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## **POSTOPERATIVE INSTRUCTIONS ROTATOR CUFF REPAIR**

\*\*Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Kaplan or his team supersede the instructions below and should be followed.

### **DIET**

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

### **WOUND CARE**

- Maintain your operative dressing, loosen bandage if swelling of the hand occurs
- It is normal for the shoulder to bleed and swell following surgery. If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- Remove surgical dressing (leave on steri-strips) the **fifth post-operative day**. If an open biceps tenodesis (armpit incision) was performed this incision should remain dry and covered for **7 days**.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning **5 days after surgery**. NO immersion in a bath until given approval by our office.

### **MEDICATIONS**

- Local anesthetics are injected into the wound and shoulder joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- You will be prescribed several medications postoperatively:
  - **Tylenol:** 1000 mg (2 of the 500 mg pills) 3x per day (every 8 hours)
  - **Meloxicam:** 15 mg pill, once per day, with food
  - **Tramadol:** 50 mg as needed for pain. Can be taken at most every 8 hours
  - **Oxycodone:** 5 mg. This is for breakthrough (i.e. you are still having pain, despite the other medications). This can also be taken at most every 8 hours.
  - **Colace (docusate):** 100 mg daily. This is to avoid constipation, which can occur with the pain medication
  - **Aspirin:** 81 mg taken twice per day, for 1 month. This is to prevent blood clots after surgery.

- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication or while in sling
- Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

### **ACTIVITY**

- You are to wear the sling placed at surgery for a total of 6 weeks. This includes sleeping and throughout the day
- If there are 24 hours a day, you should be in the sling 23.5 hours of the day. Removal for hygiene, dressing, and home exercise only
- When sleeping or resting, inclined positions (ie: reclining chair) and a pillow under the forearm while still in sling may provide more comfort.
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed the arm should remain in the sling at all times.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician, it is illegal to drive in a sling
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

### **IMMOBILIZER (if prescribed)**

- Your sling with supporting pillow should be worn at all times (except for hygiene).
- Keep your elbow against the pillow and in front of your body at all times to minimize stress on the repair.
- Keep a pillow behind the elbow when lying down to prevent the elbow from sliding backwards.

### **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 45 minutes every 2 hours daily until your first post-operative visit. Care should be taken with icing to avoid frostbite to the skin.

### **EXERCISE**

- Begin exercises (pendulums and active flexion/extension at the elbow without resistance) 24 hours after surgery unless otherwise instructed.
- While maintaining your elbow by the side, begin elbow, hand, and wrist exercises immediately.
- Formal physical therapy (PT) typically begins after you are seen at your first post operative appointment around 2 weeks after surgery unless otherwise discussed. A prescription and protocol will be provided at your first post-op visit.

### **EMERGENCIES\*\***

- Contact Dr. Kaplan's team if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
  - Unrelenting pain
  - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
  - Redness around incisions
  - Color change in foot or ankle
  - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
  - Difficulty breathing
  - Excessive nausea/vomiting
  - Calf pain
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

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

- If you do not already have a post-operative appointment scheduled, please contact our scheduler
- Your first postoperative appointment will be for a wound check. Additional questions can be asked at that time.
- Typically, the first post-operative appointment following ACL reconstruction is made 10-14 days following surgery for suture removal.
- If you have any further questions please contact Dr. Kaplan through my chart, or call the call center at 929-455-2500.