

DR. SAFRAN'S
INSTRUCTIONS FOR PATIENTS HAVING
ROTATOR CUFF SURGERY

Dr. Safran has determined that you have a torn rotator cuff tendon. Often this tear is caused by the rubbing of your rotator cuff against a "Bone Spur". During the surgery your rotator cuff tendons will be repaired and any bone spurs will be removed. Dr. Safran has attempted (or will be attempting) to make an optimal surgical repair, but the repair will remain quite weak until your body has time to complete the bonding of the tissue to bone. This may require as long as 6 months. In the beginning, until your tendons begin to heal, the tear is only held together by surgical sutures (stitches). Thus, use of the arm before the healing is complete can cause the repair to fail. On the other hand, immobilizing the shoulder for a long period to protect the repair can cause shoulder stiffness due to unwanted scar formation. For these reasons, careful postoperative rehabilitation is an essential part of your surgery. There are two aspects of the rehabilitation program: preventing unwanted scar formation and protecting the repair.

It is necessary to protect your arm in a sling, often for six weeks. Protect your repair by being careful that your arm does not participate in lifting, pushing, or pulling and that it is not raised away from the side under its own power. Unless we tell you otherwise, you may use your hand for typing or writing as long as the elbow is kept at your side. Raising the arm even a small amount places demands on your repair and should be avoided. We will tell you how long these restrictions need to be in effect, but usually they are for at least 6 weeks. During this time you should not drive!

During this period of time, to prevent your shoulder from getting stiff, you will be shown how to do simple exercises to prevent this stiffness. This is the most critical part of your rehabilitation. These exercises are safe: they do not endanger the sutures and must be done often. Passive motion means that the shoulder is moved, but not under its own power. These exercises must be comfortable for you - if you have problems doing them comfortably, let us know. Your operated shoulder is moved by your other hand while the muscles of the operated shoulder are completely relaxed. You can move your shoulder passively by standing up and bending over at the waist, allowing the operated arm to dangle down in a relaxed way. Passive motion is also easily done while you are lying on your back. Grasp the wrist of your operated shoulder with the opposite hand, and slowly lift the arm up to a vertical position and then over your head. On lowering it back down, you will need to concentrate on keeping the operated shoulder completely relaxed.

A second exercise is performed while you are lying down with both your elbows bent to a right angle. Using a cone, a dowel, or a yardstick, gently push the wrist of the operated shoulder out to the side while keeping your elbow at the side. Occasionally we recommend one minute of pulley exercises every hour that you are awake until the arm can be fully elevated overhead.

These passive motions exercises and precautions against active use are continued until we tell you it is time to start the next phase of exercises. Please do not change your program just because it seems time to do so. We need to supervise your program carefully. If you have any questions, please let us know.

Other important features of your surgery are as follows:

1. Depending on the size of your rotator cuff tear, your repair may be performed with the assistance of an arthroscope. If this is the case, you will be able to go home the same day of your surgery. If the tear is too large to fix with the help of the arthroscope, then the traditional technique of repair will be performed and you will be able to go home the next morning.
2. After surgery, you will be placed in a sling. This sling is special because it is easy for a patient, using only one hand, to release their surgical arm from the sling so that exercises may be done. It is also easy to refasten the surgical arm in the sling once your exercises are completed.
3. When you go home you will be given a prescription for Vicodin (Hydrocodone). This is a potent drug, but much less addicting than many other pain medications. It can safely be taken for several weeks, if need be. Other recommended measures include the use of ice, a bag of frozen peas, or a commercial cooling device (Cryocuff) for the first 48 hours. Finally, do your passive range of motion exercises regularly - Stiffness hurts! The quicker you loosen up your shoulder, the sooner you can expect pain relief.
4. Two to four days after surgery, you will have an appointment to see our nurse for a wound check and dressing change. If all is well, you will return 7-10 days later for removal of sutures. By this time you should be well on your way to getting your arm all the way up using the pulley. Finally, 4 to 6 weeks after surgery, you will return again to see Dr. Safran. At this point, he will tell you when it is safe to come out of the sling, when it is safe to begin using your arm, and when it is necessary to begin formal physical therapy.
5. Immediately after surgery, your wound may bleed a little bit. This is normal - when the nurse changes your dressing, you may discover that your skin has "black and blue" marks. Don't be alarmed, the discoloration will disappear, usually in 3 weeks.
6. Complete recovery from your surgery takes, on average, one year. Tendons heal slowly and take many months to recover normal strength. Fortunately, your pain may go away much more quickly so that by 3 months after surgery, your shoulder may be suitable for all but stressful activities. Again, how well your shoulder does is highly dependent on your willingness to use do your exercises early and often post surgery. A stiff shoulder always hurts and may hurt forever despite excellent healing of the rotator cuff tendons. On the other hand, a limber shoulder feels well quickly and is destined for a good result.
7. Many patients who live alone are fearful that they will be unable to care for themselves. In practice, we rarely find that this is so. Everything you need will be given to you before surgery so that you may practice with your pulley and immobilizer and set up your home appropriately. We recommend that you pre-arrange a driver for your surgery and your office appointments. When you feel well enough to drive, a car with an automatic transmission is a must as one of your arms will be partially "out of commission" for the first six weeks. Practice taking sponge baths and dressing with one hand. We prefer that you don't shower until the stitches are removed. Freeze a few easy meals in advance to get you over the initial post-operative period. We want your surgery and rehabilitation to go smoothly. Talk to your doctor before surgery about any questions or concerns not covered in these instruction sheets.