You are about to embark on the arthroscopic rotator cuff repair journey. The goal of rotator cuff repair surgery is to create an environment that will allow healing to occur. This is accomplished by securing torn tendon (the rotator cuff) back onto bone (the humerus). Once the surgery is complete, the healing process begins. This is an important concept to understand as a common misbelieve is that surgery has “fixed my shoulder”. By restoring the anatomy of your rotator cuff, surgery allows your body to undergo the biological healing process it was unable to go through when the tendon was torn away from the bone. During this time it is imperative that you follow the instructions provided to you in this packet. Please take the time to read through this information and ask questions.

**Why Will I Be In A Sling?**
In the first 6 weeks following surgery the repaired rotator cuff tendon undergoes a tremendous amount of healing. During this period the repaired tendon is vulnerable and if exposed to excessive strain from moving the arm incorrectly it will tear away from the bone resulting in a “re-tear”. To help prevent a re-tear from occurring the arm is placed in a sling to allow for protection during this initial phase of healing.

**Will I Be Able To Move My Arm?**
While protection is essential following surgery, completely immobilizing the arm by allowing no motion outside of the sling can cause the shoulder to become too stiff. It is important that during the first 6 weeks following surgery appropriate range of motion exercises are performed to keep the shoulder mobile while the healing process continues. This is accomplished through the prescription of very specific exercises that are performed in therapy with your physical therapist and at home as part of a home exercise program.

**What About Physical Therapy?**
There are two commonly prescribed physical therapy protocols following rotator cuff repair. Both protocols are utilized by practicing orthopaedic surgeons across the world yet neither have any been scientifically examined to determine if one is better than the other. Users of both protocols report favorable outcomes however it is unknown as to whether an actual difference between the two exists.
How Does Arthroscopic Rotator Cuff Repair Surgery Work?

Figure 1: Illustrates the rotator cuff (tendon) torn away from the humerus (bone).

![Illustration of rotator cuff torn away from humerus](image1)

Figure 2: A side or sagittal view of the rotator cuff tear. Notice the proximity of the biceps tendon (cord like structure in front of the tear). It may be necessary to remove the biceps tendon and “relocate” further down the humerus. This procedure is called a subpectoral biceps tenodesis.

![Side view of rotator cuff tear](image2)
Figure 3: Suture anchors (screw like device that comes loaded with suture) are inserted into the humerus (bone) at the edge of the rotator cuff tear.

Figure 4: The suture is then inserted into the rotator cuff and used to pull the tendon back down onto the bone. Additional anchors are placed to hold the tendon down onto the bone.

Figure 5: Illustrates the repaired rotator cuff.
Figure 6: If during surgery it is determined that the biceps tendon needs to be relocated, a subpectoral biceps tenodesis will be performed. After cutting the biceps tendon during arthroscopy, a small incision is made near the armpit.

Figure 7: Through the “subpectoral” incision, the biceps tendon is retrieved. A drill is used to create a socket in the humerus to place or “tenodesis” the biceps tendon. An interference screw is used to secure the biceps tendon into the humerus.
Preparing for Rotator Cuff Repair Surgery

Sling

When you wake up from surgery your shoulder will be in a sling. The sling is being used to protect your repair. It is important that you wear the sling at all times other than dressing and bathing. The sling comes with a pillow that sits in between your arm and your body. In order to protect your repair the sling must be worn with this pillow. For more information about the sling please see the post operative instruction sheet.

Exercise and Movement

As a general rule, you should not actively move your arm at any time. Avoid actively elevating your arm overhead. This means that you shouldn't take your arm out of the sling and try to raise it over your head using the muscles in your shoulder. Performing this motion actively has been shown to generate sufficient tension to disrupt your rotator cuff repair early in the post operative phase.

You will be provided with a set of exercises to help prevent stiffness and assist in recovery. These exercises are passive which means you are performing exercises that involve no contraction of the muscles of your shoulder. This is accomplished through the use of your other arm or someone else helping you.

Self Care

Shirt

In an effort to protect your arm we ask that you wear a button up shirt following surgery. Unlike pull over t-shirts, button shirts don't require you to lift your arm over your head. When donning and doffing the button up shirt, lean forward and use the shoulder that didn't have surgery to assist your surgical shoulder into the sleeve. Please do your best to avoid using your arm when dressing.

Hygiene

There are several everyday activities that may involve the use of the shoulder, which had surgery and should be avoided. Activities like brushing your teeth, combing and/or washing your hair, shaving, and bathing could be potentially damaging to your repair early in the post operative period. We ask that you perform these activities using the opposite arm or with the assistance of another person.
Driving

For the first 6 weeks following surgery we ask that you do not drive. Your ability to drive after these 6 weeks will depend on several things. These include:

1. You are no longer taking narcotic pain medications during the day.
2. Adequate strength to operate your vehicle, including braking, shifting and steering.
3. No immobilization (the sling is removed or discontinued)

Physical Therapy

In an effort to help aid and maximize the effectiveness of the healing process, you will be attending physical therapy. Prior to your surgery you will be given a script for post operative physical therapy. We recommend you schedule your first post operative visit before surgery to ensure you are seen at the appropriate time following surgery.

