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Frequently Asked Questions about rotator cuff repair:

Many patients have similar questions about surgery so I thought it would be a good idea to provide you with those questions as well as with the answers. This is not a comprehensive "FAQ" so feel free to come up with more questions.

I want you to be comfortable and have all of your concerns and questions addressed prior to the operation. If your mind is at ease, then your body will be at ease and you will have an easier time with recovery and a better chance of achieving the outcome you are looking for!

Where and when is my surgery?

The operation will typically take place at St. David's North Austin Surgical Center (1st floor of this building) and will be on a Thursday. Our surgical scheduler will work with you and the facility to secure a date and time for your operation. Sometimes the exact time of the operation may be changed as we get closer to your surgical date just depending on other scheduling factors. You will get a call from the surgical facility within a few days from the scheduled date to let you know the exact time and when you need to be there.

Financial information regarding your surgery?

You should have been provided an estimate of your surgical costs from our office. This does not include costs associated with the surgical facility or anesthesia. More detailed information regarding this is on the surgical financial acknowledgment sheet that you would have either received in the office or will receive when you schedule surgery. Please understand that all cost information is an estimate based on the planned procedure and your insurance information.

What do I need to do before the operation?

10 days before the operation:

Stop the following medications:

1. Stop all "non-steroidal anti-inflammatory" medications (NSAIDs): aspirin, naprosyn/naproxen/Aleve, diclofenac, relafen, ibuprofen, Motrin, Advil, Feldene, Indocin (aka indomethacin).
2. Any "arthritis medicine" other than Tylenol

These can all increase the risk of bleeding during the operation. It takes about 10 days for the medications to leave your system. It will be safe to resume them after the operation.

It is ok to continue Tylenol products (generic name: acetaminophen) and narcotic pain medications up until the night before your operation.

The day before your operation:

Wear freshly laundered clothes to bed; and sleep in freshly laundered bed sheets. Do not eat anything for 8 hours prior to the start of your operation. You may drink water (and ONLY water) up until 2 hours before the operation. It is ok to take your regularly scheduled medications with water in the morning of your operation EXCEPT LISINOPRIL OR ANY MEDICATION ENDING IN "PRIL."

You should receive a phone call from the hospital by the night before the operation to confirm your arrival time for your operation.

The morning of your operation:

DO NOT TAKE ANY ACE INHIBITOR MEDICATION if you are on that regularly. Generic names for ACE inhibitors include: lisinopril, benzapril, ramipril, quinipril. Anything with "pril" at the end is probably this type of medication.

Take a shower using any soap. Dry off using a fresh towel. Do not apply any lotions or creams on or near the surgical site after the shower. Do not shave any hair near the surgical site.

Arrival time at the facility is typically around 1.5 hours before your scheduled operation. This amount of time is necessary to complete any additional paperwork and have your pre-operative nurse prepare you for surgery. This will include having an IV placed. You will then meet the anesthesia team

What type of anesthesia will I have?

Almost everyone will have general anesthesia plus a regional nerve block. *You will not feel, hear, or remember the operation.* General anesthesia means you are asleep and the anesthesia machine is helping you to breathe. The regional nerve block is an injection by the anesthesia team after you have been provided some sedation through your IV. The nerve block typically keeps you from feeling most of the surgical pain for 1-2 days, which is typically the most painful time after surgery.

What happens after surgery?

You will go home the day of your operation and will typically stay in the recovery room for 1-1.5 hours after surgery. Everyone recovers and responds to anesthesia a little differently. Your postoperative nurse will try to make sure you are comfortable, you can drink and/or eat, and use the restroom before you leave. You will be provided with postoperative instructions and will need to have another adult present to receive those instructions and to take you home.

How much pain will I be in?

That depends. No two people are alike and everyone has different levels of post-operative pain. The first 48 hours after the operation are the hardest and then it gets better after that. Sleeping is always difficult after any shoulder surgery. You can sleep in any position that is comfortable for you, but most people feel more comfortable in a reclined position either in a recliner or using pillows in bed. Your sling can be removed for sleeping.

You will be given a prescription for pain medication that is to be used as needed after surgery. You will also be provided with a prescription for a nausea medication just in case. These prescriptions are typically sent to your pharmacy the day before surgery. If you are able to take nonsteroidal anti-inflammatories such as ibuprofen/Advil/Aleve, these can be taken either instead of the narcotic pain medication or in addition to. A typical dose for ibuprofen/Advil/Motrin is 600 mg, which is 3 over-the-counter tablets, and can be taken a maximum of every 6 hours. The typical dose for Aleve is 2 pills or 440 mg every 12 hours. You can also take Tylenol (acetaminophen) in place of a dose of the narcotic medication but you cannot take these together. The recommended dose of Tylenol is 1000 mg or 2 extra strength tablets. The maximum allowable Tylenol per day is 3000 mg. The narcotic medication provided also contains 325 mg of Tylenol per tablet. Ice is also a very effective way to control pain postoperatively.

Ice can be used around the clock after surgery and does not need to be 20 minutes on and 20 minutes off. If you went home with an ice machine this will typically stay cold for around 6 hours after filled with fresh ice and water. Please make sure there is always something between your skin and the ice pad that goes with the machine in order to prevent a potential frostbite injury from occurring.

Do I need help at home?

Everyone should have help for the first 24 hours following surgery. Help is not mandatory after that but is very helpful after rotator cuff surgery. You will have very limited use of the operative arm. You are allowed to use the operative hand, wrist and elbow as long as your elbow stays next to your body. You are not allowed to lift your elbow away from your body either in front or to the side. This should allow for use of computers at any time (you can also rest your arm on a desk), writing, eating, and carefully getting dressed. Please understand that these limitations are to protect your operative repair and to give you the best chance of a successful recovery.

Physical Therapy:

Formal physical therapy will not typically start until 6 weeks after surgery. There are however exercises which should be started the day after surgery and should be performed 3 times per day. The exercises should only take about 10-15 minutes. Your sling needs to be removed to perform these simple but effective exercises. The exercise sheet is also within this handout.

When do I see you again?

Your first postoperative visit with me should be scheduled to take place 1-2 weeks after your operation. You should call the office for any concerns you may have prior to this appointment.

When can I drive?

People will return to driving at different times following rotator cuff surgery. You will not have normal use of the operative arm for several months but function will gradually improve. You should not be driving on any narcotic pain medication. You can use the operative arm to assist with driving as soon as you are comfortable holding the side to lower part of the steering wheel only and will not be able to turn the wheel with this arm until 6-8 weeks after surgery. You will need to rely on your other arm primarily for driving and you need to be comfortable with that before trying. You should also move your seat closer to the steering wheel so you do not have to reach with your operative arm

Can I sleep on my side?

Yes, when your comfort allows.

Use of the sling

You will go home in a sling often with a piece that fits around your waist in addition to around your neck. The sling can be removed anytime you are sitting or lying down. Your arm can hang by your side or be held against your stomach when moving around the house without the sling. The sling should be worn when outside the house for the first 6 weeks after surgery unless otherwise instructed. Please take a look at how the sling is attached both around the neck and at the waist if applicable before taking it off.

