

Dr. Christopher George

Rotator Cuff Playbook



Valley Ortho



Patient Name:
Date of Surgery:
Date & Location of First Follow-Up Visit at ValleyOrtho:
Date & Location of First Rehabilitation Appointment:
Patient Expectations for Surgery & Recovery 1. Pain Expectation: 2. Activity Expectation:

YOUR ROTATOR CUFF REPAIR PLAYBOOK

Thank you for joining our team at ValleyOrtho.

We feel you are the most valuable person in the surgery and recovery process. This Playbook is your guide to best prepare for and recover from your rotator cuff repair.

Each member of your care team plays a valuable role and has been trained to assist you every step of the way.

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Meet Your Physician, Dr. Christopher George, MD

Dr. Christopher George has been providing Orthopedic care to patients in the Roaring Fork Valley since 2013. He specializes in sports medicine, hip arthroscopy, knee reconstruction, Mako certified robotic assisted anterior muscle sparing total hip replacement, and knee replacement. With minimally invasive and arthroscopic treatment options, Dr. George strives to return patients to the lifestyle and activities they desire.



Dr. George grew up in Iowa and attended college at the University of Iowa, where he was a member of the University of Iowa swimming team, elected as team captain for two seasons. He attended medical school at the University of Iowa Carver College of Medicine. He completed his Orthopedic surgery residency at the University of Illinois at Chicago where he served as chief resident in his final year. He then continued his training and specialization in Orthopedic sports medicine with the Aspen Sports Medicine Foundation.

His approach starts with conservative treatment options and only progresses to surgery when appropriate. Dr. George enjoys working with his patients to mutually develop a treatment plan to help them get back to their active lifestyles as efficiently as possible.

Outside of his time in the office, Dr. George enjoys spending time with his wife Marni and their children, Ryder and Avelyn.

Meet Your Physician Assistant, Rachel Mazza PA-C

Rachel Mazza graduated with her Master of Physician Assistant Studies from the University of Colorado in 2015, after which she worked at the Orthopedic Centers of Colorado and the UCHHealth Steadman Hawkins Clinic practicing in sports medicine, joint replacement, and treating orthopedic trauma.



She attended UC on the school's Rural Track, where she focused on treating and servicing smaller communities like the Roaring Fork Valley. In orthopedics her focus is to keep people active. As a very active person herself, she tries to impart that love of the outdoors and exercise into her patients

In her spare time, Rachel enjoys reading and spends a lot of time with her dog. She also enjoys hiking, backpacking, camping, and has climbed a few fourteeners around Colorado. "I enjoy the backcountry, but I also like frontcountry camping closer to civilization," she says. "As long as I'm outside, I'm happy."

Meet Your Medical Assistant

Michelle Gorton, PCT

Growing up in the Roaring Fork Valley, Michelle is happy to serve the community she has loved since she was young.

Michelle received her Associates of Science degree in 2009; then earned her Associates Degree in Applied Science in Veterinary Technology. She has worked at a local animal hospital as a veterinary nurse and practice manager since 2012. She joined the ValleyOrtho team in October 2022.

As a Coloradan, Michelle enjoys hiking or traveling for extended backpacking trips in the summer with her dogs, cross country skiing during the winter season, reading or spending time with family.



Meet Your Primary Athletic Trainer

Jackie Brey ATC

Jackie was born and raised outside of Milwaukee Wisconsin; she earned her Bachelor's in Kinesiology from the University of Wisconsin – Eau Claire with an emphasis in Athletic Training and Sports Rehabilitation. She always had a yearning for the “West” and found her way to the Roaring Fork Valley in 2004 as the Athletic Trainer for Rifle High School. Come 2007 she transitioned to a clinical position with Aspen Orthopedic Associates. Throughout her tenure with Aspen Orthopedics she worked her way into management of the practice until she relocated to the Front Range to follow her husband's career change in 2015. Jackie recently found her way back “home” to the Roaring Fork Valley where she now works as an Athletic Trainer in ValleyOrtho.



In her downtime she's a BLS instructor for the American Heart Association. When away from work she enjoys golfing, hiking and camping with her husband and fur baby.

Meet Your Surgery Coordinator

Roslyn Bernstein, MA

Roslyn has worked in orthopedics since 2011 and with ValleyOrtho specifically since 2017. She graduated Colorado Mountain College's medical assistant program and state certification. Roslyn will work with you to help schedule any surgeries, procedures, imaging or follow up appointments to best manage your care at ValleyOrtho.



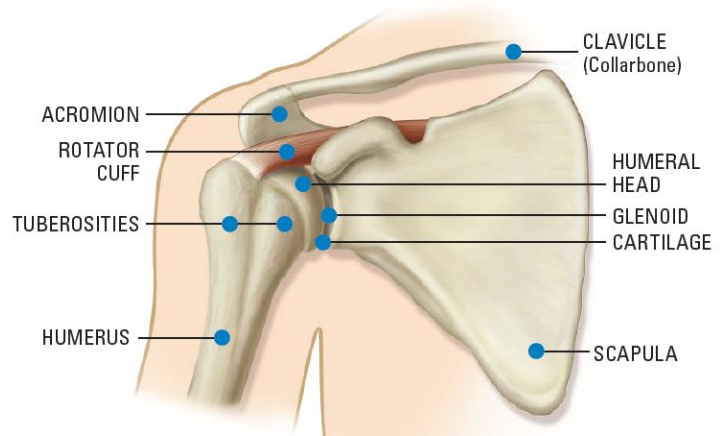
Outside of the clinic she helps promote smoking cessation programs and facilitating student health fairs at Glenwood High School. She has a unique passion for roller derby and all forms of mountain adventuring that keep her busy in her off time.



