


**GRANT E. GARRIGUES, M.D.**  
SHOULDER AND ELBOW SPECIALIST



MIDWEST  
ORTHOPAEDICS  
at RUSH      
SPORTS MEDICINE & SHOULDER

Dear Patient,

Thank you for entrusting me and my team with your care. It is our promise to treat each patient like a family member.

We look forward to serving you through every step of your journey back to optimal health!

Sincerely,

A handwritten signature in black ink that reads "Grant Garrigues".

# FAQ: Rotator Cuff Repair

## **More Information:**

[www.DrGshoulder.com](http://www.DrGshoulder.com)

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## *Arthroscopic Rotator Cuff Repair*

### *What is the Rotator Cuff?*

The rotator cuff is made up of four muscles and their tendons (Supraspinatus, Infraspinatus, Subscapularis and Teres Minor) that surround the shoulder joint. When you raise your arm the rotator cuff holds the ball (humeral head) of the shoulder within the socket (glenoid).

### *How do you repair the rotator cuff?*

The rotator cuff will be repaired by making small poke holes around the shoulder and by the use of an arthroscope (tiny camera) to see all the structures of the joint. Special instruments allow Dr. Garrigues to sew the rotator cuff back to the correct, anatomic position.

### *Length of Stay*

This is same-day surgery. You will need to have someone who can take you home.

### *Anesthesia*

Patients usually have 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. Your arm will be numb and will feel very strange. The nerve block will last about 12-14 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.

### *Incision*

You will have a handful (~4) of small incisions around your shoulder. They will only be about 1 cm long.

### *Pain*

Rotator cuff repairs are initially very uncomfortable. You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have 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 will resolve in 24-48 hours.

### *Diet*

Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits, and vegetables.

### *Sling*

Your arm will be placed in a sling prior to leaving the operating room. You are to remain in your sling 24 hours a day until Dr. Garrigues tells you otherwise. This includes sleeping in your sling. For the six weeks that you are in your sling, **you are not permitted to drive**.

### *Dressings*

You will go home with gauze dressings on your shoulder. After 2 days you may remove the dressings. There will be small black sutures (stitches) that will be taken out at your first post operative appointment 10-14 days after your surgery.

### ***Physical Therapy***

For the first three months of recovery you will do very gentle stretching at home and attend formal physical therapy. The next three months you will continue to do your home exercises and also attend formal physical therapy.

### ***Restrictions***

Recovery from rotator cuff repair surgery is six months. During that time you will have restrictions on the use of your operative arm.

**Day of surgery to Week 6:** remain in sling, no use of arm, out of work, no driving

**Weeks 6 - 12:** Opposite hand work only

**Months 3-4.5:** No lifting or carrying anything greater than 10 lbs and only occasional over shoulder reaching

**Months 4.5-6:** No lifting or carrying anything greater than 20 lbs

**Months 6+:** Full activity

### ***Pictures***

Dr. Garrigues will take photos during your surgery. Please bring those pictures to your first postoperative visit. Dr. Garrigues will review them with you and discuss exactly what was done in your shoulder.

## **COMMONLY ASKED QUESTIONS ABOUT ROTATOR CUFF REPAIR**

### **LENGTH OF STAY**

Most rotator cuff repair surgeries are done on an outpatient basis unless there is a need to do the repair open. In that case, you might spend one night in the hospital. We have multiple surgical locations to choose from. The facility location will be determined when you schedule your procedure. You will be provided with the location and contact information for the facility in your surgical packet. The facility will contact you the day prior to your scheduled surgery to go over your arrival instructions for the day of your surgery. This call may not take place until late afternoon. If you need to contact the surgical facility, check your surgical packet for contact information. For surgeries scheduled on a Monday, the surgical facility will contact you on the Friday before.

### **SLING USE**

You will be in a sling constantly for 6 weeks, even while sleeping. You may remove your sling for your daily exercises and to take a shower with your arm hanging at your side. You will be able to type or write with the hand of the operated arm but the keyboard or paper will need to be in your lap so that your arm remains in the sling and your elbow at your side. You should not reach with your elbow away from your side, lift anything of substantial weight, or push or pull with your operative arm for the first 6 weeks. After 6 weeks you may come out of your sling altogether.

