



Rotator Cuff Tendon Repair Post-operative Protocol

Mustafa A. Haque, MD
Hand and Upper Extremity Surgery
CAO – Summit Orthopedics Division
(301) 657-9876

The Surgery

Your arthroscopic rotator cuff repair surgery is an outpatient procedure that will be done in a formal operating room. After checking into our registration desk, you will be taken to a preoperative holding area where you will change into a gown, meet with your surgeon, your anesthesia staff, nurses, and other members of our team to evaluate you and prepare you for the procedure. You will then be taken to the operating room. The surgery is typically performed under a general anesthesia with a supplemental local anesthesia block placed at the base of the neck to give about 12 hours of post-op pain control. It is very important that you have nothing to eat or drink after midnight the evening prior to surgery if you are getting general anesthesia or sedation. You will also need to have someone else drive you home. If you are unable to meet these two needs, your surgery may have to be cancelled and rescheduled for another date.

In the operating room, the OR staff will require about twenty minutes to place you under anesthesia then prep and drape your arm. After this, the surgery itself will take about two hours. During the operation, I will make small incisions called portals and use a fiber optic scope and fine instruments to mobilize the torn rotator cuff tendon and repair it to the bone using anchors with sutures attached. In most cases, I will also shave away a bone spur on the anterior superior shoulder. Often, I will also make a 2-3 inch incision at the anterior shoulder and tack the biceps tendon to the head of the humerus bone to decrease shoulder pain. The wounds are then closed with absorbable stitches and sealed with a gauze and plastic dressing. I then place a bulky sling with an attached bump to take tension off the repair, then you will be awoken and taken to a recovery room. Once you are comfortable and can drink clear fluids, you may go home. You will be given a prescription for pain medication to take as needed.

Post-operative Protocol

The first two weeks

During this time, you should stay in the sling as much as possible. You should only remove it to change clothes or shower. After one week, you can come out of the sling once or twice a day to do some gentle pendulum exercises.

You must keep the wounds clean and dry. The plastic dressing should do this when you shower. It should stay on until the first follow up visit unless water gets underneath or drainage leaks out of the plastic barrier, in which case you should call my office.

I will see you in my office two weeks after the surgery. The dressing will be removed. You can then shower and allow the wound to get wet, but do not scrub the incision. Pat it dry with a towel when you are done.

Do not do any lifting with the surgical hand.

The 3rd through 6th weeks

During this time, your chief goal is to maintain some shoulder motion while preventing the repaired tendon from pulling apart. You will start with therapy, emphasizing passive motion and pendulum exercises. You should not do any active motion of the shoulder because the tension that this creates may rupture the repair. You can actively move the elbow, wrist, and hand in the sling. The therapist will also guide home exercises.

You should call my office if you have progressively worsening pain that is not relieved by icing, rest, and non-narcotic pain medication. You should also call if you have a persistent fever of greater than 101°F or notice any drainage from the incisions.

I will see you in the office again at 6 weeks after surgery. I will evaluate tendon function and usually start active motion at this stage.

The 6th through 12th weeks

At this point, I expect to see slow but steady improvement in shoulder flexibility and function. You should be having much less pain at this time also. The therapist will start an active motion protocol twice a week, but there still should not be any lifting of weight, resistance exercises, or strengthening of the shoulder. You will also have to do a lot of home exercises.

I will see you in the office at 10-12 weeks after surgery. At this time, I will check your function and allow the therapist to start strengthening. If you notice loss of motion or weakness at any point after this, I may get an MRI to make sure the repair has held.

The 12th through 16th weeks

You will continue to aggressively pursue range of motion of the shoulder and start gentle strengthening. This will be guided by the therapist, then after about 4 months you will switch to home exercises only. Our goal is to have you regain full motion and reasonable strength by that time, but you will continue to improve in strength and function for up to a year after surgery.