

Rotator Cuff Repair

Pre-Operative Surgery Instructions

YOUR CARE TEAM:

Marie Rivers, PA-C

Rebecca Cheski, Team Lead (779) 220-5018

Lynette Outwater, Surgery Scheduler (815) 444-8072

PRIOR TO SURGERY YOU NEED:

- Pre-operative physical exam (within 30 days of surgery) with your primary care doctor (Notify Rebecca with date)
- Medical clearance if you see any specialists, such as a cardiologist or pulmonologist
- A complete list of medications (prescription and over-the-counter)
- A pre-operative appointment (Notify Rebecca with date)

THINGS TO AVOID:

- **Dental Work** - 2 weeks before and 3 months after surgery. In case of dental emergencies, during this time, you will need to be pre-medicated with antibiotics.
- **Medications**
 - 7 days prior to surgery, all patients must stop medications that **thin or anti-coagulate** the blood; such as: Ibuprofen (Advil or Motrin), Aspirin, naproxen (Aleve), nabumetone (Relafen) and all other anti-inflammatory medications that affect blood clotting.
 - 7 days prior to surgery stop all **over-the-counter herbs, supplements** such as Fish Oil, Co-Q10 and Saw Palmetto, all vitamins and minerals. You may restart them post-op Day 1. Phen Phen must be stopped 14 days prior to surgery.
 - Special arrangements may be required before you stop blood thinners such as: Coumadin, Plavix, Eliquis, Pradaxa, Arixtra and Xarelto. Contact your prescribing physician for instructions on discontinuing use.
 - **DO NOT take pain medication with alcohol, recreational drugs, etc.**
 - **NO driving while taking any narcotics**

Night before Surgery

DO NOT eat or drink anything after midnight the night before (including coffee, milk and gum). The surgical facility may provide other instructions. Certain medications can be taken the morning of surgery with a sip of water. Confirm this with your Primary Care Physician and anesthesiologist. For example, some diabetic medications may require special dosing. Instructions will be provided by your physician.

Surgical Site

If your surgical site has any type of insect bites, skin irritation, rash, or acne, please call *Rebecca* or contact us through *your patient portal*. **Such conditions could be cause for cancellation of surgery.**

Medication:

- **Pain Medications Refills** - Refills after surgery will be filled Monday through Friday 8AM to 3PM only – allow up to 48 hours to have your prescription filled. All pain medications are handwritten and must be picked up at the office. NO prescription will be issued on weekends or after 3PM on weekdays.
- **Pain Management** – This will be reviewed at your pre-operative appointment.
- **Nausea Medication** - You will receive a prescription for nausea. Prescription will be e-prescribed to your pharmacy.

Stool Softener

The pain medication can cause constipation so make sure you are staying well hydrated with water/fluids. If you have not used a stool softener in the past Senecot-S is a natural stool softener that can be purchased over the counter at your local pharmacy.

- Take 2 Senecot-S the night before surgery.
- To help prevent constipation, following your procedure, we recommend you take 2 Senecot-S a day while taking your narcotic pain medication

Nerve Block

An Interscalene Block (ISB) is a nerve block in the neck used to provide better pain relief for shoulder surgery. It numbs the main nerve bundles that affect the shoulder in the same way a dentist uses an injection to numb a tooth or part of your mouth.

Benefits of an interscalene block (ISB):

- Reduced risk of nausea, vomiting and sedation
- Early intake of food and drink
- Excellent pain control

To avoid pain at the time when the nerve block begins to wear off (which can be in the middle of the night), it is extremely important that you take regular pain medication at the times prescribed from the moment of discharge.

Side Effects of Nerve Block

Most side effects are related to the local anesthetic spreading and numbing the nerves adjacent to the ones that supply the shoulder and arm. Any or all of the following can occur, but tends to resolve as the effects of the anesthetic wear off. In extreme cases, this can last 2-3 months:

- Shortness of breath
- Blurred vision
- Hoarseness
- Difficulty swallowing
- Residual numbness

Post-Operative Instructions

Management of the “Numb Arm”

Keep arm in a sling. Protect it from heat, pressure injury and extremes of movement.

Sling

You will be given your sling at your pre-operative appointment. This will be your responsibility to bring to surgery. Wear it full time (except showering) 4-6 weeks. Doctor will tell you when to discontinue use.

Swelling and bruising is expected after surgery. Swelling goes down the arm with gravity. Please squeeze the ball on the sling and use your hand to write, type, iPad, and computer. This will help the swelling go down.

Bathing/Dressing Change

- NO submersion of the effective extremity in a bath tub, hot tub, or swimming pool for 3 weeks after surgery.
- NO showering for 3 days. On 3rd day remove bulky dressing and shower (unless otherwise directed) Leave Steri-Strips. **DO NOT cover.**
 - NO scrubbing of the incisions.
 - If there is excessive drainage, please contact the office.
- At 4-6 weeks, once you are out of your sling, you will be able to return to dressing “normally.”
- If you have a waterproof dressing, you will see your incisions. Leave them open to air. They are covered with a mesh dressing and glue. Water only over the incisions and pat dry. NO lotions, oils, soaps or creams over the incision.

Physical Therapy

The start date for your physical therapy will be determined after surgery. It should start between 2-4 weeks after surgery.

FMLA/Short Term Disability Paperwork

Check with your employer. Allow 5-7 business days for any forms to be completed by our office.

Dental Work

For emergency dental work in the first 90 days after surgery you will need a preventative anti-biotic. Medications as follows:

- Amoxicillin 500mg – 4 capsules 1 hour prior to dental work
- If *allergic to penicillin*, Clindamycin 300mg – 2 capsules 1 hour prior to dental work

DVT Precautions: Understanding thromboembolic (Blood clot) prevention

- **Stockings** - Compression stockings should be worn until your first post-operative appointment.
- **Medication** - Aspirin or Blood Thinner Therapy (Only if indicated)

DR. ROLANDO IZQUIERDO, MD

Sleeping

A reclined position is usually most comfortable. A recliner is NOT a must, but maybe helpful with being able to control the elevation of your head with sleeping. If a recliner is not available, use 3-4 pillows to elevate your bed 30° from a flat position. A pillow behind the surgical arm can provide additional support.

Traveling/Driving

Please notify us if you will be traveling within one month after surgery.
 NO air travel for 2 weeks post-op.

If you will be driving long distances:

- Wear your compression stockings
- Pump your ankles periodically
- Get out and walk around every two hours.

You may resume driving once you are off of your pain medication. The recommendation is short distances only. You must wear your sling and seatbelt unless otherwise instructed.

Post-Operative Problems? Call if...

- Redness, drainage in the operative area
- Calf tenderness or pain with movement of leg
- Fever over 101.5°
- Severe pain not relieved by pain medication
- Any unrelieved nausea or vomiting

NOTES