### **PHYSICAL THERAPY**

You will begin physical therapy 4 – 6 days after surgery and you will need to attend outpatient physical therapy 1- 2 times a week for an average of 3 months following surgery. For the first six weeks the therapy will be less frequent, then increase after the sling is removed. You may go to any physical therapy clinic in your insurance network that is conveniently located to your home. If you live near one of the Midwest Orthopaedics at Rush facilities, all of our locations provide physical therapy services for your convenience. We recommend this if possible as we have a very close working relationship with those therapists unless it is overly burdensome for you to come to these locations. If you are having physical therapy outside of the Midwest Orthopaedics at Rush network, you will be given a prescription and a protocol for your therapist to follow when you leave the surgical facility. Please try to find the best shoulder therapist at your chosen facility. We recommend that you schedule your physical therapy at your desired location prior to surgery for 4 – 6 days after surgery to assure a timely appointment once discharged from the hospital.

### **DRIVING**

You must be at least 6 weeks past your surgery date, out of your sling, and off all narcotic pain medication during the day to resume driving. During the first six weeks you will need to make arrangements for someone to drive you to therapy once per week.

### **DISCHARGE PLANS**

You will need to schedule outpatient physical therapy within 4 – 6 days following surgery. At that time you will be taught an independent exercise program to do on your own which involves moving the operated arm with the well-arm or assistance from another person to maintain the range of motion but not use the muscles of the operated arm.

### **PAIN MEDICATION REFILLS**

Allow 48 hours for all pain medication refills. DEA laws prohibit certain pain medications from being faxed or phoned in. These include Oxycontin, Oxycodone, Percocet, Hydrocodone, Hydromorphone and Dilaudid. These prescriptions need to be electronically prescribed, or hand written. Arrangements may need to be made to pick up hand written prescriptions from one of our multiple locations. The final

decision regarding refills is up to the surgeon or physician assistant. Please keep close track of your pain medication and allow sufficient time for refills.

### **OUT OF WORK**

The length of time you will be out of work depends on the demands of your job, the rate of your recovery, fatigue and how fast you can discontinue narcotic pain medication. Those who perform sedentary work may return to work as soon as 6 weeks following surgery (perhaps as soon as 2 weeks if you can work from home or get a ride to work), while those in physically demanding jobs might not return until later following surgery.

### **DISABILITY/FMLA PAPERWORK**

We will complete disability/FMLA forms related to your surgery. Please submit any forms to the Chicago office; 1611 W Harrison Street Suite 300, Chicago, IL 60612. Please allow 5-7 business days for completion of forms. Make sure you are clear regarding how you want the forms returned. Please note; there will be a \$20 fee for any update to disability/FMLA forms after 90 days from your surgical date. If you have questions about FMLA call Melissa Robertson at 312-432-2880. A form to facilitate faster handling of these requests is included on the following page. Please fill this out and include with your request. Please make sure your name and date of birth are on all forms.

## FMLA/ Disability Paperwork Questionnaire

Name : \_\_\_\_\_ Date: \_\_\_\_\_

Type of Surgery / Injury: \_\_\_\_\_

Date of Surgery (if applicable): \_\_\_\_\_

- What type of work do you do?

\_\_\_\_\_

- Are there any physically demanding aspects of your job? If so, explain.

\_\_\_\_\_

\_\_\_\_\_

- Can your job be modified to accommodate for post-operative restrictions if there are any?

\_\_\_\_\_

- How long do you plan to stay out of work after surgery?

\_\_\_\_\_

- Once your paperwork is complete:

\_\_\_\_\_ I will pick it up from the office

\_\_\_\_\_ Please fax to \_\_\_\_\_ (or number on form)

