

Shoulder rotator cuff repair

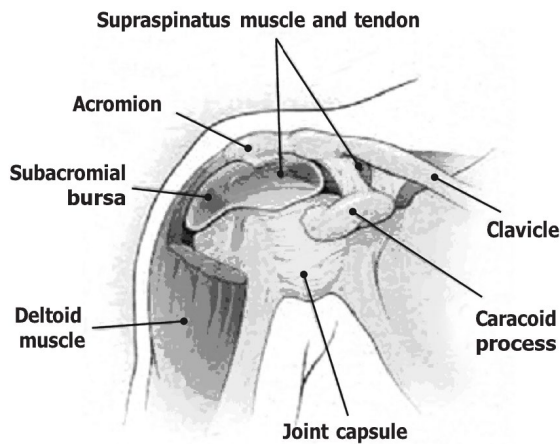
Bring this guide to the hospital on the day of your surgery.

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What is a rotator cuff?

The rotator cuff consists of muscles and tendons that hold your shoulder in place. It allows you to lift your arms and reach up above your shoulders.



What is rotator cuff surgery and how is it performed?

- If the rotator cuff is damaged, the surgeon may recommend arthroscopic surgery to repair it.
- During an arthroscopic repair, the anesthesiologist will perform a regional nerve block (freezing) on the arm. This will control the pain.
- You will be placed in a seated position for the procedure and sedation is given to begin.
- Your surgeon will make 2-3 small incisions on either side of the shoulder.
- Through these small incisions, your surgeon will insert a small camera, called an arthroscope, into your shoulder joint. The camera displays pictures on a television screen. These images are used to examine the inside of the joint.
- If necessary, your surgeon will guide miniature surgical instruments to reattach your tendon to your bone.
- Once the tendon is in the right place, it will be attached with sutures and often, small rivets called anchors.

- These anchors are made of metal or a material that will eventually dissolve. Neither type of rivet will need to be removed. The sutures are attached to the rivets, reattaching the tendon to the bone where it was torn or damaged.
- The procedure may last 60 to 90 minutes.

What are the risks of surgery?

- Infection
- Bleeding
- Nerve damage
- Pain
- Weakness
- Loss of range of motion
- Loss or limits in function

Before your surgery

- You are to provide the sling and bring it with you to the hospital for your surgery. Your orthopedist's office can provide you with this information. Call 613-746-6745
- Practice doing things using only the arm that will not be operated (e.g. preparing meals, washing yourself, wiping yourself after using the toilet with one hand). You will not be able to use the operated arm at first.
- Make sure you have a few extra pillows. You will need these to support your shoulder when sleeping on your back or unoperated side. If preferable, sleeping in a recliner chair/lazy boy is also an option.
- Prepare and freeze meals in advance, purchase easy to prepare meals or frozen dinners that are easy to open. Make sure to have a supply of non-perishable foods at home. Consider grocery delivery or available meal services (example: Meals on Wheels or other options). Prepare the kitchen to have items that you will need at an accessible height (between hip and shoulder level).

- Ask your friends and family for assistance with cleaning and meal preparation.
- Use a reusable hot/cold pack for swollen or tense muscles that you may experience after surgery.
- A "reacher" can help pick things up from the floor and to grab items that are hard to reach. Reachers are available at the pharmacy or medical supply stores.
- Use an electric can opener and an electric toothbrush may be helpful (especially if you are having surgery on your dominant arm).
- Move your nightstand close to your unoperated side. Make sure you can easily reach the lamp and are able to turn it on with your unoperated arm.
- You will not be able to drive for 1 to 3 months after your surgery. Your surgeon will tell you when you can start driving again.

After your surgery

- A bulky dressing will be on your shoulder.
- You will also have a sling for a minimum of 4 to 6 weeks.

Discharge instructions

- Keep your sling in place following your surgery. You can remove the sling for bathing, dressing and doing your exercises only.
- For the first 24-48 hours; then as often as required; apply ice on and off for 15 to 20 minutes at a time.
After 48 hours, apply ice to the painful areas for 15 to 20 minutes at a time as needed. This will help ease pain and decrease swelling. Swelling and bruising are normal. Sometimes the swelling may go all the way down to your hands and fingers.
- Keep the bulky dressing on for the first 48 hours following your surgery.
- Take your pain medication as needed. Most pain medications can cause constipation. Drink plenty of water and eat a diet high in fiber (fruits,

vegetables and cereals). Do not drink alcohol while taking pain medication. Drinking alcohol while using pain medication can increase the risk of serious side effects such as drowsiness, dizziness, liver damage, or slowed breathing. Use non-opioid medications (acetaminophen = Tylenol, ibuprofen = Advil, celecoxib = Celebrex) first to treat your pain as prescribed. If your pain is not well controlled with the non-opioid medication, then add opioid medications as needed as prescribed. Opioids carry a higher risk of side effects and should only be used when conventional pain medications are insufficient in reducing your pain.