ANATOMY & REPAIR OVERVIEW

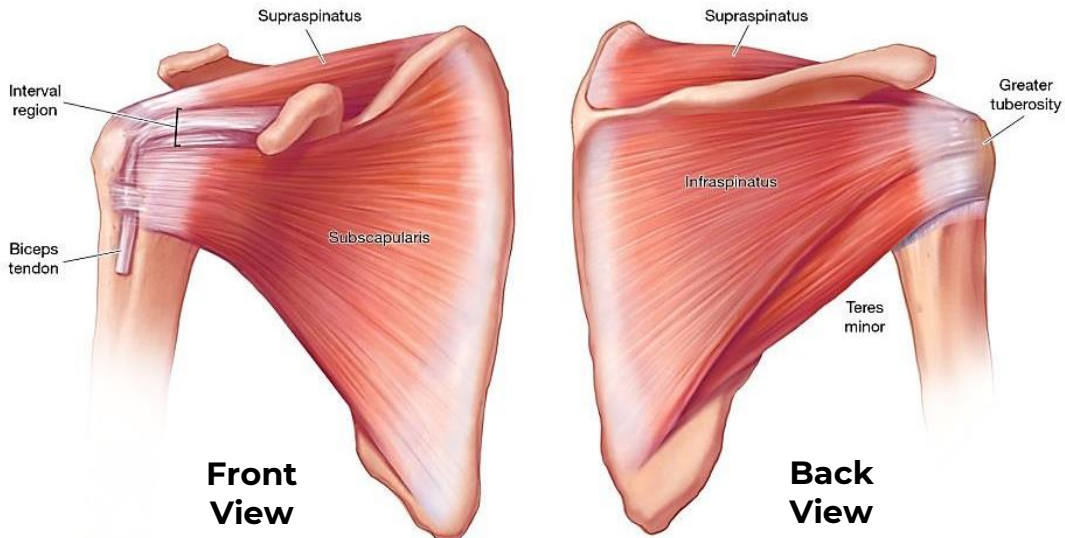
What is the Shoulder?

Two bones make up the shoulder joint. The bone at the top of the arm, the humerus, has a round ball-shaped head that is covered in cartilage. The bone on the body side of the joint is the scapula, or shoulder blade. The glenoid is the flat cartilage-covered surface on the scapula that makes the other half of the shoulder joint.



What is the Rotator Cuff and Why Does Mine Hurt?

The rotator cuff is made from a combination of four muscles: the subscapularis from the front, the infraspinatus and teres minor from the back and the supraspinatus from the top of your shoulder. These muscles provide stability and proper positioning of the shoulder joint during active motion. Rotator cuff tears most often occur near their attachment point on the humeral head when trauma and/or overuse cause enough damage to one or more of the rotator cuff tendons. This irritation can be made worse with poor posture and/or repetitive activity in positions above your head.

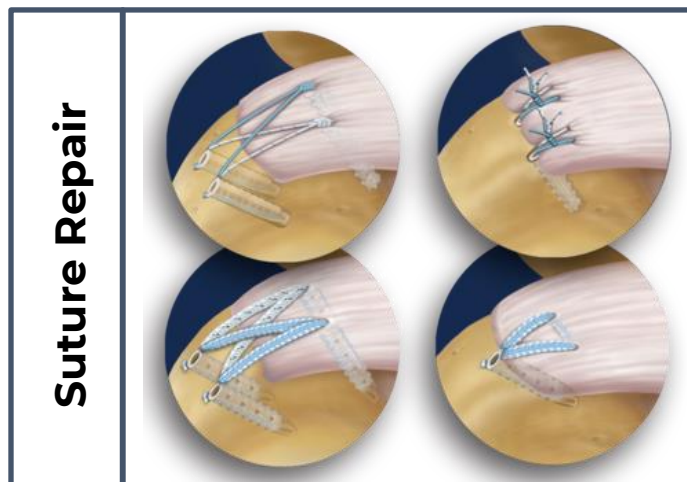


Rotator Cuff Management:

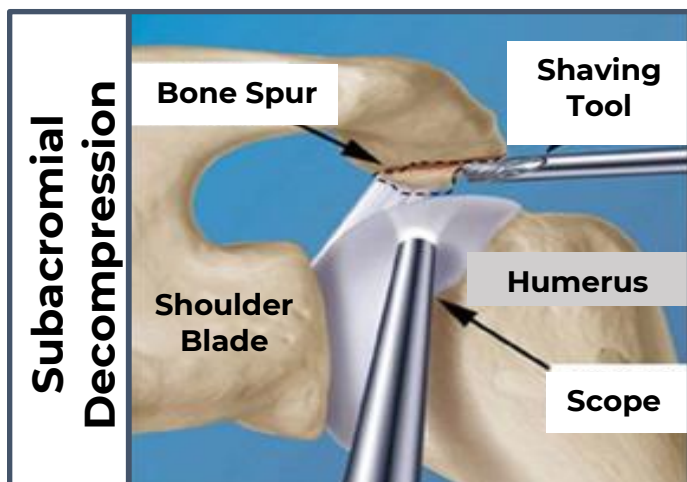
Often times Dr. George's first option is not to perform a surgical repair. At this point physical therapy, injections and rest have not provided you the results that you are looking for, or your injury was too large to even try these options. So now is the time that Dr. George will be able to provide a surgical solution to return the strength and mobility to your shoulder.

