

ARTHROSCOPIC ROTATOR CUFF REPAIR

You had an arthroscopic rotator cuff repair with or without associated procedures (biceps tenodesis, distal clavicle excision, sub acromial decompression) performed today. During the initial phase of healing (first 6-8 weeks), the repair has to be protected. It is critical that you follow the instructions carefully.

PRECAUTIONS (until I clear you for these activities)

1. **DON'T** use your arm (that had surgery) to push yourself out of the chair or bed.
2. **NO** jerky motion or reaching out for objects or pushing, pulling or lifting with the arm that had surgery
3. **NO** reaching behind the back (reaching for the back pocket or for tucking in the shirt) with the arm that had surgery
4. **NO elbow motion against resistance (lifting anything heavy than a cell phone) till 6 weeks** if your biceps tendon was repaired

DIET

1. Begin with clear liquids and light foods (Jell-O, soups, clear liquids, etc.) after surgery
2. Progress to your normal diet as tolerated if you are not nauseated

POSTOPERATIVE ICE USE

The ice is **MOST useful** in the first few days after surgery. You can use ice packs or ice machine. Typically we recommend that you use ice for 20 minutes, four times a day. You can continue using ice as long as it is effective for you, which is usually first 3-4 days.

Place a towel or cloth in between your skin and ice to ensure that the ice pack is not directly in contact with the skin as it can cause frostbite injury.

ANESTHESIA

An anesthesiologist is a doctor who specializes in caring for patients during surgery or a procedure. An anesthesiologist will:

1. Meet with you before your surgery to decide on a plan for anesthesia.
2. Give you anesthesia and pain medication as needed during your surgery.
3. Monitor your vital signs (breathing, blood pressure, heart rate) during your surgery or procedure.
4. Help to manage your pain immediately after surgery while you are still in the hospital.

Typically, anesthesia for this surgery is in form of nerve block and light sedation. The nerve block makes the entire arm numb for a period ranging from 12-14 hours and uncommonly up to 18-24 hours. If the anesthesiology feels that you need more than a nerve block and sedation, they will discuss with you before surgery.

PAIN CONTROL AND DISCHARGE MEDICATIONS

After surgery, you will feel pain. This is a natural part of the healing process. We will work with you to reduce your pain, which can help you recover from surgery faster.

Medications are often prescribed for short-term pain relief after surgery. Many types of medicines are available to help manage pain, including but not limited to opioids, non-steroidal anti-inflammatory drugs (NSAIDs) and local anesthetics. I use a combination of these medications to improve pain relief, as well as minimize the need for opioids.

Be aware that although opioids help relieve pain after surgery, they are a opioid and can be addictive. Opioid dependency and overdose has become a critical public health issue. It is important to use opioids only if necessary. As soon as your pain begins to improve, stop taking opioids. Constipation, nausea and itching are very common side effects of opioids and are other reasons to stop taking opioids as soon as pain begins to improve.

With this surgery patients will typically receive anesthesia in form of a nerve block (makes the entire arm numb) along with light sedation during surgery. You will not have any sensation in your arm (including lack of pain) and will not be able to move much with the arm when the block is working. The nerve block typically last around 12 hours or so (uncommonly up to 18-24 hours). When the nerve block wears off, it happens rapidly and can result in excessive pain as it catches you unaware and this usually happens when patient is asleep/past midnight. The key to avoiding this situation and achieving adequate pain control in first 24-36 hours is to start oral pain medication **BEFORE THE BLOCK WEARS OFF**. It is critical to take opioids, one tablet every 6 hours, and NSAIDs (Ibuprofen) during first 24 hours instead of taking it when the pain first appears.

The anesthetic drugs used during your surgery may cause nausea for the first 24-36 hours. If nausea is encountered, drink only clear liquids and take anti-nausea medication prescribed to you. If you can tolerate clear liquids for few hours, you can advance to light solids like dry crackers or toast and gradually move to normal diet.

