



David B. Cohen, M.D. / Sports Medicine, Knee, Shoulder and Elbow Surgery / 203-407-3518

**Instructions For:
Rotator Cuff Repair
Part I**

Prior to Surgery:

We require pre-admission testing by your family physician within 30 days prior to surgery. We **MUST** have the results in our office at least 10 business days before surgery. Fax number 203-407-3558, attention Regina.

On the day prior to surgery, you must call the surgical center at 407-1500 to find out the arrival time for your surgery. This is usually two hours prior to surgery, in order to admit you, shave your shoulder before surgery, etc.

****Please do not shave yourself, as this may increase bacterial growth on your skin.****

PLEASE MAKE ARRANGEMENTS FOR HELP AT HOME IF YOU LIVE ALONE. YOU WILL NEED SOMEONE TO STAY WITH YOU THE FIRST NIGHT, BUT YOU WILL STILL NEED HELP FOR SEVERAL DAYS AFTERWARD.

Day of Surgery:

It is a good idea to wear a loose, button-down shirt to the surgical center. Your family may wait with you until you are taken to the holding area. Dr. Cohen will see you prior to the procedure, answer any questions, and place my initials on the correct shoulder.

You will be in the recovery room for about 45 minutes after your surgery.

After Surgery:

In the operating room, your shoulder will be lightly bandaged and a sling with a pillow will be applied. Your I.V. will be taken out in the recovery room after you have successfully emptied your bladder.

We may want you to begin physical therapy after your first post-op visit with Dr. Cohen. P.T. usually begins between 2 and 6 weeks after surgery and will be determined by Dr. Cohen on a case to case basis. We work closely with Star PT, but if no office is



convenient, check with your insurance provider for other facilities that are covered. You will be going to physical therapy 3 times per week for 4-5 months after your surgery.

It is important for you to ALSO be doing your exercises ON YOUR OWN to help regain the range of motion of your shoulder. You should begin range of motion exercises for the elbow immediately after surgery.

Pain medication will be given to you in the recovery room. It will be the same medication that you have at home.

My assistant Regina will make your post-operative appointment for you (usually at your pre-op appointment). If you are unsure about this, please call the day after surgery.

At Home:

Change the dressing two days after your surgery. The small arthroscopic incision sites with steri-strips across them may be left open to air. DO NOT REMOVE THE STERI-STRIPS. Please do not use any ointments or creams on the incision or portal sites. When showering, you may cover the incisions with plastic wrap and tape or large water-proof band-aids that do not stick to the steri-strips until you are seen in our office for your post-operative check.

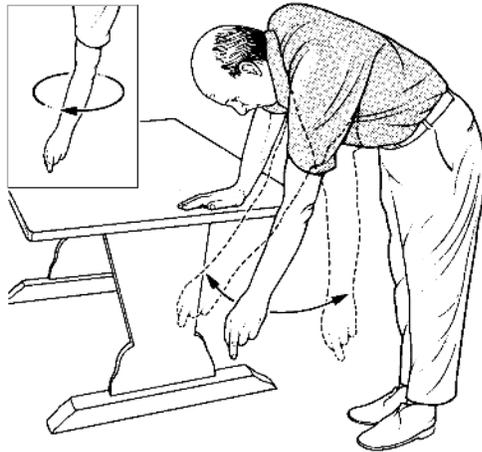
IT IS NORMAL FOR YOUR HAND TO BE NUMB FROM THE NERVE BLOCK FOR THE FIRST 24 HOURS. AFTER THAT, NORMAL FEELING SHOULD RETURN; THERE MAY BE SOME NUMBNESS OR TINGLING FOR 2-3 DAYS BUT SHOULD BE GRADUALLY IMPROVING.

You will be using your sling with the waist-strap for 6 weeks after surgery. You may remove it to perform exercises. Try to do your exercises 3-5 times a day.

Exercises: You should bend and straighten your elbow 10 times, 3 times a day. You may squeeze a ball and move your wrist. You may begin gentle "pendulum" exercises where you bend forward at the waist and let your arm fall forward toward the floor. By moving your body slightly, your arm should make SMALL circles (12 inch diameter MAX) clockwise and counter-clockwise, with your palm facing forward and with it facing backward. Do this gently! Your arm should be hanging limp. Spend 5 minutes, 4 times a day doing this. Dr. Cohen may tell you not to do these at first if your tear is large or the tissue quality is poor.

Do not use the hand on your operated side to open any jars or grip anything against resistance. Your shoulder is responsible for stabilizing your hand! Typing is permissible as long as you rotate at the body instead of at the shoulder. Also, do not push off with the elbow of the operated arm when getting out of a chair or bed.

PENDULUM EXERCISES



You may be contacted by a company that provides an ice machine. Patients find this extremely helpful for pain control. Try to use the ice machine, ice or ice packs as much as possible, especially during the first 2 weeks after surgery and after PT. If the icepack is on your skin, use it for 30 minutes on, 30 minutes off. You may be more comfortable sleeping in a recliner or with pillows propping you up in your bed.

