

## INTRODUCTION

This booklet has been designed to answer your questions about what to expect if surgery is necessary. I truly hope that this will make your shoulder surgery an easier and more understandable experience for you. If you have any questions or suggestions about the booklet, please share them with me. I am always interested in improving the care I provide for my patients. Your input can help me to provide even better care for those who come after you. Please note that this booklet is not intended as a substitute for professional medical care, but as an aid to provide additional information for my patients.

## ABOUT YOUR SURGERY

### Shoulder Arthroscopy

Shoulder arthroscopy is a surgical procedure that involves inspecting the shoulder joint and the space around the rotator cuff with a small camera, or arthroscope. The camera and any instruments your surgeon uses to work on your shoulder will be placed through small metal and plastic tubes called cannulas. The cannulas are placed into the shoulder joint through small skin incisions called portals. Many operations that used to require large incisions can now be done through these small skin incisions.

There are usually at least two portals placed around the shoulder joint, one in the front and one in the back. Additional portals may be placed on the side or added to the front, depending on the work that must be done in your shoulder. Shoulder arthroscopy can be done with you reclining on your back (the beach chair position) or on your side (the lateral position).

Special instruments have been designed to help your surgeon accomplish the same job through small incisions. This includes small devices called suture anchors. These devices allow your surgeon to sew things directly down to bone, including torn ligaments and tendons, such as the rotator cuff. Special instruments to sew and tie knots through the cannulas have also been designed.

The advantage of having shoulder operations done through the scope is more than cosmetic. Depending on the type of procedure, post-operative pain and recovery time can be faster. This type of surgery is often done on an outpatient basis, so that you can go home the same day. However, sometimes it can be necessary to make a larger incision to get the work done properly, and the final decision is made at the time of surgery.

## BEFORE SURGERY

There are risks associated with everything we do in life. Surgery is no exception. The risks of surgery include, but are not limited to, the following:

1. Bleeding. Usually only a very small amount of blood is lost with arthroscopic surgery, equivalent to a few tablespoons.
2. Infection. This is also very uncommon. You will receive antibiotics through your IV on the day of surgery to minimize this risk.
3. Nerve, blood vessel, or tendon injury. Anything important that goes by the shoulder can be injured at the time of surgery. The most common thing is skin numbness, but even that is not all that common.
4. Medical problems. This includes blood clot, stroke, heart attack, pneumonia, and even death related to the procedure or a complication of the procedure. This is exceedingly rare. Your surgeon will work in conjunction with your regular medical doctor to minimize this risk and ensure that you are healthy enough to undergo a surgery.
5. No or incomplete relief of pain, or other failure of the surgery. There are no guarantees in life, and that includes surgery. Most people do experience relief of pain and improvement of their symptoms. However, the results are often not 100 percent. Torn rotator cuffs can not always be

repaired, or repaired fully, depending on the size of the tear or how old the tear is.

## PREPARING FOR SURGERY

In the 7 to 10 days before surgery, you should stop taking aspirin and ibuprofen or other anti-inflammatory medications, as this can increase your tendency for bleeding. Tylenol is safe to take as an alternative pain medicine prior to surgery. Your surgeon may order preoperative blood work, EKG, or chest x-ray if necessary, depending on your age and medical history. Your primary care doctor may also be required to evaluate you and determine if you can safely undergo surgery.

## DAY BEFORE SURGERY

Do not eat or drink anything after midnight on the night before surgery. If you have a fever or a cough before surgery, please call the office at (314) 291-3399.

## DAY OF SURGERY

You will be asked to check in at the surgery center 1 and 1/2 to 2 hours prior to your scheduled surgery time. You will have an IV placed, as well as a shoulder block. A shoulder block is placed by using a needle to inject numbing medicine around your shoulder. This will make your shoulder and arm numb and weak. This is the same type of medication that is used at the dentist. Most people cannot lift or move their arm while the block is working. The shoulder block usually lasts around eight hours. This will decrease your anesthesia requirements, which reduces postoperative nausea and vomiting. The block will also provide good post-operative pain relief, even after you leave the hospital.

You will spend approximately 1-3 hours in surgery, depending on what your surgeon will find at the time of arthroscopy. After shoulder arthroscopy, expect to have your shoulder bandaged and elevated. The incisions will be stitched and taped with steri-strips. Pain medication will be given orally or

through your IV. You will be given a shoulder Cryo-Cuff, which will help to minimize post-operative pain.

After your surgery is over, you will spend about one hour in the recovery room, where your blood pressure, pulse, respirations, and temperature will be closely monitored. When you are stable and comfortable, you will return to your room in the outpatient surgical area. After the nurses give you any final instructions, you will be ready to go home. You should not drive immediately after your surgery, so you will need someone to take you home.

## AT HOME

Your arm will be placed in a sling and/or Cryo-Cuff after surgery. For details on how to use the Cryo-Cuff, please see instructions below. You will also be given pain medication to take at home. The goal of pain management is to prevent the pain from occurring rather than to control the pain once it occurs. We use several types of medication to prevent and control pain.

Vicodin is a strong narcotic pain medication. Common side effects include nausea and upset stomach, as well as itching.

Ibuprofen is an anti-inflammatory medicine, which is used in addition to the narcotic. This medicine can help control swelling and inflammation, as well as pain. You should take this on a regular schedule to maintain a constant blood level of the drug in your body. An upset stomach can occur when you take this drug, so take it with food. If your stomach continues to be upset, stop taking this medication.