You will be provided with a prescription of following medications for your procedure

1. **Percocet 5-325mg** (Opioid pain medication): You can take one or two tablets every six hours for pain control. We recommend that you take at least one tablet every 6 hours for the first 24 hours so that when the block wears off you have pain medication on board. After first 24 hours, you can take 1 to 2 tablets every 6 hours as needed. As your pain lessens, you should take less medication spaced out at greater time interval (every 8hours or 12 hours or only at night).

If you are allergic to oxycodone or are on opioid de-addiction program or taking other medications that make your drowsy, please let us know.

1. **Motrin 600 mg (NSAID)**: You can take one tablet every six hours if necessary for pain control for first seven days. **If you have kidney disease, stomach ulcers, heart disease or allergy to NSAIDs, please let us know as NSAIDs are contraindicated in these conditions.**
2. **Senna-Docusate** (2 tablets at night): This medication is for treating constipation, which is a side effect of opioids. This should be taken the whole time you are on opioids (Oxycodone) or until your bowel movement returns normal. It is a good idea to take it for 4 weeks.
3. **Zofran (4 mg)**: is used if you have nausea or vomiting. You can take up to 3 tablets in a day (every 8 hours) only if you have nausea or vomiting.

Common side effects of the pain medication are

1. Nausea and vomiting
2. Drowsiness
3. Constipation

4. Acid reflux

Remedy for the common side effects

1. **For constipation:** high fiber diet, take Senna-Docusate, and also consider taking an over-the counter laxative such as prune juice, or Miralax
2. **For nausea/vomiting:** take Zofran as instructed
3. **For excessive drowsiness:** space out the opioid medication as far as possible without being in excessive pain; have a responsible adult to help you get around in the house/rest room if needed during first few days
4. **For Acid Reflux:** take over the counter Prilosec (Omeprazole; 20 mg once daily) as long as you are taking NSAIDS (Motrin)

Precautions with pain medications

1. Do not drink or drive or operate machinery while taking the opioid medication
2. NSAIDs (Motrin) increase the risk of stomach ulcers, kidney injury, heart attacks and stroke and their prolonged use without medical supervision should be avoided.

How to wean off Opioids

After first few days (or if your pain lessens early), you should start weaning off opioids (taking less of opioid medication) as following.

1. Take one tablet instead of two
2. Space out the opioid medication, which means that take one tablet every 8 hours instead of every 6 hours and if you feel comfortable make it once every 12 hours or take it only at night and then stop.

You can continue Motrin (600 mg) instead of opioids for first seven days. If Motrin is not necessary, you can transition to Tylenol [OTC, 325 mg; Take 2 tablets every 8 hours)] and/or lower dose NSAIDS [Advil (200 mg; one tablet three times daily) or Aleve (Naproxen 220 mg; one tablet twice a day)].

Medication Refills

Please contact my office on a weekday during regular working hours for medication refills. Don't wait till the end of the day or for a weekend to call. If you leave a message, please include your name, the name of the medication, your date of birth, and the phone number and name of the pharmacy.

SHOULDER SLING

Sling provides relative immobilization of the arm, which is essential in first 4-6 weeks after surgery. Therefore it is critical that you stay compliant with the sling use.

1. Continue to wear the sling including at night unless instructed otherwise.
2. You can come out of the sling for changing clothes.
3. When you are coming out of the sling, you will need assistance to support your arm
4. Do not get the sling wet in shower

5. Sling will be required for 4-6 weeks depending on what kind of repair is done. You can continue to wear the sling after 6 weeks in public for self-protection but you don't have to wear it at home or during night.
6. When in the sling, you can use your hand and wrist for typing on a key board, texting on a phone (but not for receiving or making a phone call with the operative arm or for reaching out or above your shoulder)

THERAPY

You will be provided with a prescription for physical therapy and instructions on how to schedule your therapy. It is highly recommended to find a therapist before surgery and schedule an appointment. Please follow the instructions on the “**how to schedule therapy**” in the FAQ section and call us if there are any questions

1. Therapy will start sometime within first few weeks depending on the extent and complexity of the procedure performed.
2. The therapist will follow my protocol, which is tailored for your rotator cuff repair and other associated procedures.
3. Learn home exercise program from the therapist