Detailed Reparative Options:

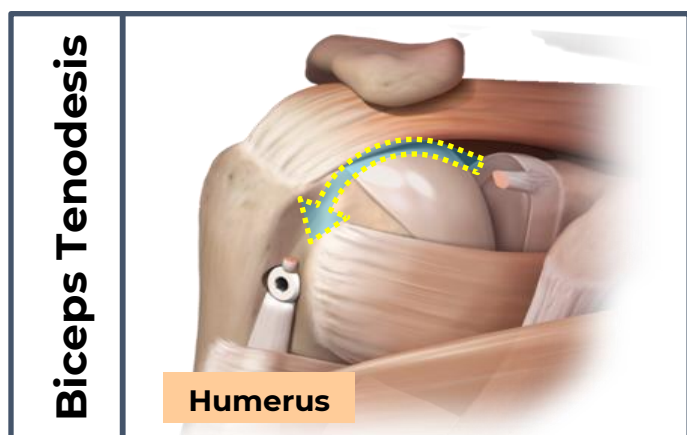
Dr. George has many options to provide the best surgical outcome for your rotator cuff injury. Below are some techniques that he may plan to utilize for your repair.



Dr. George has multiple suture techniques to reattach small & large tears back to the humerus.



Using joint resurfacing tools, Dr. George can provide more space for pain free motion in your shoulder.



If the biceps tendon is damaged, this procedure will move the biceps attachment onto the humerus to decrease your pain. This move will not significantly change the available strength or use of your arm.



ROTATOR CUFF REPAIR TIMELINE

AT LEAST TWO WEEKS PRIOR TO SURGERY

- Schedule your first outpatient therapy appointment for 3-7 days after your surgery date. Refer to page 8 for more details.
- Register your One Medical Passport account for our surgery department at OneMedicalPassport.com

ONE WEEK PRIOR TO SURGERY

- You will be contacted by the Pre-Anesthesia Clinic to schedule any other medical clearance needed before surgery.
- Minimize surgery and medication related constipation, see page 20 for details.
- **DO NOT** shave surgical arm or armpit for seven days before surgery.
- Begin practicing household activities with only your non-surgical arm (feeding, dressing, toileting etc.). Refer to page 12 for more details.
- Prepare your home environment for a safe return. See page 12 for more details.

THE DAY BEFORE SURGERY

- The Day Surgery Department will call after 2pm the day before surgery about:
 - What time you should plan to arrive at the hospital.
 - When to stop eating and drinking before surgery. See page 15 for more.
 - Which medications to take the morning of surgery.
 - During this call, complete your “Surgery Instructions Sheet” on page 15.
 - Call 970-384-7166 if you do not hear from the nursing staff before 5pm.

THE NIGHT BEFORE SURGERY

- Remove any nail polish from fingers.
- Enjoy dinner, brush your teeth and rinse out your mouth before bedtime.
- Shower with provided sponge. Refer to pages 14 for details.
- Put clean sheets on your bed, and wear a clean set of pajamas.
- **DO NOT** smoke at this time. **DO NOT** resume smoking until the day after surgery.
- **DO NOT** allow your animals to be in your bed with you.

THE MORNING OF SURGERY

- Shower and repeat sponge cleansing process thoroughly. See page 14 for details.
- Do not shave or use any lotions after your shower.
- Gather your packed bag, this playbook, and your cooling device for the hospital.

THE DAY OF SURGERY

- Arrive and register at the hospital at your assigned time (2 hours before your surgery time).
- Once you are set up in Day Surgery, Dr. George will meet you and prepare you for surgery. Refer to page 18 for more details.

THE DAY AFTER SURGERY

- Take pain medications as needed for pain control.
- Use cryotherapy regularly and get rest often throughout the day. See page 19.

3-7 DAYS AFTER SURGERY

- You will begin outpatient rehabilitation to work on regaining motion and promote optimal healing of your surgical shoulder.
- Move your hand and forearm regularly to help decrease swelling.

7-10 DAYS AFTER SURGERY

- You will return to Dr. George's office to check the progress of your shoulder, have your stitches removed and your bandage changed.

WEEK 1 TO WEEK 6

- Your surgical shoulder is likely to be painful during the early weeks of this phase. This is normal and expected. You should not try to move your surgical shoulder in this phase.
- You will be in a sling the majority of the time for safety and healing. You will take yourself out of the sling to move the elbow, for dressing and for bathing.
- We expect the passive motion and pain levels to improve steadily with therapy. Refer to page 23 for more details.

WEEK 6 TO WEEK 10

- Depending on the size of your repair you may be released from sling use at this time and your therapist might start some exercises to help you move your shoulder.
- We do not expect you to have full motion in this phase, and you **will not** have normal use of your shoulder for light activities around the house.
- Even though discomfort may still be present, we expect you to stop narcotic pain medication use at this time. Refer to page 24 for more details.

WEEK 10 TO WEEK 16

- You will begin a slow and progressive strengthening program in this phase. You may have increased muscle soreness from exercise that does not require pain medication as you work to improve the strength and motion of your surgical shoulder. See page 24 for more details.

WEEKS 16 TO WEEK 20

- We do not expect you to have all of the strength back in the repaired shoulder at this time.
- You should have near full range of motion and you will be working towards full strength under the direction Dr. George and your therapist. Refer to page 24 for more details.

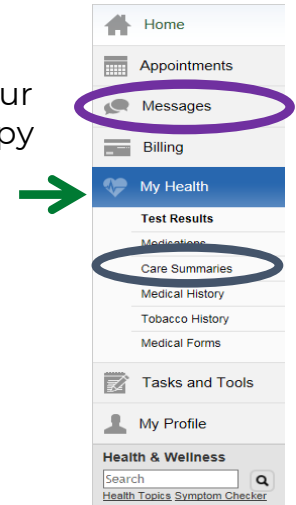


YOUR PRE-OPERATIVE TRAINING

At ValleyOrtho, you are the most important player on our team. Our pre-operative training program is designed to help you participate in your healing like a pro.

1. Set Up Your Valley View Patient Portal

You should have received an email from us with a link to set up your patient portal account. If you cannot find the email we will be happy to send you another one, just let us know.



Benefits of the Portal

- Easily contact Dr. George and his team using the **Portal Messaging Center**.
- Have access to your visit reports by clicking **“My Health”** on the left sided toolbar then click **“Care Summaries”**.

