

SHOULDER ARTHROSCOPY

ROTATOR CUFF REPAIR

WHAT TO EXPECT

When you get to the Boston Outpatient Surgical Suites (BOSS) or New England Baptist Hospital (NEBH) you will need to check in. From there you will change into your surgical gown and meet the preop nurse. Someone will start your IV.

You will meet the anesthesiologist or the CRNA who is a nurse that is qualified to give anesthesia. They will talk to you about a “Regional Block”

REGIONAL BLOCK

A regional block is a method that the anesthesia department uses for pain control. This can be given before or after surgery. If it is given before, your body feels no pain and therefore the anesthesiologist uses less anesthesia agents to keep you asleep and comfortable.

The Block should last at least 12 hours. Sometimes it can last longer. You will need to protect your arm in the sling until the block wears off. This is because you will not have any, or limited control of your arm, while the block is in effect. When the block wears off you can expect tingling like when your arm or leg falls asleep and then wakes up. You do not want to shower until the block wears off since this could lead to a burn.

BANDAGE

You will have a big bulky bandage or dressing covering your shoulder incisions. The incisions usually are three or four small little half inch cuts that are closed with stitches. The stitches will be taken out during your first office visit which will be in about ten days after your surgery.

The bandage can be taken off the morning of your 2nd post-op day. (If your surgery was Thursday this means Saturday morning).

BATHING

You can shower after you remove your bandage. Please do cover the stitches with band aids when you shower. After your shower change the band aids to dry ones. The reason we wait until the second day to shower is that it takes this long for your incisions to be water tight. If you shower before this you may risk infection.

SLING

You will come out of surgery with one of two different types of sling. One is called an “ULTRA SLING” and the other is a generic type of sling that you are used to seeing. The Ultra sling has a pillow that holds your arm out to the side. It also has a waist strap. This bump helps to relax your shoulder blade. It also stabilizes your shoulder. This is usually used after rotator cuff repair. This sling should be kept on at all times (including sleeping) unless you are bathing or doing the range of motion exercises that are permitted. Most regular slings can be removed in two to three days. You will be instructed in when to stop using your sling when you are discharged.

PAIN RELIEF

For the first 12 to 24 hours your regional block should be sufficient. You should use ice generously. It is your best friend. Not only does it help with pain but it also reduces swelling which slows healing. You will also have a prescription for pain medicine. It is important to note that Percocet and Vicodin contain Tylenol (Acetaminophen). Vicodin contains 500 mg of Tylenol. If you take 2 pills every 4 hours you are at the maximum dose. To take more puts you at risk for liver failure. There are pain killers that do not have Tylenol in them. These drugs are just as effective as Percocet and Vicodin without the risk. Nucynta is one of them.

PHYSICAL THERAPY

You need to start physical therapy as soon as possible. The most common complication from a shoulder injury or surgery is a stiff shoulder (adhesive Capsulitis). Getting into Physical Therapy will reduce your chance of getting a frozen shoulder. Where you go is just as important as when you go. Please ask our office for suggested therapists in your.

COMPLICATIONS

Complications are rare but do occur. The most common are stiffness, infection, DVT (blood clot), bleeding and nerve damage. Every time you cut the skin there is bleeding and minor nerve damage. This is usually not a problem. You may experience minor numb spots on your skin after surgery. These usually will resolve over a time but can be permanent. Infections are suspected if you start having increasing pain, fever or drainage from your incisions. Mild fevers less than 101degrees are common but fevers above this should be reported to the office.

Having surgery can be a very stressful situation. We try to make every effort to reduce this stress as much as possible. Please do not hesitate to contact us with any questions even if you think they are silly.

DEEP VEIN THROMOSIS (DVT)

A DVT is a blood clot that occurs in the veins of your leg. These blood clots can be life threatening if they continue to grow then break off and go to your lungs. This is called a Pulmonary Embolis. It is extremely rare for this to happen during a knee arthroscopy but they do occur.

A DVT is suspected if you have an increase in pain in your calf, your calf gets hard or you have pain in your calf with bringing your toes upward. Shortness of breath is a sign that you may have a pulmonary embolis

Some factors that increase your risk of developing a DVT are being overweight, a blood disorder that increases your risk of blood clots, ORAL CONTRACEPTIVES (BIRTH CONTROL PILLS) and inactivity. We take every precaution to avoid this risk during surgery. **It is strongly recommended that you not take birth control pills for at least two weeks before surgery.** If you go off Birth Control you need another form of contraception or abstain from sexual activity until you restart your birth control.

One of the treatments you may be asked to do is to take a regular strength Aspirin (325 milligram) once or twice a day. This helps to reduce the chance of having a DVT or Pulmonary Embolis. It is also recommended that you try not to remain sedentary after your surgery

Dr. Tierney and Staff