

ROTATOR CUFF REPAIR WITH SUBSCAPULARIS REPAIR AND BICEPS TENODESIS

Your Instructions After Surgery



Stanford
MEDICINE



Medications

MEDICATION	WHAT IT IS FOR	HOW TO TAKE IT
Acetaminophen (Tylenol)	Baseline pain control	1,000 mg every 8 hours , on a schedule. No more than 3,000 mg in 24 hours.
Oxycodone 5 mg	Breakthrough pain not managed by other medications. Most people need it for the first few days to week after surgery.	1 to 2 tablets as needed every 4 to 6 hours.
Ondansetron (Zofran)	Nausea	As needed, as directed on the label.
Docusate (Colace)	Stool softener	Take while you are taking oxycodone, as directed on the label.
Aspirin	Blood clot prevention	As directed for 2 weeks , starting the morning after surgery.
Anti-inflammatory	Pain and swelling	May be an option for some patients. Take one only if Dr. Tummala recommends it and you can tolerate it.

Your medications may vary slightly from this list based on your current medications and health history. Any changes will be reviewed with you before surgery.

Example of a day in the first week

TIME	ACETAMINOPHEN	OXYCODONE
8 am	1,000 mg	Take 1 to 2 tablets as needed every 4 to 6 hours
4 pm	1,000 mg	
12 am	1,000 mg	

- **Acetaminophen is the base of your pain control.** Oxycodone is only for pain that breaks through.
- Tell us if you have a history of stomach ulcers, GI bleeding, kidney problems, or an NSAID allergy.
- Do not drive or drink alcohol while taking oxycodone.
- All medications are sent to your pharmacy. Pick them up before your surgery date or after surgery.
- If you had a **nerve block**, your arm will feel heavy and numb for many hours, sometimes more than a day. **Start your pain medication before the numbing wears off**, because it usually goes from numb to painful quickly.



Sling

- Wear the sling **at all times for 6 weeks**, including while sleeping.
- Take it off only for your therapy exercises, your home exercises, and bathing.
- The sling protects the repair and is very important for success of healing.



Dressing and Showering

Your incision care at a glance

Days 0 to 3

Keep the dressing **on and dry**. **No showering**; sponge bathe.

Day 3

Remove the dressing and **shower**. Put **clean, dry gauze** back on; change daily or when wet.

Day 5

Leave the incisions **open to air** if they are dry.

4 to 6 weeks

Once fully healed, you may **soak** in a bath, pool, or hot tub.

- Under the dressing you may see some old blood and small white strips (steri-strips) over the incisions. Leave the steri-strips in place.
- When you shower, let soapy water run over the incisions. Do not scrub, and pat them dry afterward.
- To wash under the arm, lean forward at the waist and let the arm hang down in front of you. Do not lean to the side. A washcloth under the arm can make it more comfortable.
- Clean around the incisions with a clean washcloth and soap and water only. Do not put alcohol, lotion, ointment, or Neosporin on the incisions.
- Some blood-tinged or clear drainage is normal. If you see thick, yellow, pus-like drainage, send us a photo through the patient portal.



Icing

- Ice at least **4 times a day for 20 minutes at a time**, especially for the **first 3 days**. Many patients continue beyond that if they find it helpful.
- Always keep a towel or cloth between the ice and your skin.
- Cold therapy unit: use as directed. If yours has compression, you may start the compression setting the day after surgery as pain allows.



Physical Therapy

- For the first week you do your home exercises only. Formal therapy begins **about 1 week after surgery**.
- You may go to any therapy clinic that is convenient for you. Book prior to surgery or as early as possible, and call to confirm your appointment.
- Bring the therapy protocol for your therapist.



Sleep and Activity

- Sleep in a recliner or in bed with the arm supported on pillows **with the sling on**.



Home Exercises

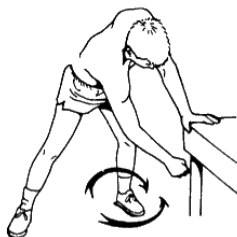
- Below are the home exercises for the first week after surgery. Start the **day after surgery** and do the exercises below **3 to 4 times a day, for 5 to 10 minutes** each session.

EXERCISE

PICTURE

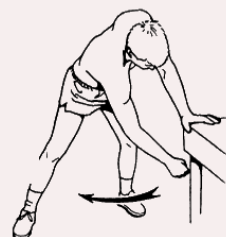
HOW TO DO IT

Pendulum circles



Lean forward and rest your good hand on a table. Let the operated arm hang straight down, relaxed. Rock your body weight in a circular pattern so the arm swings in a circle clockwise, then counterclockwise. Your body moves the arm; the shoulder muscles stay relaxed.

Pendulum side to side



In the same position, gently rock your body weight from side to side and let the arm swing freely.

Elbow bending and straightening



Sit with the arm supported at your side. Use your other hand to bend the elbow as far as you can, then straighten it as far as you can. Keep the shoulder still.

For the first 4 weeks, do not bend the elbow or turn the palm up using the arm's own muscles. Your other hand does the work while the biceps tendon heals.

Wrist bending



Actively bend the wrist forward, then backward, as far as you can.

Hand and grip

Open and close the fingers fully. Squeeze a soft ball or rolled washcloth.

- Avoid any motion that causes a significant increase in pain. Put the sling back on when you finish.
- You may use your hand and wrist freely.
- No active motion of the shoulder for 6 weeks.** During this time the shoulder is moved only passively, never under its own power, while the tendon heals back to the bone.
- Do only the exercises Dr. Tummala or your therapist has given you.



Driving

- Not until you are out of the sling, off narcotic pain medication, and able to control the car comfortably with both hands. This is usually **at least 6 weeks or more**.
- If you are at all unsure whether you are safe to drive, do not for your safety.



Work

- You may return to work when you can do it within these restrictions including wearing the sling.
- Jobs that need physical labor may take **4 months or more**.



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Follow-Up

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When to Call

- Clinic: **510-974-2800** (Stanford Orthopaedics and Sports Medicine, Emeryville).
- Fever above **101.5°F**, chills, or sweats. A low-grade temperature in the first 48 hours is common.
- Bleeding that has saturated the dressing twice.
- Excessive redness, a foul odor, or yellow or green drainage. Call the clinic if you are concerned.
- Pain that is severe and not controlled by your medication.
- A change in color of the hand or wrist.
- Constant cramping, tightness, or pain in either calf.
- Unable to eat, or unable to urinate for more than **1 to 2 days**.
- **Call 911** for chest pain, shortness of breath, or coughing up blood.

NOTES AND QUESTIONS