WOUND CARE

1. You will have multiple small incisions around your shoulder region (3-5) depending upon the extent of rotator cuff tear and other associated procedures performed. You may have a small incision closer to the armpit if the biceps tendon was reattached in the arm. The shoulder will have a bulky dressing on it. You can leave the dressing on until you see us in the office for first visit. If for any reason you have to change the dressing please use sterile gauze and tape for dressing and even standard band-aid will suffice.
2. It is normal for the shoulder to swell following surgery. If blood soaks onto the bandage, reinforce with additional dressing. However, if you have to keep changing dressing pads repeatedly because of bloody soakage call our office.
3. The incision for reattaching the biceps (biceps tenodesis) can be very sore and sensitive. It usually has some bruising (black and blue) around the incision, which clears in few days-week. Similarly, presence of mild redness (bruising) around arthroscopy portal sites is common and will clear in few days.
4. You can shower (NO BATH, DO NOT completely submerge incision sites) after 96 hours (3 days) but protect the incision with a waterproof bandage and do not scrub the incision site. A lot of patients prefer to have a sponge bath (with wet towel) till their stitches are removed (usually 10-14 days after surgery).
5. To clean your armpit, support your elbow and move it slightly forward with the other hand to expose the armpit (do not take the elbow outwards). Alternatively, you can lean forward and let your arm hang down with gravity and gain access to your arm pit
6. Don't apply any crème, lotion, or oil on the incision till it is healed.

SUTURE REMOVAL

Your sutures will be removed at your first appointment (10-14 days after your surgery). Please make sure that you have an appointment to see me in the office. If not, please call my office to schedule the appointment.

SLEEPING

Patients may have difficulty sleeping on a flat bed with the sling on. The majority of patients feel better sleeping on their back on a recliner. Some patients also find it comfortable making a wedge/ramp with pillows on the bed (make your own recliner in bed). DO NOT sleep on your operative side unless cleared by us.

RETURN TO WORK

As a physician, I am often asked to comment on return to work for patients. I typically comment on what level of work your arm will allow you at each stage of your rehabilitation after surgery. Typically, return to work falls into no work, sedentary work, light work, medium work, heavy work, and very heavy work according to the US Department of Labor definitions.

You will be able to return to work depending on multiple factors

1. What kind of surgical procedure you had done
2. What kind of work do you do: desk job, light duty or heavy lifting
3. If your employer can make adjustments to your work status
4. How you feel after the surgery

If your job requires a work status note we will be happy to provide them. The return to work status will be discussed before surgery and also at every follow-up visit after surgery.

RETURN TO DRIVING

We don't recommend driving in first few weeks after upper extremity surgery. For you to be eligible to return to your preoperative driving status you have to fulfill **ALL the following criteria:**

1. You must be completely off opioid medications
2. You should not be wearing a sling
3. You should not be in significant pain
4. You must be able to place both hands on the steering wheel and operate the controls of the vehicle comfortably and safely.

As a physician, I cannot determine or assess your driving skills and therefore your ability to drive safely. It is a decision that you have to make when you feel comfortable driving after you have fulfilled the aforementioned criteria. I strongly recommend that you should first practice in an empty parking lot and become comfortable prior to driving solo on road. Research studies have demonstrated that it can take anywhere between 6-12 weeks to return to safe driving on road after arthroscopic and open shoulder and elbow surgery. I recommend against long drives in the first few weeks of return to driving after surgery.

Please contact my office if you have further questions.

WHEN TO CONTACT OUR OFFICE IMMEDIATELY

1. Excessive drainage/bleeding on the dressing 48 hours after surgery.
2. Redness, swelling or foul odor from your incision
3. Fever (greater than 101.4) 48 hours after surgery
4. You are in excruciating pain, and medication is not helping at all

5. You are having excessive nausea or vomiting with pain medications

If you are having shortness of breath or chest pain, go to the nearest ER and contact me immediately (see the numbers below)

HOW TO CONTACT OUR OFFICE

If unexpected problems happen and you need to talk to Dr. Virk please call our office. Depending on the office where you had your regular office visits, call the appropriate phone number (see below) and leave a message.