\_\_\_\_\_ Please mail to \_\_\_\_\_,

\_\_\_\_\_

**Please complete this form and return with any paperwork that needs to be completed.**

## SOME HELPFUL HINTS TO THINK ABOUT PRIOR TO SURGERY

- Try to be observant of how you use the arm that will be operated on **BEFORE** surgery so that you can be a little more prepared to do things **AFTER** surgery.
- Do you have a recliner or can you borrow one? Many people find that sleeping in a recliner after surgery is more comfortable than the bed.
- Make sure you have a table placed on the side of the recliner of the un-operated arm so that you can reach things like a drink of water, a book etc. Is there a light there that you can turn on with the un-operated/good arm?
- For women: is your hair style one that can be done with one hand or that your partner can do?
- Make showers easier by having shower soap, shampoo, etc. in pump bottles you can use one handed.
- Have stretchy pants you can pull up with one hand and shoes you can slip on.
- Shirts with buttons, snaps, or zippers in the front can be easier than pullovers.
- Have a large water bottle with a straw you can keep near your recliner. Drinking lots of water after surgery not only is healthy but helps keep you from getting constipated and helps prevent blood clots.
- Modify your cabinets, placing things you use frequently within easy reach below shoulder level.
- You will be coming out of surgery with your arm in a sling and a cold pack device on your shoulder (which is yours to take home and good to use after you get home). You may also have a TENS unit and/or a tiny tube in your neck/shoulder which provides anesthesia to your arm making it numb for several days. It might be taken out before you go home or you might be instructed to pull it out after you get home, which is very simple to do. Your arm will be numb as long as it is infusing. **When you feel the sensation in your arm returning, start taking the pain medications prescribed so that they are in your bloodstream when the block wears off so your pain remains under control.**
- The pain medication you will be prescribed after surgery is a narcotic and can cause constipation. You will be sent home on a stool softener but it is a good idea to take a gentle laxative as well while you are on the narcotics. Senokot or Miralax are good choices. Take as prescribed on the bottle. Drink plenty of water, get up and walk around frequently, and eat lots of fruits and vegetables as well to prevent constipation.
- You will be sent home on Aspirin 325mg once daily for 2 weeks so it is a good idea to purchase those prior to surgery. Also, Tylenol will be helpful to have to supplement the pain medication.
- You will not be able to drive until you are 6 weeks past your surgery date, out of the sling altogether, and you are off all narcotics.
- You will have the following return appointments after surgery:
  - 10 – 14 days (you will have your stitches out if you have any)
  - 6 weeks after surgery (at this point – sling off and able to drive)
  - 3 months after surgery (at this point you will start strengthening with shoulder)
  - 6 months after surgery

**Important numbers and email addresses:**

Dr Garrigues' office (Melissa Robertson) – 312-432-2880

The orthopaedic resident on call (for after hours and or weekend emergencies) – 312-432-2880, option 0 for the operator.

Surgery scheduler (Melissa Robertson) – 312-432-2880 or [melissa.robertson@rushortho.com](mailto:melissa.robertson@rushortho.com)

Physician's Assistant (Elle Steele, PA-C)- [garriguespractice@rushortho.com](mailto:garriguespractice@rushortho.com)

Patient Information – Liftmyarm.com

Information on Dr.Garrigues - [www.rushortho.com/doctors/grant-garrigues](http://www.rushortho.com/doctors/grant-garrigues)

Twitter: @Grant\_Garrigues

Website: [www.DrGShoulder.com](http://www.DrGShoulder.com)

Please send all FMLA paperwork to Melissa Robertson at 1611 W Harrison Street, Suite 300 Chicago, IL 60612, or you may fax to: 708-409-5179. Please make sure your name and date of birth are on all forms. Please allow 5-7 business days for paperwork to be completed. If you have questions about FMLA call Melissa Robertson at 312-432-2880.



## **EQUIPMENT YOU MAY RECEIVE IN THE OPERATING ROOM**

### **Sling**

- You will be placed in a sling in the operating room and will go home with the sling on. The purpose of the sling is to protect your surgical repair by supporting your arm, keeping it in a position for optimal healing, and preventing you from reaching, lifting, pushing or pulling. You will receive instructions regarding how long you are to wear your sling.
- Sling use will be reviewed with you and your family before you leave the hospital.

### **Polar Care Ice Machine**

- You may elect to receive a Polar Care ice machine which will be yours to take home. The purpose of this machine is to manage pain and reduce swelling. There are some important points to remember when using this device.
- The most important thing to remember is that you should always have a barrier between your skin and the Polar Care sleeve. You should NOT place the sleeve directly on your skin. Examples of barriers include a shirt, a towel, or a pillowcase.
- It is a good idea to place a towel under the bucket of the Polar Care to absorb any moisture that may leak.
- Make sure you have plenty of ice available when you get home from surgery. The larger the ice cubes, the longer they will last. Alternatively, you can freeze the very small water bottles and refreeze after the ice melts.
- Unless your physician tells you otherwise, it is preferable to use the Polar Care constantly for the first 48 hours and then as needed for pain control.

Dear Patient:

There are some medications that can interfere with surgery. Please check the following list and if you are taking any of these medications, follow the outlined recommendations. Your physician will also review your medications during your pre-operative appointment. There may be other medications that they ask you to hold on the day of surgery. You may contact your pharmacist or our office with further questions.

- **COX 2 SPECIFIC ANTI-INFLAMMATORIES**

Celebrex, Bextra

\*\*These medications DO NOT need to be discontinued.