2. Schedule Your Therapy Appointments NOW

- Schedule your first outpatient therapy appointment for 3-7 days after your surgery date.
 - You should schedule your therapy for twice a week for 6 weeks to start.
- Your insurance may restrict the amount of visits you can attend per injury. You and your therapist will determine the best visit schedule for you.
- We expect you to be attending therapy appointments in some fashion for 4-6 months.

3. Pain Education

Pain is an expected and necessary part of the healing process after a rotator cuff repair.

- It is normal to have pain when you wake from surgery.
 - It is also normal to feel an increase in pain 12-24 hours after surgery as the stronger medications used for surgery wear off.
- This early increase in pain does not mean there has been damage to the repair.
 - This is your nervous system becoming more efficient at sensing the healing that is taking place in your shoulder.
- Your nervous system will become less sensitive over time.
 - Participation in physical rehabilitation combined with appropriate rest and medication use will help with this process. Your therapist will guide you through the pain relieving strategies that will work best for you.

4. Understanding Your Surgical Nerve Block

Dr. George uses an interscalene nerve block for long lasting pain relief after surgery.

- This nerve block allows for decreased opioid use for 48-72 hours after surgery.

On the day of surgery your anesthesiologist will give you their phone number in case you have questions or concerns about your block.

- You can write that number here as well: _____

5. Fit for Ultrasling

Put your sling on **over your cooling device** following these steps:

- Detach the shoulder and waist strap buckles and open the front panel.
- Place the pillow wedge on your ribs of the affected side.
 - **Pro Tip:** For comfort after surgery, you may want to place the pillow and sling on a counter top first then gently place your arm into position.
 - Your arm can rest supported on the countertop as you connect the shoulder strap.
- Slide your arm into the sling, positioning the elbow as far back as possible in the sling, and bent to 90 degrees.
- Place the shoulder strap over your opposite shoulder. Connect the shoulder strap to the sling using the quick release buckles.
- Buckle the waist strap to the pillow and adjust the strap to fit.
- Secure the strap over the top of the sling. If the thumb strap is desired, attach strap at the front of your sling.



When to Wear Your Sling:



- Wear your sling **At All Times**.
- You can only remove the sling to dress, shower, or do the elbow exercise as prescribed.

NOTE: When you start outpatient therapy you *may* be instructed to come out of the sling in controlled and safe environments. Your therapist will guide you in that process at that time.



6. Choose Your Cooling Device

A medical device representative will call you to discuss your options before your surgery. Below are your cooling options to help you heal after your surgery.

Polar Care Wave	Cold Packs
 <p>**Best Choice**</p> <ul style="list-style-type: none"> Automatically cycles cold water. Programmable compression. No ice required. Costs to own is approximately \$350. 	 <ul style="list-style-type: none"> Need multiple packs for front and back of knee and chilling between uses. No compression. Can purchase in pharmacy.

When to Wear Your Cooling Device:

- Use your cooling device continuously throughout the day and night for the first three days, then you may decrease to day use only for the next 2 weeks.
- Use either device as needed for pain and swelling control for up to 3 weeks.
- Remove it to straighten the elbow 3 times a day.

7. Patient Reported Outcome Surveys:

Patient Reported Outcome (PRO) Surveys are a way for us to measure those things that matter most to you; decreasing your pain, restoring your function and productivity, and improving your quality of life. We want to know if we are meeting your needs during your recovery. By participation in the PRO surveys, you can help us understand how we are doing regarding your goals. This will allow us to best direct your care and the care we provide to your community.

What to Expect From Us:

- Prior to surgery, you will receive an e-mail or text link to a short survey to get your pre-operative baseline.
- You will receive this same survey (2-4 in total) by e-mail or text between 30 days and 1 year after your surgery.
- These new scores will be compared to your baseline score in order to evaluate your progress, as evaluated by the person that matters most – YOU!



You're Trained. Now What?

Any surgery can be stressful, but you can rest assured knowing that our team will walk you through every step on your big day.

The rest of this Playbook will explain in detail your pre-surgical, surgical and recovery process from start to finish. Use this as a guide to effectively complete the Rotator Cuff Repair Timeline on pages 7 and 8.

When you choose rotator cuff surgery with ValleyOrtho and Valley View Hospital, our team is committed to helping you achieve the best surgical outcome possible so you can return to the lifestyle you love.

Contact Us:

At each stage of your journey, before, during and after surgery, we're here to provide information and answer any questions you may have. Feel free to reach us quickly during business hours by messaging "Dr. George" through your Valley View Hospital Patient Portal, or by phone at (970)384-7140. If something is urgent, even outside of business hours, an on call provider can answer your questions by calling 970-384-7140.

The screenshot shows the 'Messages / Compose Message' interface. At the top, it says 'Welcome, Adam' and has links for 'Inbox', 'Compose', and 'Sign Out'. The left sidebar contains navigation options: Home, Appointments, Messages (selected), Inbox, Compose Message, Sent Messages, Archived Messages, Billing, My Health, Tasks and Tools, and My Profile. Below the sidebar is a 'Health & Wellness' section with a search bar and a link to 'Health Topics Symptom Checker'. The main content area is titled 'Messages / Compose Message' and features a yellow warning banner: 'Dial 911 in the case of a medical emergency.' Below this, there is a notice: 'Messages sent to our office will receive a response within two (2) business days. If this is a time-sensitive or urgent concern, please contact our office directly via our TOLL FREE number at: 1 (844) 221-0510. All messages and communications with our office are confidential.' A note follows: 'Note: Please use this tool for health-related inquiries only. All messages are included in your patient record.' There is a link to 'Back to My Inbox'. The 'Compose New Message' section includes three dropdown menus for 'Message type', 'Provider', and 'Location', with a note: 'This information will help us route your message to the correct department and respond faster.' Below these are fields for 'Subject' and 'Message'. A '1000 characters left' indicator is visible at the bottom of the message field.