Surgical dressing/bandages

After two days, you may remove the surgical dressing and bandages. After the dressings are removed, you may shower and bath with cellophane over your shoulder to help keep your incision sites dry. Once your stitches are removed you can start showering or bathing without the cellophane.
General Post Surgery

Antibiotics and Dental Work
Do I need to take antibiotics before dental work if I have a screw, plate or allograft placed inside a bone or joint during orthopaedic surgery?

**NO.** If you have a screw or plate or allograft in place.

**YES.** If you have a total joint replacement.

Stitch “Spitting”
Is it normal to have a stitch or two come out of my incision or scar?

**YES.** This is quite common. Warm soaks and massage will help. If you are experiencing this, please call the office and let us know. 860.679.6600

Showering
When can I shower?

Keep your incisions dry until your sutures are removed. You may bathe or shower by covering your incisions with plastic wrap or a plastic bag until that time. You may take a shower the day after your sutures are removed and a bath three days after your sutures are removed.

Drainage from Incisions
Is drainage normal on my bandages?

You may see slight drainage from your incisions after surgery. There is a lot of water used for irrigation during arthroscopic and open surgery. The drainage you may typically see is thin and watery, and should be clear to reddish or pink in color. This is normal, and simple reinforcement of the drainage should be adequate treatment. If you experience any significant drainage, or bright red bleeding, please contact your surgeon or the on-call staff.
**Signs of Infection**

What are the signs of infection?

Signs of a post-operative infection can typically include a fever (an oral temperature of greater than 101.5 taken at least two times, one hour apart), increased fatigue, or chills. It is normal to experience a slight increase in temperature after surgery. You may see increased drainage, redness, and increased pain.

**Constipation**

I am experiencing constipation, what can I do?

Constipation after surgery is not uncommon. This is generally a self limiting process, and resolves within a few days. There are several factors that can contribute to a slowed bowel function. Anesthesia, dietary changes, decreased activity, and narcotic medications, all work against normal bowel function. You should increase your intake of fluids and fiber. Use narcotic medications sparingly, and only as necessary. You may use an over the counter stool softener (docusate sodium, colace) or laxative as necessary.

**Itching**

I have a lot of itching, am I allergic to something?

Allergic reactions usually include the presence of hives or shortness of breath. Narcotic medications given during and after surgery can cause the release of histamines, and this can cause itching. Using an over the counter anti-histamine, such as Benadryl, can help.
Orthopaedic Surgery

Sports Medicine

How Does Arthroscopic Rotator Cuff Repair Surgery Work?

Donning the Sling

With someone supporting your arm, the sling is first attached from behind the back and locked in the front.

The sling is then attached in the front.

Doffing the Sling

With someone supporting your arm, the sling is unlocked from the front of the sling.

The arm remains supported as the sling is removed.
Orthopaedic Surgery

Sports Medicine

How Does Arthroscopic Rotator Cuff Repair Surgery Work?

Proper Sling Wear

The arm is supported at side resting against the sling pillow.

The elbow is bent to 90 degrees and is comfortably resting in the sling.

Common Sling Wearing Mistake

The sling has slid around to the front of the body. This position can place excessive stress on the repair.

The straps of the sling are too loose. In this position the arm is not supported and excessive stress can be placed on the repair.

The sling pillow is not being utilized and excessive stress can be placed on the repair.
Donning a Button Up Shirt

Bend forward to allow your arm to hang. Please have someone assist you in placing your arm in the sleeve.

Stand to allow the sleeve to be placed over your shoulder. Keep your arm relaxed.

You can now place your arm in the other sleeve.

Doffing a Button Up Shirt

With someone supporting your arm, remove your opposite arm from the sleeve.

Lean forward to allow the other sleeve to move off your shoulder.
DO NOT PERFORM THE FOLLOWING MOVEMENTS

Bend forward to allow the sleeve to the shirt to be removed.

Do not lift up your arm at anytime. This also applies for when you are not in the sling.

Do not place your arm behind your back at anytime.

CALL WITH QUESTIONS

Robert Arciero, M.D. 860.679.6645
Roy Beebe, M.D. 860.678.0022
Thomas DeBerardino, M.D. 860.679.6692
Cory Edgar, M.D. 860.487.9260
Cato Laurencin, M.D. 860.679.1495
Augustus Mazzocca, M.D. 860.679.6633
Kevin Shea, M.D. 860.679.6653