



# UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

## Post-Op Instructions for Shoulder Arthroscopic Rotator Cuff Repair with or without Biceps Tenodesis

Jacob B. Stirton, MD

### DIET

- Begin with clear liquids and light foods (jello, soups, etc).
- Progress to your normal diet if you are not nauseated.

### WOUND CARE

- Maintain your operative dressing until the third post-operative day.
- It is normal for the shoulder to swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed, reinforce with more dressings.
- Remove surgical dressing on the third day after surgery – if minimal drainage is present, apply waterproof Band-Aids over incisions and change daily.
- You can get the incisions wet in the shower (water and soap lightly run over the incisions and pat dry). Simply pad dry afterwards and reapply waterproof band-aids.
- To avoid infection, NO immersion of the operative arm (i.e.: bath or pool) until six weeks after surgery.
- Please do not place any ointments lotions or creams on the incisions.
- Sutures are typically removed between 10-14 days post operatively.

### MEDICATIONS

- A nerve block is typically administered by the anesthesia team unless the patient specifically requests otherwise. This will wear off within 24-36 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Some patients will require narcotic pain medication for a short period of time – I prescribe oxycodone which can be taken 1-2 tabs every 3 hours as needed for pain.
- To minimize the need for narcotics, I prescribe ibuprofen and Tylenol to be taken three times per day each for the first 2 weeks.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We prescribe a stool softener to help prevent constipation but be sure to drink plenty of water as well. If you are having problems with



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nausea and vomiting, we prescribe an antiemetic, Zofran. If this fails to resolve the issue please contact the office.

- Do not drive a car or operate machinery while taking the narcotic medication.
- Please avoid alcohol use while taking narcotic pain medication.

## ACTIVITY

- **Remain in abduction sling 24/7 for 6 weeks!** Only remove for showers.
- While maintaining your elbow by the side, begin elbow, hand, and wrist exercises immediately.
- Formal physical therapy (PT) typically begins 2 to 6 weeks after surgery depending on the size of the tear. A prescription and protocol will be provided at your first post-op visit.
- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort.
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

## SLING

- **Remain in abduction sling 24/7 for 6 weeks!** Only remove for showers.

## ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) for 20-30 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.

## EXERCISE

- You may begin wrist and hand range of motion on the first post-operative day about 2-3 times per day.



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- Formal physical therapy (PT) will begin after your first post-operative visit two weeks after surgery. A prescription and protocol will be provided at that time by Dr. Stirton.

## **EMERGENCIES**

\*Contact Dr. Stirton's office at 706-439-6858 if any of the following are present:

- Fever (over 101° F – it is normal to have a low-grade fever (<100°) for the first day or two following surgery) or chills
- Redness around incisions
- Color change in hand or wrist
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)

\*If you have any of the following emergencies that require immediate attention proceed to the nearest emergency room.

- Excessive nausea/vomiting
- Unrelenting pain or calf pain
- Difficulty breathing

## **FOLLOW-UP CARE/QUESTIONS**

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 706-439-6858 to schedule.
- If you have any further questions please contact Dr. Stirton's office.