the tendon repair and for your comfort. It is likely to be used for 4 to 6 weeks. It can be removed for showering, dressing and elbow range of motion exercises (unless instructed otherwise by Dr Leith).
- When the sling is off you may let your arm hang straight down at the side.
- When wearing the sling make sure your elbow is at 90 degrees and your forearm is parallel to the ground.
- It is recommended that you sleep with the sling.

### PAIN MANAGEMENT

- Taking your pain medicine as prescribed by your surgeon on a regular basis will help you manage your pain more effectively, even if you are in mild pain.
- The usual regimen we use is a combination of acetaminophen, anti-inflammatory drugs, and narcotics.
- **IF HAVING A NERVE BLOCK:** it is important to start taking regular pain medication before the nerve block wears off. If a strong painkiller (hydromorphone, morphine, oxycodone, etc) was prescribed do not wait until the pain is severe.



# ROTATOR CUFF REPAIR- POSTOPERATIVE INSTRUCTIONS

## COLD THERAPY (ICE)

- Do not use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned. **(IF HAVING A NERVE BLOCK)**
- You could apply ice for up to 10 minutes, remove it for an hour and repeat the 10 minutes application 4 to 6 times a day, always with one hour interval. Remember that you must put a thin towel or a thin shirt between the ice/ice pack and your skin.
- If you are using a CRYO THERAPY UNIT please follow the manufacturer directions.
- **DO NOT SLEEP WITH ICE.**

## BATHING/ WOUND CARE

- You should keep the bandage that was placed on the day of the surgery for 3-4 days.
- You can shower, but you must keep your dressings dry and covered. Waterproof bandages work well for this purpose.
- After 7-10 days you can let the wounds get wet, but do not remove the steri strips( tape ).
- If non-absorbable sutures are used, they will be removed at the 2 weeks postoperative visit.
- If you bend over forward and let the arm passively swing away from the body, you can safely wash under your operative arm.
- Do not get into a pool or bathtub for the first 3 weeks.

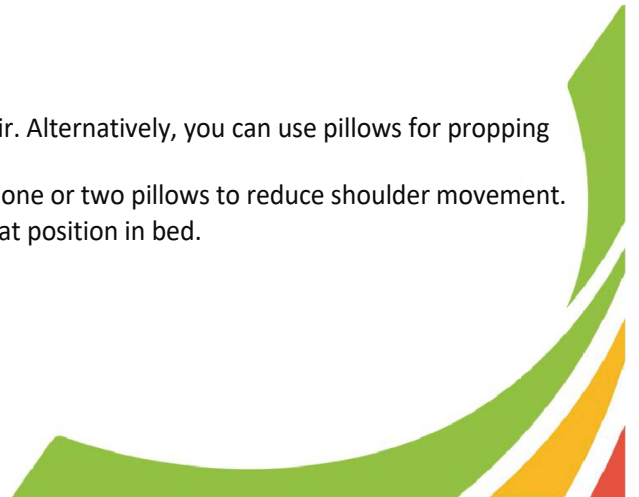
It is common to have swelling and bruising around the wounds. The bruising changes colour over time from red to yellow or green and may go down the arm.

Contact Footbridge **Wound Care Resource line: 778-945-6756, Ext 8** if:

- Increased warmth and redness around the wounds;
- Increased fluid leaking from the wound;
- Increased swelling and pain on the operated arm;
- Body temperature above 38 Celsius/101 Fahrenheit.

## SLEEPING

- It is recommended to use the sling while sleeping.
- The first few days it may be easier to sleep in a reclining chair. Alternatively, you can use pillows for propping yourself up in bed.
- It is recommended to support your elbow from behind with one or two pillows to reduce shoulder movement.
- It may take some time before you are able to lie in a more flat position in bed.



# ROTATOR CUFF REPAIR- POSTOPERATIVE INSTRUCTIONS

## PHYSICAL THERAPY

- Physiotherapy will begin after your first follow up visit with Dr. Leith.
- In the meantime, you are encouraged to move your hand, wrist and elbow 4-5 times per day, at least 5-10 minutes at a time.
- You will follow a rehabilitation protocol based on your surgery and on your special needs.
- At **Footbridge Clinic** we have a **Physiotherapy team** used to our protocols and who will instruct you on how to perform the exercises at home. But if you already have a physiotherapist you should contact them so that you can book your appointment.

## COMPLICATIONS OF ROTATOR CUFF SURGERY

Fortunately, a small percentage of patients experience complications. Most common are:

- Tendon re-tear- may happen in any type of surgery; less frequent in arthroscopy.
- Stiffness- high chance to improve after adequate rehabilitation program.
- Infection- less frequent in arthroscopy. Antibiotic treatment and additional surgery may be needed.
- Chronic pain- pain may persist after the procedure, but usually less severe.
- Other examples of complications: nerve injuries and Deltoid muscle detachment.

## CALL 911 if:

- You have trouble breathing.
- You have chest pain.
- Anyone noticed that you lost consciousness.

## RETURN TO ACTIVITIES - TIMELINE ( approximate)

- Deskwork: when comfortable with sling
- Daily living activities: 6 weeks
- Driving: when you are off the sling, usually after 6 weeks
- Using arm overhead: 12-14 weeks
- Using arm behind back: 12-16 weeks
- Carry objects: 14-16 weeks
- Pushing and pulling: 16 weeks
- Heavy jobs/sports: after physical therapy rehabilitation

