

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,



FAQ: Rotator Cuff Repair

Connect with us! Instagram: @Grant.Garrigues
Facebook: GrantGarriguesMD
Twitter: @Grant_Garrigues
Youtube/Facebook: Grant Garrigues MD

Website: DrGshoulder.com

Questions? Phone: 312-432-2880

ARTHROSCOPIC ROTATOR CUFF REPAIR

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 We Repair the Rotator Cuff

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

Medical Clearance

Medical clearance is required before surgery (unless our team instructs otherwise). Clearance consists of a history & physical, labs, and EKG.

If you live within 1.5 hours of Oak Brook or Downtown Chicago, this must be completed either at Rush Oak Brook Internal Medicine or Rush Center for Perioperative Care. Please see your Surgical Packet for details. This must be completed 10-30 days from surgery. Clearances more than 30 days from surgery are invalid and must be repeated.

Taking Medications Around Surgery

There are some medications that can interfere with surgery. Your medication list will be reviewed by the clearing physician at your medical clearance appointment. Please *refer to page 6 of this packet for further details*.

Surgery Location & Time

Location is determined when you schedule your surgery date. You can refer to our website for hospital locations and parking details. The facility will contact you *in the late afternoon the day prior to your scheduled surgery* to review arrival instructions for the day of surgery. If you need to contact the surgical facility, refer to our website for these contact details. For surgeries scheduled on a Monday, the surgical facility will contact you on the Friday before.

Length of Stay

Most rotator cuff repair surgeries are done on an outpatient (same day) basis unless there is a need to do the repair open (larger incision). You will need to have someone drive you home.

Anesthesia

Patients usually have 2 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 and/or pain catheter. Your arm will be numb and will feel very strange. *The nerve block will last about 12-14 hours. A pain catheter will make your arm numb for several days.* The anesthesiologist will speak to you on the day of surgery, and you will decide together which anesthesia is preferred/safest.

When you start to feel the sensation in your arm return, begin taking pain medications so they are already in your bloodstream when the block wears off. This will ensure adequate pain control after the block has completely worn off.

Pain catheter: Some patients and anesthesiologists elect to have this placed. This is a tiny tube in your neck/shoulder that provides anesthesia to your arm, *making it numb for several days*. This catheter might be taken out before you go home, or you may be instructed to pull it out after you get home. Your arm will be numb as long as this catheter is infusing.

Incision

You will have approximately 4 small incisions around your shoulder, each about 1 cm long.

Pictures

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

Pain Control

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. **Refer to the Post-Op Medication Schedule for regime examples (page 7).**

Discharge Medications

Your medications will be electronically prescribed to your pharmacy on file prior to surgery. These medications *typically* include:

- Aspirin 325 mg: Blood thinner taken daily for 2 weeks to prevent blood clots (unless you are on another blood thinner)
- Senakot 8.6 mg: Stool softener to be taken regularly while on pain meds
- Zofran 4 mg: Improves nausea, taken as needed
- Tylenol (APAP) 500 mg: Pain reliever. Only prescribed if given oxycodone for pain. Take 2 tablets up to 4 times daily (4000 mg maximum daily dose)
- Norco 5/325 mg (hydrocodone/acetaminophen) mg OR oxycodone 5 mg: Narcotic pain medication to be taken on an as-needed basis. Only 1 weeks' worth of medication will be prescribed. You must call in advance for refills.

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 & Dilaudid. These prescriptions need to be electronically prescribed or handwritten. Arrangements may need to be made to pick up handwritten prescriptions from one of our multiple locations. The final decision regarding refills is up to the surgeon or Physician Assistant. Please closely monitor your pain medication and allow sufficient time for refills.

Diet

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

Swelling

Swelling is commonly experienced by patients after surgery. Because the arm is in a sling with your elbow at 90 degrees, the swelling often collects just above the elbow with associated bruising. If you experience excessive swelling that extends into the hands making it difficult for you to move the hand or reduces sensation, immediately notify our office.

Numbness & Tingling

After surgery, your arm will be numb and will feel very strange. *The nerve block will last about 12-14 hours.* If you continue to have arm numbness beyond this period, please contact our office immediately.

Sling

Your arm will be placed in a sling prior to leaving the operating room. You will be in a sling constantly for 4-6 weeks (depending on size of tear), 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 operative 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. Weaning out of your sling will be discussed at your postoperative appointment.