IMPORTANT NOTE:

If you happen to become ill within 2 weeks before your surgery, even with a simple cold, please contact us right away. We may need to reschedule your surgery until you are healthy again. Also, if you get a cut, scrape, rash, or sore on the arm scheduled for surgery, please let us know immediately. A skin break could require rescheduling your surgery, due to a small increased risk of infection.



PREPARING FOR YOUR SURGERY

Give yourself a head-start on healing by following these more detailed pre-surgical preparation tips from Dr. George.

Prepare Your Body

- Continue (or develop) the healthy habits needed to support your healing. Eat healthy foods like fruits, vegetables, lean meats and whole grains. Increase the amount of water you are drinking daily and get plenty of rest.
- Reduce or stop all smoking, tobacco, and alcohol use.
- Exercise as much as your body can tolerate to maintain your muscle strength.

Learn to Carry Out Daily Tasks Using One Hand

- You will temporarily only be able to use one arm after surgery, so it's important to practice activities to function in your home environment with just your non-surgical arm.
- Before surgery, practice your daily routine using only the non-surgical arm so you can find ways to deal with potential challenges.
- Transfer in/out of a chair and on/off of the toilet with just the non-surgical arm. If this is difficult, consider using a raised toilet seat or bedside commode and elevating the other seats in your home.
- Transfer in and out of the shower without using the surgical arm.
- Engage in activities such as grooming, bathing and going to the bathroom using only your non-surgical arm.

Prepare Your Home for a Smooth Transition

Make these changes to improve the convenience and safety of your home environment ahead of time.

- Place frequently used kitchen items in easily accessible places, such as a countertop or on the lowest shelf in an overhead cabinet.
- If you will be returning home alone, establish a rotating support system that involves more than one person to help you with everyday needs.
- Plan for someone to drive you to your physical therapy appointments, the store, and other important destinations.
- Create a clear path to the entrance of your home.
- Consider sleeping in a recliner, as this is oftentimes more comfortable than your bed after surgery. Prior to surgery, be sure the adjustment lever is on the correct side of the chair for your safety (many can be moved).
- Consider arranging for a friend, or kennel, to care for your pets for the first few weeks after you return home; they could cause you to fall and injure your repaired shoulder.



Pre-arrange Your Finances to Reduce Stress

Our Patient Financial Services staff is happy to help all of our patients with their billing questions. If you have questions about billing, insurance, financial assistance or charges for healthcare services, please contact Patient Financial Services at (970)384-6890.

Pack for Your Hospital Visit

To stay comfortable during your hospital visit, we suggest you bring:

- Your Rotator Cuff Repair Playbook.
- Your cooling device if you have received it before surgery.
- A loose-fitting shirt that buttons up and is larger than the size you normally wear to fit easily over your shoulder bandages and sling.
- Eye-glasses instead of contacts.
- Driver's license or photo ID, Insurance card/Medicare Card.
- Copy of your Advanced Health Care Directives.
- Cash or credit card to pay for discharge medications.
- A list of your daily medications, vitamins and herbal supplements, including the dosage and frequency, plus a list of medications you stopped taking in preparation for surgery.
 - Your own medication will be used **only** when the hospital pharmacy does not stock your specific medication and interruption in the use of that medication would compromise your care. Speak with Dr. George if you feel your medications may fit these criteria.
- Your cell phone/charger, books, magazines or other portable hobbies.
- **DO NOT** wear or bring any jewelry or any other valuables. This includes removing wedding bands and all piercings.





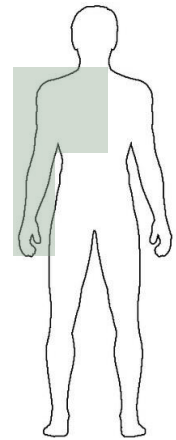
Prep Your Skin to Discourage Bacteria

Preparing your skin before surgery can reduce the risk of infection at the surgical site by reducing bacteria on the skin. You will receive a sponge with anti-bacterial soap from our clinic at your pre-operative appointment.

Please use the prescribed sponge to wash carefully before your surgery, following the steps below:

If you test positive for any additional skin bacteria you will be notified by ValleyOrtho and you will be instructed in additional skin and/or bacterial preparations to get you ready.

1. Wet your entire body with warm, **NOT** hot, water.
2. Wash hair with normal shampoo/conditioner. Wash your face and body with your normal soap, then rinse.
3. Wet the sponge provided then turn off the water.
4. Use the sponge side only and clean starting from the surgical shoulder working outward to include your chest, neck and back. Be sure to scrub your surgical armpit with the sponge last. Avoid contact with your eyes, ears, mouth and directly on genitals. This process should take 3 minutes to clean.
5. Wait 2 minutes after this application.
6. Turn the water back on and rinse off all of the soap from your body with **warm** water.
7. Dry with a clean towel and wear clean clothes to bed with fresh clean sheets.



For best results, follow these additional instructions:

- Remove any finger nail polish.
- **DO NOT** let the prescribed cleanser get into your eyes, ears, mouth or genitals.
- **DO NOT** use moisturizers, lotions or oils on the skin after beginning the cleansing regimen we provide.
- If you have persistent redness or itching, rinse the affected area, discontinue use of the wash, and call our office at (970)384-7140.
- If you swallow the wash, call Poison Control right away: 800-222-1222.

SPECIAL NOTE ABOUT SHAVING:

We ask that you **DO NOT** shave your surgical arm or armpit **for seven days** prior to surgery. Dr. George will inspect your shoulder the morning of your surgery and will carefully shave the area at that time. If there are any breaks in your skin, your surgery may need to be rescheduled due to a risk of infection.