Do not attempt to lift the arm on your own or to push off with your elbow for the first 6 weeks while the tendon is healing to the bone. It is only attached with stitches! After 6 weeks, you may begin to lift your arm on your own, but do not lift anything other than the arm itself. At 3 months after surgery, we will allow you to lift up to 5 pounds. At 6 months after surgery, you may begin to lift heavier objects. Your therapist will instruct you in proper lifting techniques to minimize the stress on the rotator cuff in the future.

Miscellaneous Information:

There may be a small amount of bleeding and/or fluid leaking at the site. This is normal as the shoulder is filled with fluid during the surgery, sometimes causing leakage for 24-36 hours. You may need to change or reinforce the bandage as needed.

It is normal to have mildly increased swelling in the arm and hand and some bruising on days 1-3 compared to the day of the surgery. The swelling should be decreased by using the ice and elevating your hand.



Please feel free to call our office with any questions or concerns. Best wishes for a speedy recovery.

Part II

Rotator Cuff Repair: What to Expect After Surgery

Anesthesia: The surgery is performed with a combination of a nerve block and general anesthesia. The shoulder will be numb for 12-24 hours. The nerve block allows for less general anesthesia during the surgery which reduces the risk of nausea after surgery. This also greatly reduces the pain after surgery.

The Procedure: Dr. Cohen performs rotator cuff repairs using an all-arthroscopic technique through 4 small holes (called “portals”). It is done as an outpatient in a surgical center that specializes in orthopaedic procedures. He uses the “double row” repair technique which has been shown to provide the strongest and best fixation of the rotator cuff tendon back to the bone.

After The Procedure: There are several phases of healing after the procedure while the bone of the upper arm gradually (and very slowly) grows into the tendon that has been reattached to it. Think of this like glue slowly drying over several months or the roots of a plant growing into the soil. You will be placed in fancy sling with a pillow after the procedure.

Typical Progression After Surgery:

Week 0-6: Sling at all times except for exercises. PT begins at between 3-6 weeks after procedure depending on tear size and tissue quality. Strictly NO LIFTING OF ARM using own muscles (therapist will begin moving arm passively – with you helping!). The rotator cuff has not stuck to the bone yet. It is being held in place by small stitches that can break if you try to lift your arm!

Week 7-12: Sling is no longer necessary. You may begin lifting your arm away from your body using your own muscle power. No lifting of any objects heavier than a pen/silverware etc. No twisting, pushing off from a chair, pulling or pushing with that arm.



Week 12-6 months: Therapist will guide you in a gradual increase in amount you can lift and resistance of therabands. Still, no lifting of anything away from your body that ways more than 2-3 lbs. (i.e. a can of soda) until you are 6 months out.

6 Months- 8 Months: Gradual return to gym and heavier lifting. Lower weights and higher reps. Lifting mechanics are very important. Avoid lifting weights over shoulder height i.e., military press, incline press, latissimus pull downs. Lifting weight away from the body with the arm extended places the most strain on the rotator cuff. Remember, the tissue is never normal, so care and common sense must be used. Lift heavier objects keeping them close to your body. Bring your body TO the weight.

Expectation for Recovery: The majority of people predictably obtain significant pain relief and improved function from this procedure. Return of strength is somewhat less predictable and depends on factors such as severity of the tear, tissue quality, age of the person, and duration of the tear prior to repair. It is normal to experience some intermittent soreness, clicking or popping even after rotator cuff is repaired. Remember, this will never be a normal shoulder. Continuing to use your bands on a regular basis to keep your rotator cuff strong is recommended.

Frequently Asked Questions:

1. ***When can I drive?*** I don't recommend driving until after 6 weeks at which point you will be out of your sling.
2. ***What is the pain like afterwards?*** This varies significantly from person to person. The nerve block helps significantly for the first 12-24 hours. After that, a narcotic pain medication is required. The first 24-48 hours are typically the most painful. It is not unusual to still require some pain medication, particularly at night, for up to 8 weeks.
3. ***How long does the procedure take?*** Typically, the surgical portion of the case takes 60-90 minutes. In addition, there is time required for anesthesia, positioning, etc.
4. ***How soon should I have this done after it is diagnosed?*** Over time, a torn rotator cuff will deteriorate and pull further away from the bone. This can make the repair more difficult and a good outcome less predictable. Therefore, having the tear repaired in a timely fashion is recommended. While sooner is typically better, waiting 3-8 weeks from the diagnosis does not usually cause more trouble. This decision must be made on a case to case basis.
5. ***When can I go back to work?*** I recommend taking 1-2 weeks off from work after the procedure if you can return to a desk type job or not use the involved



arm at work (it will be in a sling). If you do manual labor, you will not be using that arm to lift heavy items for at least 6 months after the procedure.