- You should sleep on your back or unoperated side. When sleeping on your back, support your operated shoulder by placing a pillow underneath. When sleeping on your side, a pillow can be placed across your chest to support your operated arm. You may be more comfortable sleeping in a sitting position. Sleep with the sling on. Never use your operated arm to get yourself out of bed.
- A non-slip mat in your shower/bathtub will improve safety. Your arm can hang gently at your side while bathing. Do not forget to wash underneath your operated arm. You can increase your independence with bathing by using a long-handled sponge to wash your back and legs using your unoperated arm. You may cover your bandage with plastic while showering. Your nurse will speak to you regarding care of your incision and bandage.
- Loose fitting clothing and button-up shirts are ideal. You may do up/undo buttons using your operated arm. Dress your operated arm first, then your unoperated side. When undressing, begin with your unoperated arm, then your operated arm. Bras should be fastened in front, turned to the back using your unoperated arm and then the straps pulled up last. Your sling should be worn over your clothes. If you wear shoes with laces, you may want to consider elastic shoelaces or slip-on shoes –it is difficult to tie laces with one hand.

Exercises

Deep breathing and coughing

Breathing and coughing exercises help to prevent pneumonia and other respiratory infections. Do this exercise several times a day, before and after your surgery:

1. Breathe in through your nose slowly and deeply.
2. Exhale slowly while puckering your lips, as if you were whistling.
3. Take a deep breath, then cough.

Exercise program

After your surgery, it is important that you follow the exercise program that your nurse will give you after your surgery.

How to look after yourself at home

Personal care

After your surgery, you must support your operated arm in a sling, except when you are getting dressed or washing yourself. You must perform your daily activities with one hand.

The following information will help you maintain your autonomy after your surgery, while reducing the risk of complications, such as dislocation of your shoulder.

Steps to follow for bathing

The first five days after your surgery, you will have to wash yourself by hand (sponge bath), with a washcloth.

To begin

- If you have problems with balance or you prefer not to wear a sling in the shower, you can rent or buy a bath bench or chair and wash in a sitting position.
- Once you are sitting, take off the sling and place your operated arm on your stomach, to support your shoulder.



To wash under the operated arm

1. Lean forward.
2. Let your operated arm hang down.
3. Wash your armpit with your other arm.
 - As much as possible, avoid moving your operated arm. You must only move it slightly in



order to place the washcloth under your arm.

To wash your armpit on the unoperated arm

- Use the “*whip*” technique:
1. Using the hand on the unoperated side,
 2. Place the washcloth in the armpit area,
 3. And while holding the washcloth with your hand,
 4. Wash your armpit by sliding the washcloth out from your armpit.

You can also use a sponge with a long handle and a hand shower, which makes it easier to wash your



back, legs and feet.



Getting dressed

We recommend that you wear the following clothes after your surgery, to maximize your autonomy:

- Loose shirt, with buttons down the front.
- Bra with large straps that does up in the front. If you are wearing a bra that fastens in the back, fasten it in the front with two hands, then turn it to the back with the unoperated hand. Put on the straps starting with the operated arm.
- If you prefer not to wear a bra, you can wear a camisole with a wide neck and large armholes that you can slip on starting with the operated arm, then easily get it over your head using your unoperated arm.
- Pants with an elastic waist. Pants with a zipper are hard to pull up and down with only one hand.
- Shoes without laces, with Velcro or with elastic laces that provide good foot support.

Steps to follow for getting dressed

Putting on a shirt

- Sit on the edge of the bed, or on a chair.
- Take off your sling.
- Slip on your shirt starting with your operated arm, which you let hang on the side of your body.
- Slide the operated arm into the shirt sleeve using your unoperated arm, always letting your operated arm hang on the side of your body. With the unoperated arm, bring the shirt around your back, then slide the unoperated arm into the other sleeve.



- Do up the buttons with the unoperated arm only.
- Put your sling back on.



Putting on a sweater (without buttons)

- Leave your operated arm along the side of your body.
- Slide your operated arm into the sleeve of the sweater, using your unoperated arm, always letting your operated arm hang on the side of your body.
- Do not raise your operated arm.



- Put the sweater on over your head.
- Slide the unoperated arm into the other sleeve of the sweater.



- Put your sling back on.

Exercises following a shoulder surgery

These exercises should be done slowly and smoothly and be started the day following the surgery, once the sensation in your arm and shoulder is back.

Hold 5 seconds; repeat 10 times; do 2-3 sessions per day.