SURGERY INSTRUCTIONS SHEET

The Day Surgery staff will call you the day before your surgery with instructions. Complete this worksheet during that phone call.

Patient calls begin at 2pm one business day before the scheduled surgery date. This means Monday's surgical patients are called on the Friday before. You may contact the day surgery staff at 970-384-7166 if you have not received your instructions before 5pm one business day before your surgery date.

Fill in Your Personal Instructions Below:

Date of Surgery: _____

Surgery Location: _____

Check-in Time: _____

If you are late it may affect your surgery time, or result in rescheduling your surgery.

Surgery Time: _____

Eating Allowed Until: _____

Do not eat any food after midnight before your operation unless otherwise instructed.

Approved Clear Liquids Allowed Until: _____

Do not drink anything after midnight before your operation unless otherwise instructed.

Approved Clear Liquids Include: Water, Sports Drinks, Sodas, and Strictly Black Coffee (**DO NOT add milk/cream/sugar/honey**).

Any Additional Eating and Drinking Instructions: _____

Medication Instructions: _____

Medications You are Told to **STOP** Taking Below:



FREQUENTLY ASKED QUESTIONS

Put Your Mind at Ease by Getting Answers

In preparation for rotator cuff repair, you probably have a lot of questions. We'll strive to answer every one of them to your satisfaction, including the ones below.

Q. Can I work out after my surgery?

Yes! Unless Dr. George has restricted you from specific exercises, we encourage daily fitness according to the American College of Sports Medicine (ACSM) daily exercise guidelines (www.acsm.org). Your exercise program should be modified to exclude your surgical shoulder and you are limited to 15 pounds on your non-surgical arm. If you are in a sling, continue to wear it when you exercise. Avoid jarring activities that will move your arm in the sling.

Q. How long until I can drive?

You must not drive while taking your narcotics. You must wear your sling while in a car. You are considered an impaired driver when you are off of the narcotics but still in your sling. This is because you only have one arm available when you are used to having two available.

Q. Can I take off the steri-strips if they are coming off?

We encourage you to allow them to fall off. However, if they are "hanging on by a thread," you can gently pull them off.

Q. When can I Shower? Can I swim / submerge the incision?

Shower as soon as you feel able after returning home. The dressings are water resistant so they can get wet, but do not allow the shower to hit the incisions directly and do not submerge the incisions in water. Always use a clean wash cloth and do not scrub directly the incisions. Pat the incisions dry thoroughly after your shower. We want the incisions to be fully healed and free from scabs, which takes 14 days on average before you submerge. Please clear this activity with your therapist or doctor before you submerge the incision.

Q. Will I be in pain after surgery?

You will likely be in some form of discomfort after surgery. This is normal. It is your body telling you to slow down to allow for proper healing of your repair. Our team will work you through this process, taking your comfort into consideration with everything.

Q. When will I be able to get back to work?

We recommend that you take at least 1 week off from desk work. If your job is labor intensive, plan to take closer to 16 weeks off before returning to light duty.

Q. How often will I see Dr. George following the surgery?

Your first postoperative office visit will be scheduled for 7-10 days after surgery, then 4-6 weeks after that first follow up appointment. After that, plan for appointments at one-month intervals. Your physical therapist will communicate with Dr. George and his team regarding your progress.

Q. Do you recommend any long-term restrictions following this surgery?

Be sure to follow all post-operative instructions and you should enjoy full range of motion and full return to activity once you heal. It is important to continue your home strengthening program for at least 1 year after your repair to get back to your pre-injury strength level.

Q How long should I expect my repair to last?

Your rotator cuff repair should get to a comparable level of strength to your other shoulder. When you regain your strength and motion you will be at little to no increased risk for future injury than your non operative side is.

Q. How long will my recovery take?

With regular physical therapy, range of motion should be nearly restored within 12-14 weeks. With rotator cuff exercises beginning 10 weeks after surgery, your strength and function of your shoulder should dramatically improve after 4 months. At 6 months to 1 year, you can expect to achieve a full recovery.

Q. How long will I be working with a therapist?

It is beneficial to work closely with a therapist throughout your recovery process, which typically lasts 4-6 months. They will move your arm exclusively for the first 6 weeks then progress you to exercises that you will perform to regain motion and strength in your repaired shoulder.

Q. How long do I need to wait before having dental procedures?

It is possible, in some situations, for bacteria from the mouth, teeth or gums to travel through the bloodstream and settle near a surgical repair. In an attempt to prevent this occurrence representatives from the American Dental Association and the American Academy of Orthopedic Surgeons developed these guidelines:

- Refrain from any dental work two weeks prior to surgery.
- Refrain from dental work one month after surgery.



YOUR SURGICAL & FACILITY CARE

The Day of Surgery Game Plan: Checking In

At the Hospital

The Valley View Valet is a free service. The Calaway-Young Cancer Center valet is open from 7:30AM to 5PM.

You will stop at one of the hospital's registration desks 2 hours before your surgery time.

- Registration at the Emergency Department entrance is always open.
- Upper registration on the 2nd floor near the Pharmacy is open from 7AM-3:30PM Monday-Thursday and from 8AM-2:30PM on Fridays.

Valley View Surgery Center at Basalt

Please use the onsite parking right outside the Mid Valley Surgical Center.

You will register at the front desk 2 hours before your surgery time.

Address:
1450 E Valley Rd Suite 202,
Basalt, CO 81621

- Our nursing staff will begin preparing you for surgery by starting an IV and ensuring that you're comfortable.
- Dr. George will come and answer any additional questions you may have and mark the shoulder you are having repaired with a surgical marker.
- An anesthesiologist will meet with you to talk about general anesthesia and the nerve block you will receive for comfort.
- A nurse will take you into the operating room on a portable bed.
- Following surgery you will spend about an hour in the post anesthesia care unit (PACU) while your vitals normalize and your pain is controlled. Your family and friends will not be allowed to visit the PACU.
- You will return to the Day Surgery Department to rest and meet your family and friends.

