



## Postoperative Instruction Sheet for Shoulder Arthroscopy with Mini-Rotator Cuff Repair

**General Information:** Dr. Verheyden performed the majority of your operation with an arthroscope. Surgery debrided and removed bone spurs and damaged tissue. Through the small incision on the side of your arm, surgery reattached the torn rotator cuff tendons back to bone.

**Medications and Pain:** Post-operative pain will be greater than in other arthroscopic procedures on the shoulder because surgery reattached the torn rotator cuff tendons back to bone. There is no need for antibiotics after this procedure. Over the counter ibuprofen and/or Tylenol is often very effective and frequently helps controls the pain, especially if you adhere to a strict ice program in the post-operative period. Take the ibuprofen and/or Tylenol with food and water. Dr. Verheyden typically gives a prescription for pain pills. Wean from the narcotics as soon as possible and take the narcotic pain medications only as prescribed. As long as ice is not in direct contact with skin, place ice 24/7 around the shoulder area to decrease swelling and pain.

**Dressing:** You have a bulky dressing on your shoulder and an arm sling. Dr. Verheyden recommends an ice pack or cold therapy on the shoulder for the first 72 hours. Keep the dressing clean, dry, and intact. After 48 hours, you may remove the dressing from your shoulder. There will be small sutures in the two or three arthroscopy portals that you should leave alone. At 48 hours after the procedure, you can shower and get the incisions wet. After the shower, place a simple Band-Aid over each of the incisions. Prior to 48 hours, it is acceptable to take a shower, but please keep the dressing dry. This can often be done with some form of occlusive dressing like Saran Wrap and tape. No long hot steam showers.

**Activity:** Activity postoperatively is limited to light activities with your operative upper extremity with the arm at the side. I encourage you to remove your sling when you get home the night of surgery. It is perfectly acceptable for you to walk normally with your operative extremity at the side, letting the extremity swing as you normally would when walking. You can also use the extremity for light activities such as typing, writing, reading, cutting food, etc. As long as you can do these activities with your elbow at your side and you are not raising the arm away from the side, these activities are acceptable. You should not be lifting anything greater than five pounds with your operative side. Postoperative physical therapy typically starts a few days after surgery. The goal of therapy will be to increase the range of motion in your shoulder passively. This means that physical therapy will be doing the work and you will be allowing the therapist to move your arm with minimal muscle contraction on your part. This is a difficult concept for most patients to grasp. Completely relaxing the shoulder during therapy will help you regain full range of motion and minimizes stress on the surgical repair. Once physical therapy achieves full passive motion, then a strengthening program might start. After rotator cuff repair, no active forward flexion, abduction, or shoulder external rotation for approximately six weeks. As a rule of thumb, if you keep your elbow at your side, you can use your arm in the partial sphere in front of your body. Encourage aggressive finger, wrist, forearm, and elbow range of motion to decrease swelling and help with pain.

**Follow-Up:** Approximately seven days for suture removal and wound check. It is very important to understand that postoperative rehabilitation is as important as the surgery itself. The leading cause of failure of shoulder surgery is failure of postoperative rehabilitation.

**Precautions:** To minimize the risk of infection, Dr. Verheyden recommends absolutely no swimming, hot tubs, long hot showers or steam showers until 24 hours after suture removal. Keep the wound clean and avoid heavy use. Contact the office immediately for severe pain, elevated temperature, or any sign of infection at 541-382-3344.