Dressings

You will go home with gauze dressings on your shoulder. After 5 days, you may remove the dressings. There may be small black sutures (stitches) that will be taken out at your first post-operative appointment 10-14 days after your surgery.

Showering

You may shower 5 days after surgery. You may allow soap and water to run over the incision but may not submerge the shoulder in water. Gently pat the shoulder dry.

Physical Therapy

You will begin physical therapy 4 – 6 days after surgery. You will need to attend outpatient physical therapy 1- 2 times a week for an average of 3 months following surgery. For the first 6 weeks, therapy will be less frequent and then increase after the sling is removed after your 6-week postop appointment.

At therapy you will be taught a home exercise program to do on your own. This involves moving the operated arm with the well-arm or using assistance from another person (passive range of motion). This is INTEGRAL to maintain your range of motion without using the muscles of the operated arm.

You may go to any physical therapy clinic in your insurance network that is conveniently located near your home. If you live near one of the Midwest Orthopaedics at Rush (MOR) facilities, all 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.

You will be given a prescription for physical therapy when you leave the surgical facility. This prescription will indicate which therapy protocol your therapist should follow. The therapy protocols can be found and printed on our website. Please try to find the best shoulder therapist at your chosen facility.

***In order to assure a timely appointment, we recommend you go ahead and schedule physical therapy at your desired location prior to surgery. This first appointment should be 4 – 6 days after surgery.*

Driving

You must be at least 6 weeks past your surgery date, out of your sling, and off all narcotic pain medication to resume driving. During the first 6 weeks, you will need to arrange for someone to drive you to physical therapy.

Restrictions

Recovery from rotator cuff repair surgery is 6 months. During that time, you will have restrictions on the use of your operative arm (see general guidelines below):

Surgery - Week 4 or 6:	Remain in sling, no use of operative arm, out of work, no driving, passive range of motion only
Weeks 6 - 12:	Wean out of sling (small/medium tears wean out at 4 weeks). Okay to drive if off narcotics. No lifting with operative arm, opposite hand work only, active range of motion begins
Months 3 - 4:	No lifting or carrying items greater than 5-8 lbs & only occasional over shoulder reaching
Months 4 - 6:	No lifting or carrying items greater than 8-10 lbs
Months 6 +:	Released to full activity

Post-Operative Appointments

You will have several post-operative appointments, as outlined below. Appointments may be scheduled with Dr Garrigues and/or his Physician Assistants.

- 10 – 14 days: Stitches removed, range of motion check
- 6 weeks: Sling removed for large tears (4 weeks for small/medium), range of motion check, return to driving
- 3 months: Light shoulder strengthening begins
- 6 months: No restrictions

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 may not be able to return until later.

FMLA/Disability Paperwork

We will complete FMLA/Disability forms related to your surgery. Please submit any forms to the Downtown Chicago office. Please allow 5-7 business days for completion of forms. Make sure you are clear regarding how you want the forms returned.

If you have questions about FMLA, call Melissa Robertson at 312-432-2880. We kindly ask that you fill out our FMLA/Disability Questionnaire Form found on our website to facilitate faster handling of these requests. You must include this completed form with your request. Please make sure your name and date of birth are on all forms.

HELPFUL HINTS

- Observe how you use the arm that will be operated on *before* surgery so that you can be a little more prepared how 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 a bed.
- Place a table on the same side of the recliner as 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?
- Women: try a hair style that can be done with one hand or that your partner can do
- In the shower, have 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 that you can keep near your recliner. Drinking lots of water after surgery is not only healthy but helps keep you from getting constipated & helps prevent blood clots.
- Modify your cabinets, placing things you use frequently below shoulder level.

EQUIPMENT

Sling

- MANDATORY. You may be contacted before surgery about purchasing a sling. Insurance typically pays a portion of this cost. Depending on where you are having surgery, this will either be provided by the hospital, or you will need to bring it to surgery with you.
 - ***Elmhurst Hospital—you will need to obtain a sling at our Durable Medical Equipment (DME) store BEFORE surgery and BRING IT to surgery with you. If you have not received a call from the DME store, please call them at: 708-273-8426*
 - *All other surgical locations will have the sling for you on surgery day.*
- 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 to prevent you from reaching, lifting, pushing or pulling. You must wear the sling at all times unless bathing or dressing.
- Sling use will be reviewed with you and your family before you leave the hospital.