1. **If you were seen at the 355 West 52nd Street** – call 646-754-2100/646-356-9408
2. **If you were seen at the 333 East 38th Street** – call 646-356-9408
3. **If you were seen at the 324 East 23rd Street** – Between 9am – 4:30pm, call the nurse at 646-754-1416 or the office at 212-598-6321. After 4:30pm and on weekends, call 212-606-0089.

FREQUENTLY ASKED QUESTIONS

What if my hand/arm swells after surgery?

It is not uncommon to experience swelling after surgery. It is usually due to a combination of fluid retention (from arthroscopy) and dependent edema (due to nerve block preventing you from moving your hand). Sometimes, your hand may not swell until several days after your surgery.

Make sure that your arm is elevated in the sling and that you are moving your wrist and hand (make a fist and open it repeatedly or squeeze a stress ball 10 times every hour when awake).

Will I have bruising after surgery?

Yes, you will have some degree of bruising after surgery, but everyone is different. It is missed initially because of the dressing covering the incision but it becomes noticeable when the dressing comes off. It will usually resolve in 2-3 weeks.

I am having a fever after surgery. Should I be worried?

A low-grade fever is not uncommon in first 48 hours after surgery. However, persistent fever more than 101.4 beyond 48 hours after surgery is abnormal and you should call our office to let us know.

What if I am having problems sleeping?

Make sure that your pain is well controlled throughout the day. During the day be careful about taking naps and try to avoid them. We do not encourage sleep medications.

What positions can I sleep in?

Patients may have difficulty sleeping on a flat bed with the sling on. The majority of patients feel better sleeping on their back on a recliner. Some patients also find it comfortable making a wedge/ramp with pillows on bed (make your own recliner in bed). DON'T sleep on your operative side until cleared by us.

When can I restart the meds I was told to stop prior to surgery?

Usually right after the surgery but if there is any uncertainty please check with your primary care physician.

How long will I be on opioid medication for? OR Now that I am no longer requiring opioid pain medication, what can I take if I should experience discomfort?

After first few days (or if your pain lessens early), you should start weaning off opioids (taking less of opioid medication) as following.

1. Take one tablet instead of two
2. Space out the opioid medication, which means that take one tablet every 8 hours instead of every 6 hours and if you feel comfortable make it once every 12 hours or take it only at night and then stop.

You can continue Motrin (600 mg) instead of opioids for the first seven days. If Motrin is not necessary, you can transition to Tylenol [OTC, 325 mg; Take 2 tablets every 8 hours] and/or lower dose NSAIDS [Advil (200 mg; one tablet three times daily) or Aleve (Naproxen 220 mg; one tablet twice a day)].

What about using a hot tub or whirlpool?

Because of the heat and bacteria in the water, we do not want you to use a hot tub or whirlpool for six weeks.

How long should I wear the sling for?

Depends on the type of surgery you had we will ask you to be in sling for a specific period of time. After the prescribed restriction period, you can continue to wear the sling for few days-weeks for comfort and protection in public places till you get comfortable with your arm without sling at home.

Can I smoke following surgery?

You should not smoke after surgery as it interferes with wound and tissue healing.

HOW DO I SCHEDULE MY PHYSICAL THERAPY?

Please call NYULMC Physical Therapy Referral Line (1-877-782-8698) to talk to one of our staff about the physical therapy and rehabilitation places near your home or work.

Contact the appropriate therapy site to schedule an appointment and take your therapy prescription with you to your first appointment with therapist.

NYU Langone Hospital based PT and OT

1. **Rusk at Center for Musculoskeletal Care (Langone Orthopedic Center):** 333 East 38th St. (1st / 2nd Aves) 10016; **Ph: (646) 501-7077**
2. **IOC (Occupational and Industrial Orthopedic Center):** 63 Downing Street 10014 **Ph: 212-255-6690**
3. **Rusk at Ambulatory Care Center:** 240 East 38th St. (2nd / 3rd Aves) 10016 **Ph: (212) 263-6033**
4. **Rusk at Center for Men's Health:** 555 Madison Ave. 10022; **Ph: (646) 754-2000**
5. **Rusk at Center for Women's Health:** 207 East 84th Street 10028; **Ph: (646) 754-3300**