1. Squeeze a ball or a towel, then release.
2. Always stand tall. Always sit tall and use a lumbar roll if needed.
3. With forearm and hand on the table, palm side down. Slide your hand from side to side as far as possible.
4. With forearm resting on table and wrist over the edge.
Turn the palm of your hand towards the ceiling and return with palm towards the floor.
5. With forearm resting on table, palm down, and wrist over the edge. Bring your hand down keeping fingers relaxed, and then up in a fist as far as possible.
6. Sitting with the operated arm supported. Grasp involved arm at wrist and gently bend elbow as far as possible. Then straighten the arm as far as possible.
7. Support yourself on a firm object. Lean forward with your back straight and swing your arm, forward, backward, sideways and in circles. Use gravity only as your momentum.

Apply ice on your operated shoulder for 15-20 minutes every hour.

Make sure to wear your sling as directed by your surgeon.

Specific surgery restrictions

Type of surgery	Beginning of physiotherapy	Sling wearing duration
Rotator cuff repair	2 weeks post-surgery	6 weeks

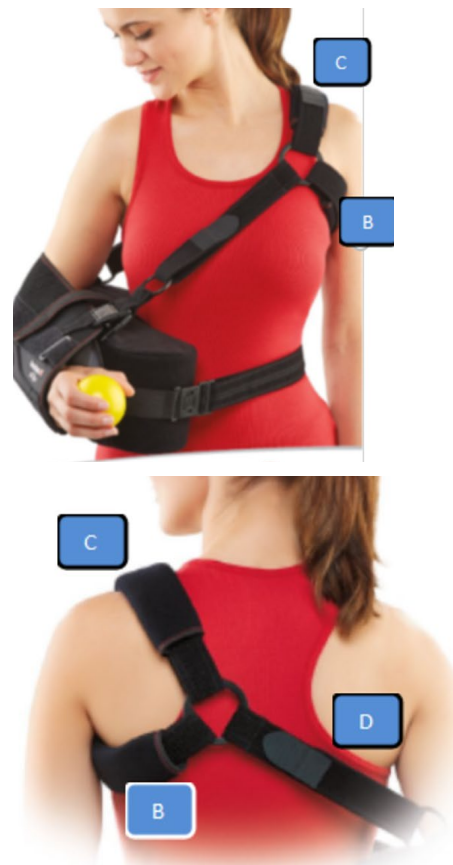
***You may have your physiotherapy follow-ups at the Montfort Hospital or in a private clinic.**

Please advise the nursing staff prior to your discharge if you would like to come to Montfort.

Please contact the physiotherapy clinic of your choice to book an appointment if you have not started physiotherapy by the times listed in the above table.

Use of the sling

- The sling is designed to support your operated shoulder in a comfortable position, away from your body, after your surgery. Adjust your sling properly to your size before arriving at the hospital.
- The sling is to be worn for 4 to 6 weeks following rotator cuff repair or as specified by your surgeon
- The sling should be removed only for bathing, dressing and exercising.
- Follow your restrictions during the recovery period as outlined by your surgeon



- A – front
- B – armpit (left shoulder), if the right shoulder is used, strap B will be on top
- C – top (left shoulder), if the right shoulder is used, strap C will be underneath
- D – Back

Applying your sling

- It may be helpful to support your arm on a firm surface while placing the wedge under the arm of your operated shoulder; however, the arm can hang at your side. Position the wedge such that the narrow edge is towards the back of your body.
- Wrap the waist strap around your back, through the ring at the front of the wedge and secure on the strap using the Velcro tab. The wedge should sit on, or just above your hip.
- Place your forearm in the sleeve of the sling. Your elbow should be bent at approximately 90 degrees (L shape) to allow your forearm to rest comfortably in the sleeve of the sling.
- Secure the sleeve by closing the forearm snaps using your non-operated hand. Start at the wrist and work your way to the elbow.
- There are two Velcro wrists straps on the sleeve, one on each side of the wrist (one strap is attached to the wedge and other strap attached to the sleeve). Place each strap through one of the rings and secure the Velcro strap on the sleeve.
- The black thumb loop is optional. Some patients find using this thumb loop makes their thumb sore/numb.
- Bring the shoulder strap over your non-operated shoulder, through the remaining ring (located in the middle of the two rings used for the wrist strap) and attach the Velcro tab. To adjust the strap, tighten or release the Velcro tab.

Removing your sling

- It may be helpful to support your operated arm on a firm surface for comfort.
- First undo the forearm snaps. Then release the wrist, shoulder and waist straps in this order.
- Slide the sling out from under your arm.

Signs and symptoms to watch for

Contact your physician at 613-746-6745; or go to the nearest emergency room if you have any of the following:

- Fever above 38 degrees C (100.4 degrees F)
- Discharge, redness swelling or a foul smell coming from the incision
- Opening of the incision
- Shortness of breath
- Chest pain

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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