



## Duke Orthopaedics: Upper Extremity Division

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### *Shoulder Arthroscopy (Scope) with Rotator Cuff Repair*

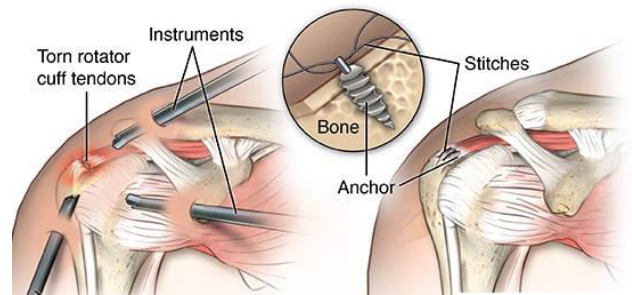
#### ***What is the rotator cuff?***

The rotator cuff is a group of 4 muscles that helps stabilize and provide stability to the shoulder joint. The rotator cuff may become torn with a known injury (acute), or it may be chronic and tear over time.

When the rotator cuff is torn, patients may experience pain with certain movements (especially with overhead activities and behind the back), weakness, limited motion, catching or locking within the joint, and feelings of instability. Patient also tend to experience pain with sleeping.

#### ***How is the rotator cuff repaired?***

A shoulder arthroscopy (scope) is when Dr. Klifto makes 2-4 small incisions around the shoulder to use a small camera to look into the shoulder joint and uses tools to repair the tear. He will use suture (strong stitches) anchors that attach the sutures to the bone and reconnect the torn tendons.



#### ***Length of Stay***

This is same-day surgery not requiring hospital admission as long as there are no complications or other health comorbidities that require attention before discharge. You will need to have someone who can stay the entire length of the procedure and take you home.

#### ***Anesthesia***

Patients usually have one of two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block with sedation so you will not remember the procedure. Your arm will be numb and will feel very strange. The nerve block will last approximately 12 hours. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

#### ***Incisions***

You will have anywhere from 2-5 small incisions around your shoulder depending on the reason for the scope and what repair needs to be completed. Each one will be around 1 cm long.

#### ***Pain Control***

You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have post-surgical discomfort, so start your pain medicine when the block begins to wear off. Most of the pain is related to your very swollen shoulder. That swelling should improve greatly in the first 24-48 hours after surgery.

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### ***Diet***

The combination of anesthesia and pain medications can cause nausea in some patients. If you are prone to nausea or show signs of nausea prior to discharge, a prescription for an anti-nausea medication will be provided. You may wish to advance your diet slowly the day of surgery to avoid exacerbation of nausea. Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits and vegetables.

### ***Sling/Splint***

Your arm will most likely be placed in a shoulder immobilizer prior to leaving the operating room. You are to remain in your sling/immobilizer until your post-op visit in 2 weeks unless stated otherwise. While you are in your sling, **you are not permitted to drive.**

### ***Dressings***

You will have a soft gauze dressings on your shoulder. After 3 days you may remove the dressings. There will be small black sutures (stitches) that will be taken out at your first post-operative appointment approximately 14 days after your surgery.

### ***Physical Therapy***

Physical therapy is very important for optimal outcome following surgery after a rotator cuff tear. PT usually begins around 1-2 weeks after surgery and will continue for approximately 4 months until shoulder motion, strength, and function have returned.

### ***Restrictions***

Recovery from shoulder arthroscopy is one to six months depending on procedure. During that time you will have restrictions on the use of your operative arm.

**Day of surgery to Week 2:** remain in sling/immobilizer at all times. Out of work for many occupations. Elbow, wrist, and hand freely movable. No lifting, pushing/pulling, or leaning on operative arm.

**Weeks 2-6:** May return to work depending on the type of work (sedentary/desk job). No lifting, pushing, pulling, or leaning on operative arm. Depending on size of tear, begin to wean use of sling at 4-6 weeks.

**Weeks 6-12:** Will begin active use of operative arm. Lifting restrictions may be lifted by PT based on progress. Work light duty if involved in labor-intensive job.

**Months 3-6:** Usually can return to work without restrictions if cleared by PT progression. No lifting >0 pounds/overhead activities. Gradual return to full activity as tolerated.