Your Recovery in the Day Surgery Department

The duration of your stay will be based on your vitals, progress, and safety. Most patients are discharged approximately 4 hours after their surgery.

- You will interact primarily with your day surgery nurse and patient care technician (PCT).
- A nurse will assist you while getting in and out of bed and into the bathroom. Do not try to get out of bed by yourself. They will help guide your movements, monitor pain and dizziness, and keep you safe from falls.

A physical therapist will instruct you in your post-operative instructions that include your home exercise routine and proper crutch walking progression.

AT HOME AFTER YOUR SURGERY

Monitor Your Healing

Healing after a rotator cuff repair can be uncomfortable but you need to know what signs of healing need immediate professional attention. An on call provider is ready to help you at all times. **Immediately call 970-384-7140 if you experience any of the following:**



- A fever over 101.5 degrees.
- An increase in bleeding from the surgical site.
- Worsening pain that is not controlled by medication or position changes.
- Worsening nausea or vomiting.
- Increased swelling that is not controlled by cold therapy or position changes.
- Increased redness around your incisions and/or cloudy fluid draining from the incision.
- Or if you get the feeling that something is just not right.
- **Call 911 with** Shortness of breath and/or chest pain symptoms.

If you have questions about upcoming appointments or medications, please message “Dr. George” through your Valley View Hospital Patient Portal for the timeliest response. Refer to page 11.

Cold Therapy for Pain and Swelling

- Wear your cooling device underneath your sling.
- Use your cooling device consistently throughout the day and night for the first three days. Then you may decrease to day use only for the next 2 weeks.
- Apply your chosen cold therapy over a thin layer of clothing. Cycle the cold therapy 20 minutes on, then 20 minutes off.
- Remove it when doing your prescribed exercising or showering.
- When using the Polar Care Wave:
 - Always apply and remove the device from your shoulder **only** when the wrap is empty and the hose is unattached.
 - Check every 2-3 hours that there is still ice in the unit so that your treatments are effective.
 - Set the compression settings on the Polar Care Wave to continuous or intermittent based on your preference. If it is too uncomfortable you do not need to use the compression settings.



Polar Care Wave



Cold Packs

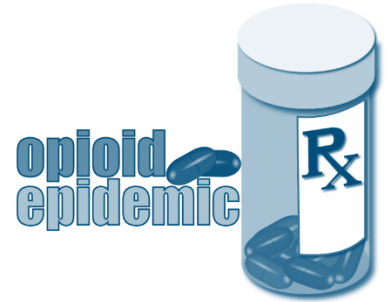


Manage Your Postoperative Pain

Your goal is to be completely transitioned from opioids to your preferred over the counter pain medications 2 - 4 weeks after surgery. Keep in mind that the goal of taking pain medication is not to be pain free after a major orthopedic surgery, but to be comfortable enough to get some sleep and participate in your physical therapy program. IMPORTANT NOTE: Please plan ahead as we need 24 hours to properly process any medication refill request and we do not refill medications over the weekend.

- **How to Wean Off of Narcotics:**

- **Step 1:** Increase the amount of time between doses.
 - Example: Take a dose every 5-6 hours for 1-2 days. Then take a dose every 7-8 hours for 1-2 days.
- **Step 2:** Start to reduce the dose amount.
 - Example: Decrease from 2 pills to 1 pill at each dose for 1-2 days.
- **Step 3:** Start to transition to Tylenol
 - Example: Replace a dose of narcotics during the day with a dose of Tylenol for 1-2 days. Monitor for adequate pain relief.
 - Continue to replace narcotic doses with Tylenol until you are completely off of the prescription pain medication.



- Cold therapy is also very helpful in reducing your pain in the first few weeks after surgery. Refer to page 19 for details.

Address Any Postoperative Constipation

Constipation is one of the most common postoperative complaints, as it's a common side effect from anesthesia and narcotic pain medications.

Constipation is defined as infrequent bowel movements, fewer than three a week, and is associated with the following symptoms:

- Difficulty passing stool or incomplete bowel movements
- Bloating or swollen abdomen
- Hard or rock-like stool

Keep your bowels regular by continuing your pre-surgical laxative protocol when you come home.

- Take MiraLAX twice daily: one dose (17 grams) in the morning and again in the evening, each with an 8 oz. beverage of choice, especially while you are still taking narcotic pain medications.
- Introduce foods rich in fiber (36g/day).
- Increase daily water intake: drink at least 8 cups.
- Include fresh/dried fruits vegetables, whole wheat/oat bran, prune juice and/or oatmeal.

Let Our Pros Help You Tackle New Challenges

Your outpatient therapist will help problem solve and address any challenges you may experience at home. Below are some tips to make life a little easier to start.

- **Dressing:** Clothes that open in the front, non-tie shoes and elastic-waist pants are the best options for ease. To dress the upper body lean forward, allowing the surgical arm to hang toward the floor while sliding the sleeve on and off.
- **Toileting:** You can only use your non-surgical arm for cleaning yourself after using the toilet.
- **Household chores:** Your surgical arm cannot help, hold or participate in any way for the first 6 weeks.
 - You are also restricted to a 15-pound push, pull, or carrying weight limit **on your non-surgical arm.**
- **Showering:** Shower as soon as you want after returning home. The dressings are water resistant so they can get wet, just don't submerge them in water. Thoroughly pat them dry after your shower. Wash your underarm with a washcloth by leaning forward, allowing the surgical arm to hang toward the floor (so long as it does not increase your pain level) to access your armpit with the other hand.
- **Transportation:** Plan for someone to drive you to your appointments. You must not drive while taking your narcotics. You must wear your sling while in a car. You are considered an impaired driver when you are off of the narcotics but still in your sling. This is because you only have one arm available when you are used to having two available.
- **Sleeping:** You are to wear the sling at night while you sleep. For enhanced comfort we suggest sleeping in a semi-upright position in a recliner, or utilizing a wedge pillow in your bed. Keep your pain medication nearby as you may need it during the night.
- **Pain:** Everyone has some pain after shoulder surgery, and you will be given prescriptions for pain medication to take home. **DO NOT** take ibuprofen (Advil®, Motrin®) or naproxen (Aleve®) unless explicitly directed by Dr. George. Take your prescription medications as directed. The cooling system is also very helpful in reducing your pain in the first few days after surgery.





