



First Postoperative Visit After ROTATOR CUFF REPAIR OR OPEN (THROUGH INCISION) ACROMIOPLASTY

Edward G. McFarland, M.D.
Johns Hopkins Sports Medicine
(410) 583-2850

What to expect at this visit:

The first visit after surgery is to make sure that you are doing well and that all of your questions are answered. The main events in this visit will be to examine your shoulder and to remove your stitches. In some instances we may need to get an X-ray of your shoulder. For your examination the doctor will need to see your whole upper extremity, so women will need to be in a shoulder gown and men will have to remove their shirts. The immobilizer you were given can be worn during the visit if it makes you more comfortable.

First the doctor will check your incision and examine your arm. You should have good motion of your elbow, wrist and fingers with little swelling. Let the doctor know if you have any areas of tingling or numbness. Most patients with a open rotator cuff repair or open acromioplasty should be able to do pendulum exercises as shown in the hospital and may be asked to demonstrate these in the office. If your arm is in a pillow keeping it out to the side, you should not let your arm down to the side but should keep it elevated at least to the level of the pillow.

What should you do for pain?

Pain relief after surgery is very important and you should discuss it with the doctor. You should take medication as needed to keep you comfortable and also to allow you to move the shoulder so that it does not get stiff. The best medicine for pain relief is narcotics and you should let the doctor know if you are running low on medicine. Often the medicine you were given when you left the hospital is too strong as your pain improves, so a prescription can be written for a pain medicine not as strong.

Another way to keep the pain down is to use an anti-inflammatory medication, such as ibuprofen, naproxen or other arthritis medicines. You should not use these medicines if you have a history of ulcers, peptic ulcer disease, kidney disease, liver disease or if you are on blood thinners. If these tend to upset your stomach or if you are on blood thinners, new medicines such as Celebrex or Vioxx might be better.

There are also some pain medications which are not narcotics but give good pain relief. An example of this is Ultram. This medicine can also upset your stomach but it depends upon the individual.

Lastly, the ice device you were given will continue to keep down your pain. We recommend that you use it at least two to three hours a day for the first three to four weeks after surgery. It may still be helpful at night prior to bedtime for awhile and some patients find that they sleep better when wearing it. You should use it as long as you find it helpful, and there is no harm using it many hours of the day. It is helpful sometimes to use it after doing your exercises and stretching.

What about my immobilizer?

You should use your immobilizer most of the time for the first two to three weeks. The immobilizer functions to take the stress off of the repaired tendon and off of the muscles which had to be sewn back to the bone. It takes these about four to six weeks to heal back to the bone, so you do not want to stress it too much in the first few weeks. You should support your arm whenever it is out of the immobilizer and not let it hang for too long. A regular arm sling is OK to use during the day around the house, but we recommend that you use the immobilizer brace at night and outdoors for the first four to five weeks. This will keep any motion during your sleep from injuring the shoulder and will keep you from injuring it when outdoors. It is also all right to take the immobilizer off when taking a shower. You can wear it outside of your clothes and you also can take it off periodically to let your skin air out.

What if I have a pillow holding my arm out to the side (called an “abduction pillow”)

If you have a pillow holding your arm out to the side and away from your body, it is critical that you not let your arm come down to your side at anytime for four to six weeks. The pillow is there to take the stress off of the repair of your tendon, and if you let your arm down to the side the repair could be stretched and fail. As a result, you should wear the pillow almost all of the time. It can be worn outside of your clothes, but when putting your clothes on and off you should have someone helping you hold your arm out, away from your body. Also, when taking a shower you can take the pillow off but someone will have to help you hold your arm out to the side. It is important that you do not try to hold the arm up by yourself with your own muscles in that arm because it can put too much stress on the repair. You can hold the operated arm up with your other arm if you can, but it is generally better to have help. You should always wear your pillow to sleep. It is all right to take the pillow off and support your arm on regular pillows if you need to air out your skin, but again it is important that the arm be held out away from your body as much as the pillow did.