Polar Care Ice Machine/Ice Man

- OPTIONAL. You will be contacted before surgery about purchasing this machine. Insurance does NOT pay for this machine.
- Usage is optional, but many patients find it helpful. As an alternative to this machine, you can use ice packs on your shoulder and change them throughout the day.
- The purpose of this machine is to manage pain and reduce swelling.
- 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: 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 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.

TAKING MEDICATIONS CLOSE TO SURGERY

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 Medical Clearance 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
- **We recommend that you discontinue 2 weeks prior to surgery and restart 2 weeks after surgery, as these increase your risk for blood clots. Please discuss these medications with your doctor.

- **BIOLOGICS**

- Humira, Kineret, Enbrel, 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.

POST-OP MEDICATION SCHEDULE

24-hour regime

NORCO prescription

Medication	6 pm	8 pm	10 pm	12am	2 am	4 am	6 am	8am	10 am	12 pm	2 pm	4pm
Norco 5/325 mg	1-2 tabs		1-2 tabs		1-2 tabs		1-2 tabs		1-2 tabs		1-2 tabs	
Zofran 4 mg	1 tab				1 tab				1 tab			
Senokot 8.6 mg	1 tab						1 tab					
ASA 325 mg	1 tab											

OXYCODONE prescription

Medication	6 pm	8 pm	10 pm	12 am	2 am	4 am	6am	8 am	10 am	12 pm	2 pm	4 pm
Oxycodone 5 mg	1-2 tabs		1-2 tabs		1-2 tabs		1-2 tabs		1-2 tabs		1-2 tabs	
APAP 500 mg		2 tabs				2 tabs				2 tabs		
Zofran 4 mg	1 tab				1 tab				1 tab			
Senokot 8.6 mg	1 tab						1 tab					
ASA 325 mg	1 tab											

Norco (hydrocodone/acetaminophen) 5/325 mg

Strong pain medication. Take 1-2 tablets b mouth every 4-6 hours after surgery as needed for pain. *This medication is to be taken as needed.*

Oxycodone 5 mg

Strong pain medication. Take 1-2 tablets b mouth every 4-6 hours after surgery as needed for pain. *This medication is to be taken as needed.*

Acetaminophen (APAP) 500 mg

Pain reliever. Take 2 tablets by mouth every 6 hours (4 times daily). You will not be prescribed this if given Norco. *This medication is to be taken as needed.*

Zofran (ondansetron) 4 mg

Anti-nausea medication. Take 1 tablet by mouth every 8 hours as needed for nausea/vomiting. *This medication is to be taken as needed.*

Senokot 8.6 mg

Stool softener. Take 1 tablet twice daily (every 12 hours) while taking pain medication. *This medication is to be taken as needed.*

ASA (aspirin) 325 mg

Blood clot prevention. Take 1 tablet by mouth once daily. Ask Dr Garrigues' team how long you need to take this. *This medication is mandatory.*

***if you are on another blood thinner (i.e. Xarelto, coumadin, Eliquis, Plavix), you will resume this INSTEAD of the ASA 325 mg. Talk with your cardiologist about when to resume this after surge*

IMPORTANT CONTACT INFORMATION

Administrative Assistant **surgical scheduling, appointments, insurance questions, FMLA

Melissa Robertson

p: 312-432-3880 f: 708-409-5179

email: garriguespractice@rushortho.com

melissa.robertson@rushortho.com

Physician Assistants **all clinical questions

Morgan Holt, PA-C

Katie Cardinal. PA-C

Main Office Location:

1611 W. Harrison St., Suite 300

Chicago, IL 60612

Clinic Days & Locations (hours may vary)

Tuesday @ RUMC

Wednesday @ Oak Brook OR Naperville

Friday @ Oak Brook

RUMC Clinic

1611 W. Harrison St., 4th floor

Yellow section

Oak Brook Clinic

2011 York Road

Oak Brook, IL 60523

Naperville Clinic

55 Shuman Blvd, Suite 700

Naperville, IL 60563

After hours or weekend emergencies: 312-432-2880, option 0 for the operator

WEBSITE

DrGShoulder.com

Our website has a plethora of information regarding hospital locations, parking details, what to expect the day of surgery, educational materials, additional copies of handouts, physical therapy protocols, FMLA/disability details...just to name a few! Please refer to this frequently throughout the pre-op and post-surgical process.