



PATIENT NAME:

DOB:

PHARMACY:

POSTOPERATIVE INSTRUCTIONS

PROCEDURE: ARTHROSCOPIC ROTATOR CUFF REPAIR

NEXT APPOINTMENT:

LOCATION:

PAIN MEDICATION

You will be given a prescription for pain medication after surgery. This should be filled and ready for use when you return home from surgery. You **SHOULD NOT** drive, operate heavy machinery, or participate in activities that require concentration while taking narcotic pain medications such as Percocet, Oxycodone, Norco, Vicodin, or Tylenol with Codeine. You **SHOULD** take an over-the-counter stool softener while taking narcotic pain medications to prevent constipation.

DRESSING

You may remove your dressings and apply Band-Aids to the incision(s) **3 DAYS AFTER SURGERY**. For example, if your surgery was on a Thursday, **DO NOT** remove the dressing until Sunday. At that time, you may take a shower, but **DO NOT** soak the incision(s) in a tub, pool, or body of water for **4 WEEKS** after surgery. Change the Band-Aids **AFTER EACH SHOWER**.

BRACE

You were placed in a shoulder brace after surgery. This brace should be worn **AT ALL TIMES**, including when sleeping. **DO NOT** get brace wet. Brace can be removed for bathing and exercises **ONLY**.

WEIGHTBEARING STATUS

You will be **NONWEIGHTBEARING** on your operative arm. **DO NOT** attempt to lift or carry anything with the operative arm. When bathing, keep arm down at your side or with hand resting on stomach (*as if it were in the sling*). **NO** reaching away from the body.

COLD THERAPY MACHINE

If provided, begin using your cold therapy machine after surgery. We recommend use at least 3 times per day, following the manufacturers instructions for setup and utilization of water and ice, for **NO LONGER THAN 45 MINUTES** per treatment. **ALWAYS** make sure to apply a barrier between the cooling pad and your skin. If you have not been provided with a cold therapy machine, apply ice to the surgical area in a waterproof bag for **NO LONGER THAN 30 MINUTES** per treatment.

HOME EXERCISE PROGRAM

You have been provided a home exercise program [*see attached*], which you **SHOULD** complete at least **2 TIMES PER DAY**. On days where you attend physical therapy, you should complete your home exercises once more that day. Brace can be removed to perform these exercises.

REMINDER: DO NOT attempt to actively move or elevate your shoulder and **DO NOT** attempt to reach away from your body.

PAIN MEDICATION REFILL PROTOCOL

You **MUST** give your physician **48 HOURS** notice for any medication refill. Many medications require your surgeon to send the medication electronically and cannot be called into the pharmacy. Prescriptions **WILL NOT** be filled over the weekend. A prescription for the same medication you have been taking after surgery **IS NOT GUARANTEED**.

WHEN TO CALL YOUR SURGEON

Complications after surgery are fortunately very rare. Please contact our office if you have any of the following symptoms:

- >> Persistent fever >101°F, chills
- >> Increasing pain at the surgical site
- >> New onset numbness or tingling

- >> Hives or new rashes
- >> Shortness of breath or chest pain
- >> Persistent nausea/vomiting
- >> Drainage from your incision lasting >5 days