A list of recommended exercises is attached. By leaning over and allowing the arm to hang, you can use this motion to wash under your arm and to pull on a shirtsleeve. (See pendulum exercise, below.)

You may remove your dressing and shower 2 days after surgery. Do not soak your incisions in a bath. After showering, pat your shoulder dry or allow it to air dry. You will have small tapes, called steri-strips, over your incisions. These should remain in place. We will change your steri-strips over your incisions on your first follow-up visit one week after surgery. At this visit, your surgeon will review what was done at your surgery and cover what type of home exercises and physical therapy regimen you will need.

Call your surgeon's office if you have excessive bleeding, pain uncontrolled by the medication prescribed, fever (>101 degrees), severe nausea or vomiting, or shortness of breath. The office number is (314) 291-3399 and the exchange (for after hours calls) is (314) 388-6120.

## CRYOCUFF INSTRUCTIONS

Your arm will be placed in a sling and/or Cryo-cuff. This sling is for your comfort. You may remove this sling or Cryo-cuff to move your elbow, wrist and hand. You should use your Cryo-Cuff as much as possible (including during sleep) for the first week. Change the water in the cuff every 30-45 minutes and refill the canister with fresh ice every 4-6 hours.

The Cryo-Cuff is designed to reduce the swelling and discomfort in your shoulder. This device seems to provide superior pain relief and significantly reduce swelling. Most patients find they are more comfortable with the Cryo-Cuff. You should use the Cryo-Cuff for the first 2-3 days as much as possible. After the first 2-3 days, you can use the Cryo-Cuff whenever you notice pain, swelling or discomfort, just as you might use an ice pack. The Cryo-Cuff is composed of three pieces: the canister, the hose, and the cuff.

## TO USE THE CRYO-CUFF

1. Fill the canister with ice and water to the levels indicated inside the canister. Add water first, then ice.
2. Open the air vent at the top of the canister.
3. Hold the tip of the hose below the level of the canister and depress the spring-loaded tip until a little squirt of water comes out.
4. Place the cuff on the shoulder so that the opening is in front. You will need someone to help you adjust the position. Always put the cuff on when it is empty. Do not attempt to adjust the straps with water in the cuff. This greatly reduces the effectiveness of the cuff.
5. Place the empty cuff on top of your shoulder. Tighten the Velcro on the top and side of the cuff so that it curves to the shape of your shoulder.
6. Then place the strap around your waist so that it is snug but not uncomfortably tight. Lastly, slip your wrist in the wrist band and Velcro

that to the waist band in a comfortable location, usually in the middle of your chest.

7. Connect the hose to the valve on the top of the cuff.
8. Lift the canister above the shoulder, allowing the cold water to fill the cuff.
9. Disconnect the hose from the valve when the cuff is pressurized to a comfortable, snug level..

#### TO DRAIN THE CRYO-CUFF

1. Connect the hose to the top of the cuff.
2. Lower the canister below the level of the shoulder.
3. Swish the water around in the canister for a few minutes.
4. Lift the canister above the shoulder to refill the cuff to a comfortable, snug level.
5. Disconnect the hose from the valve.

#### NOTE:

The ice in the canister will generally last from 4-6 hours. The cuff should be drained and refilled every 30-45 minutes during the day. You may remove your cuff at night when you are sleeping. Do not try to move your shoulder very much while the cuff is on.

## EXERCISES: THE FIRST WEEK

After your shoulder surgery, you should rest for the day of surgery. On the first day after surgery, you will start shoulder exercises. These exercises are designed to allow you to start your rehab the very next day. You will be provided a pulley at the hospital. At any time, you can take your arm out of the sling or Cryo-Cuff to move your elbow, wrist, and hand so they don't get stiff. You should then perform the exercises listed below, based on your type of surgery. Remember to use the Cryo-Cuff or ice after the exercises as a cool down. All exercises should be performed within the limits of MILD discomfort; any soreness after exercise should not last more than 3 hours after exercise. Perform 10 repetitions of each exercise twice a day (morning and evening).

## EXERCISES:

### **SHOULDER SQUEEZES**

- Perform in sitting or standing position
- Arms are resting along the sides of your body
- Squeeze both shoulder blades together, moving them down and back.
- Do not raise shoulder blades toward ears; keep shoulder blades down and together during the exercise.

### **PENDULUMS**

- Lean forward while standing, support your body on a table or chair with the GOOD arm
- Let the BAD arm hang unsupported
- Use your torso to swing the BAD arm in circles, side to side, and front to back.
- Do not use your shoulder muscles to move the arm, sway your whole body.

### **PULLEY- FLEXION**

- Attach your pulley over the top of any door, then close the door.
- Stand or sit facing away from the door.
- Grasp both handles, palms facing down.
- Use your GOOD arm to pull down on the pulley, raising your BAD arm forward in front of you, then over your head.
- Lower your BAD arm down, then repeat.

### **PULLEY- TOWEL STRETCH**

- Attach your pulley over the top of any door, then close the door.

- Stand or sit facing away from the door.
- Grasp onto both handles, palms facing the door.
- Use your GOOD arm to pull down on the pulley, moving your BAD arm up along your back.
- Use the thumb of your BAD arm as a guide along your spine, when moving your hand up your back.
- Hold position for 10 seconds, then lower your BAD arm down.