

Rotator Cuff Repair

Home Care Instructions

Your rotator cuff is a group of tendons and muscles in your shoulder. It helps you lift and rotate your arm. It also helps keep your shoulder joint in place. But sometimes, the rotator cuff tendons tear or get pinched by the bones around them. An arthroscopic repair involves making small incisions. A small camera and thin tools will be inserted into these incisions which will allow for me to see and fix the tear. An open procedure was the first technique. It is used for large or complex tears of the rotator cuff.

- Dr. Michael Russonella

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| Procedure | The surgery involves pumping fluid into the shoulder and under high pressure (60 mm Hg). Thus, swelling for several days is common. The swelling may extend into the chest and forearm. There may be areas of ecchymosis (black and blue) due to arthroscopic fluid mixing with small amounts of blood—this is normal. |
| Activity | The big rule is no active motion of the shoulder until instructed. The ‘danger zone’ for maximum strain on the repair is 0-90 of abduction. You may begin to move your elbow and wrist when you are comfortable. This will help avoid stiffness. |
| Sling or Immobilizer | Use the sling at all times, including sleep, except showers. The rotator cuff is held in position by deep sutures implanted in the humerus; it is important for you NOT to move your shoulder for 3-4 weeks. The doctor will let you know when you may begin exercises. This includes sleeping in the sling and “short movements” to get dressed. Remember that the rotator cuff muscle most frequently involved is under the most stress with motions from 0-90 degrees. |
| Pain Medication | Use pain medication as needed. You may also use Tylenol (500mg every 6 hours) if the narcotic is too much. To start immediately post-op day #1: 2000mg Vitamin C until the wound is completely healed. You can come off prescription pain medication when you feel comfortable. Try and avoid NSAIDS such as Motrin, Aleve, etc. for the first several weeks as these might compromise healing potential. The response to surgery over the first 5 days is quite individual. Do not hesitate to take 2 tablets of the pain medications every 4-6 hours if needed, and do not hesitate to use supplemental medication for a short period of time. You have been prescribed an antibiotic, although the risk for infection is very low. The pain medication may cause constipation; drink plenty of fluids, apple juice, and prune juice as needed. If you do not have a bowel movement within 5 days please pick up either magnesium citrate or Colace capsules, which are both sold over the counter.
**If your procedure included a PRP injection: It is critical to avoid anti-inflammatory medications including Advil, Aleve, Aspirin, Celebrex, Ibuprofen, and Motrin. ** |
| Nerve Block | You may have had a nerve block or catheter in your shoulder for pain. The anesthesiologist will instruct you as the proper management of these interventions. If you had a nerve block, take pain medication at the first signs the nerve block is wearing off. |
| Wound Care and Showering | The shoulder will have a large dressing over 3-4 small incisions. Leave the dressing on for 72 hours. Remove the large dressing but leave the small sutures in place. The dressing will be blood tinged – this is normal. You may shower after the dressing is removed; do not lather the area with soap, although it can get wet. Apply band-aids over the incision after it is dry. |



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- Sleeping** Sleeping is usually tough for the first week; you may need to sleep in a reclining chair or propped up on pillows. Pain seems to increase at night – this is normal – use the medication and the cryo-cuff/ice.
- Rest** It is important to rest the first few days after surgery to have a significant impact on your recovery.
- Ice** Ice will help decrease pain and swelling. Ice for 15-20 minutes three times a day. You may continue to ice for several weeks following surgery. Ice to splint NOT to fingers.
DO NOT USE HEAT!!
- Return Visit** The office will call you to schedule your post-operative appointments.
- Emergency** Dr. Russonella's staff is available 24 hours a day in case you experience any problems once you leave the hospital. The risk of infection is very low risk. Notify the office if you develop a fever >101°F, with unusual increase in pain, redness, and warmth. Report any pus or unusual drainage to our office immediately. It could be a concern if your incisions swell or have drainage. If you encounter any problems, please call our office.
- ** If you feel chest pain or shortness of breath, please go to the nearest ER for evaluation. Do not call the office or wait for an appointment; although extremely rare, this could be a blood clot in the lungs. ****



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