What about showering or bathing?

Every physician will have his own opinion about this, but we recommend that you not get the incision wet for four or five days after surgery. Even then we recommend only a shower and that you not soak the incision in the bathtub or in a hot tub. We generally recommend that you not use a bath to get the incision wet for two to three weeks after surgery. Heating your shoulder such as in a hot tub may get it irritated, so use your judgment.

What can I do with my shoulder?

What you can do depends upon how large your rotator cuff tear was and whether you are in an immobilizer or in an abduction pillow. If you have on an immobilizer, you should remove your arm from the immobilizer at least once a day to do the exercises shown to you by your therapist. These include moving your fingers, wrist and elbow. They also will include doing pendulum exercises where you bend over and make small circles with your shoulder. Generally it is acceptable for you to use your arm to feed yourself, to read the paper and to move your arm around at table top height. However, in the first four to six weeks you should not be trying to lift that arm up on its own power above shoulder height. You should not be lifting your arm on your own any higher than a table top. All motions above that should be “passive,” meaning that someone else is moving your arm (like your therapist) or you are using your other arm to move it. You can use your arm for light things at table height, but you should not lift anything heavier than a coffee cup with that arm.

If your arm is in a pillow, then the above does not apply to you. You should stretch your fingers, wrist and elbow daily while in the abduction pillow and you should do this several times a day. You should do passive motion above the splint at least once daily, and this can be done by your therapist or by a friend or family member who can be instructed in this by the therapist. You can lift your arm with the other arm, but you must be careful that the side where the surgery was done does not do any of the work. Passive motion above the level of the pillow should continue until you see the doctor again. You can use the arm to feed yourself but it should not be taken out of the pillow.

When should I start therapy?

You should start formal physical therapy with a therapist seven to ten days after your surgery. Typically we recommend that you see a therapist twice a week, but sometimes it is less and sometimes it is more depending upon your particular surgery. The therapist should show you some exercises to do at home and you should do them once and maybe twice a day. It is not necessary to do them more than this. You should always ice your shoulder after doing your exercise.

When can I drive?

It is generally good policy not to drive your car until you can drive normally. There are several reasons for this. First, you do not want to be in a situation where you need to control the wheel but cannot because of your shoulder. That could lead to a bad problem for you or for someone else. Secondly, the last thing you need is to be in an accident and injure your shoulder or damage the repair. There are no hard and fast rules as to when you should or should not drive, but generally it takes at least two to three weeks after this surgery before patients can drive at all, and it is usually six to eight weeks before one can drive well.

If you have an abduction pillow, then it is usually eight weeks before you can drive since the pillow needs to stay on at least four to six weeks.

What about work?

The answer to this question depends entirely upon what you do for a living. The same is true for activities that you do for fun or exercise. If you do “white collar work” or work which involves paperwork or working at desktop level, then we recommend that you return to work around one to two weeks after surgery. If you do work which requires any lifting at all, such as over a few pounds, then we recommend that you wait longer since it takes four to six weeks for the tendons to heal and another six to eight weeks to get strong. We generally recommend that you do not pick up anything heavier than a coffee cup the first six weeks after rotator cuff surgery.

What is next?

Usually the physician does not need to see you for another five to seven weeks. You should do your stretching exercises at least once per day and you should ice afterwards for at least twenty minutes. It is helpful to use the ice device after any exercising for awhile (an hour or two if you have the time). After rotator cuff surgery the goal is to let the tendons and muscles heal without putting too much stress on them. The main goal during the first six weeks is to try to maintain your motion but not to worry much about strengthening. The tendons take six weeks to heal, but you have the rest of your life to get strong. Therefore, it is important not to try to lift too much during the first six weeks.

After four to six weeks you will begin what is called “active-assistive” exercises where you are allowed to use the arm a little more. The therapist will go over this with you to prevent you from stressing the repaired tendons too soon.