Other Tips for Activities of Daily Living

- Only use your **non-surgical arm** for functional activities like eating, brushing teeth, washing your face, etc.



- Get up and walk frequently throughout the day.

Keep Your Recovery Moving Forward with These Home Exercises

Call and speak with your surgical team, or therapist, if you begin to feel pain in the hand or elbow during these exercises.

Hand Motion: while in or out of the sling: Gently make a fist, then fully open your hand. Repeat 1000 times during the day.



- **Elbow Motion:** while out of the sling: With your arm relaxed at your side, bend your elbow, and then straighten it. Repeat 10 times, 3 times a day.



NOTE: Your outpatient therapist will progress your exercise program as you heal. These are just the beginning!

YOUR RECOVERY PROCESS

Steps to Get Back in the Game

The ultimate goal of your rotator cuff repair is to get you back to your work, functional activities and hobbies. Participation in your rehabilitation program is essential for a successful surgical outcome. The surgery is only a small part of your journey. Working hard to regain motion and strength in your repaired shoulder is the key to returning to your pre-injury activities.

Do not let anyone tell you that the rehabilitation portion of your recovery is easy. It will take hard work and dedication. We are here to guide your recovery towards the best possible outcome.

Follow These Precautions For 6 Weeks:

Protecting your healing repair in the early phase is critical for your long term success.

- **DO NOT** move your surgical shoulder outside of the sling without complete assistance from your non-surgical hand. The muscles in your surgical shoulder are not to be used at all.
- **DO NOT** lean on your surgical arm when pushing up from sitting or lying.
- **DO NOT** hold anything in your hand on the surgical arm's side, even while in your sling.
- **DO NOT** push or pull anything with your surgical arm.
- **DO NOT** stabilize objects with your hand on the surgical arm's side during household activities, even while in your sling.
- Use your sling **At All Times**. When you start outpatient therapy you may be instructed to come out of the sling in controlled and safe environments. Your therapist will guide you in that process at that time.
- **DO NOT** allow your elbow to move backwards past your ribs. Place a pillow under your arm when lying down to prevent this from happening.
- Limit your **non-surgical arm** to a 15-pound weight restriction.

EXPECTED PHASES OF RECOVERY

Phase I: Weeks 1 to 6 — Protection, Healing, and Motion

- Your surgical shoulder is likely to be painful during the early weeks of this phase. This is normal and expected.
- You should not try to move your surgical shoulder in this phase. Only your elbow, wrist and hand may move. It is the job of your therapist to move your surgical shoulder. We expect this passive type of motion to improve steadily with therapy.
- Prescribed exercises and hands on therapy will increase arm motion and help decrease your pain and inflammation.
- You will sleep in your sling, and likely seated in a recliner, during this phase.



Phase II: Weeks 6 to 10 — Movement & Gentle Strengthening

- We do not expect you to have normal motion or use of your surgical shoulder for light household activities in this phase.
- Even though discomfort may still be present, we expect you to stop narcotic pain medication use at this time.
- Prescribed exercises in this phase are primarily to help restore your shoulder motion. Depending on the size of your repair, your therapist may start light muscle activation exercises.

Phase III: Weeks 10 to 16 — Intermediate Strengthening

- We expect that you will have muscle soreness that does not require pain medication as you work to improve the strength and motion of your surgical shoulder.
- We do not expect you to be close to your normal strength at this time.
- You will slowly begin to use your surgical shoulder for some light activity under the direction of Dr. George and your outpatient therapist.
- Prescribed exercises in this phase will restore shoulder endurance and maintain motion.

Phase IV: Weeks 16+ — Continued Strengthening and Implementation of a Final Home Exercise Program

- We expect that you will have minimal to no discomfort at this time when you are at rest.
- You will not have full strength of your surgical shoulder at this time, but you will be working with your therapist to build a program to meet your goals.
- You will be able to return to more activities but are still cautioned into activities where you could fall onto your repaired shoulder.
- You will be able to return to full-duty work and engage in some recreational activities, as long as you exclude repetitive, forceful, or overhead tasks 16-20 weeks after surgery.
 - If you have a specific activity you are worried about returning to, Dr. George will be able to give you the best recommendation.



Set Up and Keep Your Follow-Up Visits with ValleyOrtho

Dr. George and your outpatient therapist will be in constant communication regarding your progress. It is important to attend your ongoing care appointments to be certain that your rotator cuff repair is progressing properly. By conducting regular physical exams and reviewing your program, Dr. George can identify any problems that may be developing even before you start to feel physical symptoms.

Scheduled follow-up appointments will be at these intervals:

Post-Surgery

- 7-10 days after surgery date.
- 4-6 weeks after surgery date.
- Monthly follow ups until discharge after second follow up appointment.

At ValleyOrtho, we appreciate your confidence, and we will do our best to keep earning it.

We are honored that you have chosen ValleyOrtho to help you regain your freedom of motion. And we will be the first to wish you happy hiking, biking, skiing, climbing, gardening, and fishing with your repaired shoulder. In short, we would like nothing more than to help you get off the bench and back onto the playing field of your life.

ThankYOU!

