



## Rotator cuff Debridement, Subacromial Decompression, Distal Clavicle Excision and Biceps Tenodesis

### *Discharge Instructions*

#### Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days.
  - You may use it 20 minutes on, 20 minutes off, as often as you wish.
  - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
  - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks to help prevent blood clots. This is the only mandatory medication.
  - For **nausea** – Zofran (ondansetron) as needed.
  - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
  - For **pain**
    - A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as step-down medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

#### Activity

- Sling for the first 4w
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
  - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins within 1 week of surgery.
- Driving – At a minimum, no driving until you have stopped taking the narcotic.
  - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

#### Wound Care

- Your incisions are covered by several absorbent pads, gauze, and foam dressing.
  - Do not get the bandages wet 3-5 days after surgery—so this means covering it for showering, sponge bath only, etc.
  - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 3-5 days, you can take off the dressing to check on the incision. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to [info@genesisortho.com](mailto:info@genesisortho.com)

#### Diet



- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Physical Therapy protocol

- 0-4 weeks
  - Sling for comfort, d/c sling after 4w
  - Passive to active shoulder ROM as tolerated
    - FF to 140
    - ER to 40
    - IR behind back with gentle posterior capsule stretching
    - No rotation with arm in abduction until 4w
    - No cross-body abduction until 8w if distal clavicle excision
    - No abduction and 90/90 ER until 8w
  - Elbow/wrist/hand ROM
  - Grip strength
  - Codman's
  - No resisted elbow flexion until 8w
- 4-8 weeks
  - d/c sling
  - Advance ROM as tolerated
    - Goals: FF to 160, ER to 60
  - Begin isometric exercises
    - Progress deltoid isometrics
    - ER/IR (submaximal) at neutral
  - Advance to theraband as tolerated
  - No resisted elbow flexion until 8w
- 8-12 weeks
  - Advance to full, painless ROM
  - Continue stretching as tolerated
  - Eccentrically resisted motion and closed chain activities
  - Strengthening limited to 3x/week to avoid RC tendinitis