- **STEROIDAL MEDICATIONS**

Medrol Dose Pak, Prednisone

\*\*Continue these medications, but be certain to mention you are on these during your preoperative appointment.

- **ASPIRIN PRODUCTS/ NONSTEROIDAL ANTI-INFLAMMATORY MEDICATIONS**

Alka Seltzer, Anacin, Ascriptin, Aspergum, Baby aspirin, Bayer, BC Powder, Bufferin, Doan's Pills, Ecotrin, Excedrin, Empirin, Goody's Powder, Midol, Mobigesic, Norgesic, PeptoBismol, Soma, Trigesic, Advil, Aleve, Anaprox, Aspirin, DayPro, Disalcid, Feldene, Ibuprofen, Lodine, Motrin, Naprosyn, Nuprin, Orudis, Relafen, Mobic, Meloxicam

\*\*These medications need to be discontinued 7 days before surgery

- **VITAMINS / SUPPLEMENTS**

Alpha-Omega Vitamins, Fish Oil, Vitamin E, Ginseng, Ginkgo biloba, Garlic supplements

\*\*Discontinue 2 weeks prior to surgery

- **ANTICOAGULATION MEDICATIONS (blood thinners)**

- Coumadin – contact the physician who prescribed this medication for you and let him/her know that you are scheduled for surgery and ask their recommendations. **You must also make sure we are aware that you are on this type medication.**
- Pletal, Plavix, Aggrenox – Need to be discontinued 10 days prior to surgery. Check with your prescribing physician prior to discontinuing the medication.

- **OTHER MEDICATIONS**

Tamoxifen, Hormone Replacement Therapy, Oral Contraceptive Pills

\*\*These medications can increase your risk of blood clot. We recommend that you discontinue 2 weeks prior to surgery and restart 2 weeks after surgery. Please discuss these medications with your doctor.

- **BIOLOGICS**

Adalimumab(Humira),Anakinra(Kineret),Etanercept(Enbrel), Infliximab(Remicade)

\*\*These medications are generally used for inflammatory arthritis. Please make sure we are aware you are on these medications and an individualized plan will be discussed with your rheumatologist.

## Discharge Instructions after Shoulder Repair

### General

- Use ice on the shoulder intermittently over the first 48 hours after surgery, then as needed.
- Caution: Narcotics are habit forming and have multiple side effects. Begin to taper your use as soon as you are able.

### Activity

- Wear sling at all times, removing it only to shower, dress/undress, or for any prescribed exercises. Do not drive while in your sling and/or on narcotic medications.
- When getting dressed/undressed, gently assist your elbow into a hanging position and lean over with your arm hanging down like a weight on a string if you need to access your armpit or slide on a shirt sleeve—do not raise your arm from your side against gravity.
- Move your fingers frequently to prevent swelling.
- Stay hydrated and walk frequently to avoid pneumonia, blood clots, and constipation.

### Over the counter medications

- To prevent constipation: Stool softener of choice. A prescription for Senokot has been provided, but use whatever keeps you regular (Miralax, Colace, Dulcolax or Senokot).
- For pain: Tylenol should be used (as long as you do not have liver disease) for pain.
- Blood thinner: Aspirin 325 mg daily for 2 weeks unless you are already on a different blood thinner (Coumadin, Xarelto, lovenox, etc.) starting the day after your surgery.

### Wound care

- You may remove your dressing after two days, leave any steri-strips/sutures/staples in place. They will fall off on their own.
- You may shower 5 days after surgery. The incision CANNOT get wet prior to 5 days. Simply allow the water to wash over the site and then pat dry. Do not rub the incision. Make sure your axilla (armpit) is completely dry after showering.
- Wait at least 1 month after your surgery to submerge yourself in a pool.
- Keep incision out of direct sunlight until the scars fade (months).
- If garments irritate incision, feel free to cover with a band-aid or gauze.

### Diet

- Stay hydrated
- High fiber diet with extra fresh fruits and vegetables

### Concerning Findings

If you have any problems:

- During business hours call the office: 312.432.2880
- After hours call and ask for the orthopaedic resident on call: 312.432.2880 , option 0
- Concerning findings: Excessive redness of the incisions, Drainage for more than 4 days after surgery, Fever of more than 101.5° F.

**You should see Dr. Garrigues or his PA 10-14 days after your surgery. If you do not have an appointment, please call 708-236-2701 to schedule. IF ARTHROSCOPIC PICTURES WERE TAKEN, PLEASE BRING THEM TO YOUR FOLLOW UP VISIT.**