



Discharge Instructions: Rotator Cuff Repair

☐ Biceps Tenodesis ☐ Mumford Procedure ☐ Decompression

Wound Care:

- Remove your shoulder dressing (surface dressing) in 2 days.
- Leave steri-strips (white tape) in place until they fall off or are removed at your first post-op visit.
- You may shower 3 days after your surgery. Allow water to run over your incisions and gently pat dry.
- A small amount of drainage is common and expected after shoulder surgery. Apply bandaids to incisions if needed.
- Some swelling and bruising of the shoulder and upper arm can occur after surgery, this is normal.
- Do not scrub or pick at your incisions.
- Do not apply any lotions, ointments, or creams to your incisions unless directed to do so by Dr. Stapleton.
- Do not submerge incisions underwater (bath, swimming pool, etc.) until fully healed (typically 4 weeks).
- There are no sutures to remove, they are beneath your skin and will dissolve over time.

Sling:

- Wear your sling at all times except showering and exercises for the first 3 weeks after surgery.
- Wear your sling while you sleep. The sling can be adjusted to your comfort, if needed.
- Do not bear weight or use your arm to lift, carry, or pull anything until cleared by Dr. Stapleton
- Remove the sling several times each day and straighten your elbow to prevent stiffness.
- Wearing a sling can sometimes cause shooting pain and/or numbness and tingling in your hand after surgery. If you experience this, remove the sling and allow the arm to hang gently at your side for a few hours. This should help with the discomfort.

Cryotherapy / Ice:

- Use ice packs for 20 minutes every 2 hours while awake after surgery to help with pain and swelling.
- Ice or cold pack should never be applied directly on the skin as this may cause frostbite. A cloth or towel should always be used between the skin and ice pack to protect the skin.
- You may consider purchasing a commercially available ice and compression device available online (e.g., amazon.com). Some options include a NICE Machine, Game Ready machine, or Cryocuff. These devices are not always covered by insurance; please contact your insurance company for cost details. If desired, Dr. Stapleton can write you a prescription for these devices.



Pain / Medications

- **Nerve Block:** you were administered a preoperative nerve block to reduce pain after surgery.
- **Start your oral pain medication before your block wears off.**
- It is easier to maintain pain control if you stay ahead of the pain. It is difficult to catch up with your pain if it gets too severe.
- Expect to have pain following surgery. Pain level of 4-5/10 is our goal. The pain medications prescribed by Dr. Stapleton should provide relief, but often does not take all the pain away. The first few days after surgery are often the most painful. Your pain will improve with time.
- Please use narcotic medications (Oxycodone) sparingly and slowly try to decrease the amount and frequency over the next two weeks.
- Do not make important decisions or sign any legal documents while on narcotic pain medication.
- **Constipation** is common after surgery due to pain medication and lack of activity. Consider taking a stool softener such as Miralax or Colace as needed.

Continue all medications you were taking before surgery in addition to the medications Dr. Stapleton prescribed below.

Narcotic Pain Medication

- You have been prescribed a narcotic pain medication.
 - ☐ **Oxycodone 5mg by mouth every 6-8 hours as needed for pain.**

Non-narcotic Pain Medication

- In addition to your narcotic medication, you should also take:
 - ☐ Tylenol 1,000 mg every 6 hours. Do not exceed 4,000mg of Tylenol per day.
 - ☐ Ibuprofen 600 mg every 8 hours for additional pain control.
 - Take this medication with food to help avoid stomach upset.

Blood Thinner

- You have been prescribed a medication to help prevent blood clots in your legs after surgery (medication indicated below). **It is very important for you to take this medication as directed.**
 - ☐ Aspirin 81mg (Enteric Coated) - Take one pill by mouth two times per day for 30 days.

Diet:

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




Activity:

- Avoid lifting your hand above your head or reaching out to the side with your operative arm.
- It is common for the hand and wrist to swell from being immobilized in a sling after shoulder surgery
 - Elbow, wrist, and hand motion exercises can help reduce this pain and swelling.
- Take frequent short walks to help promote blood flow in your legs and minimize the risk of blood clots.
- **Do not drive while on narcotic pain medication.**
- Do not drive until cleared by Dr. Stapleton to do so. Research shows driving performance is impaired for at least 6 weeks after surgery; patients should use caution when returning to the road.

Physical Therapy:

- Formal physical therapy will be ordered by Dr. Stapleton after your surgery. You will start this 3-5 days after your surgery. Please select a facility of your choosing. Have your physical therapist follow the rotator cuff repair protocol found on www.stapletonortho.com

Begin these home exercises the day after your surgery.

	<p>PENDULUM CIRCLES</p> <p>Shift your body weight in circles to allow your injured arm to gently swing in circles freely. Your injured arm should be fully relaxed. Alternate the direction of the circle with each set.</p> <p>Duration 30 Seconds Complete 1 Set Perform 3 Times a Day</p>
	<p>FINGER ABDUCTION TO CLOSED FIST</p> <p>Open and close your hand into a fist and repeat. When opening, attempt to open as wide as you can as you spread out your fingers maximally.</p> <p>Repeat 10 Times Hold 1 Second Complete 1 Set Perform 6 Times a Day</p>
	<p>ELBOW FLEXION EXTENSION</p> <p>Start with your arm at your side. Bend at your elbow to raise your forearm/hand upwards as shown. Then return to starting position and repeat.</p> <p>Repeat 10 Times Hold 1 Second Complete 1 Set Perform 3 Times a Day</p>

Return to Work or School:

- You may return to work or school as soon as you are comfortable and able to walk safely in your sling. This typically occurs 2-3 weeks after surgery. Return to work/school clearance notes can be obtained from Dr. Stapleton's office if needed.
- Do not drive a car or operate heavy machinery while on narcotics.

Follow-up Appointments:

- Your first post-operative appointment will be in approximately 10-14 days.
- If you do not have an appointment scheduled, please call Dr. Stapleton's office at (304) 647-5114.
- Follow-up care is a key part of your treatment and safety. Please keep and attend all appointments and call Dr. Stapleton if you have concerns or problems.

When to call for help:

Call 911 anytime you think you may need emergency care. For example, call if:

You pass out (lose consciousness).

You have severe trouble breathing.

You have sudden chest pain and shortness of breath.

Call the office at (304) 647-5114 if you have:

Severe pain that does not improve with pain medication.

Calf or lower leg pain and swelling.

Fever over 101°F for more than one day.

Incision keeps bleeding 3 days after your surgery.

Signs of infection, such as redness around incision or pus draining from your incision.

If you have questions or concerns during normal business hours, please call the office at (304) 647-5114.

After hours please call the answering service at (304) 433-8788