UNDERSTANDING YOUR SHOULDER SURGERY

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This booklet is meant to guide you with general questions you may have regarding your shoulder surgery. In no way is this information to take the place of your surgeon or physiotherapist instruction.

If there is any part of this booklet that you do not understand or you have questions regarding, please make note of them and speak further with your surgeon or physiotherapist.

It is important to understand that each person is different. We heal differently, have different concerns and abilities. If your surgeon or physiotherapist has concerns they can discuss with you how this information affects you depending on the nature of your surgery.

FACTS ABOUT THE SHOULDER

The shoulder is a unique joint which is comprised of 3 bones: the clavicle (collar bone), the scapula (shoulder blade) and humerus (upper arm bone).

This ball and saucer joint (not a socket joint) is one of the largest in your body and is the most mobile of our joints.

Multiple muscles, ligaments and tendons help keep the shoulder joint stable.

This joint is powered by the Rotator Cuffs (muscle and tendon units) and the deltoid muscle.
BEFORE YOUR SURGERY

BELOW ARE SOME TIPS TO HELP YOU PREPARE FOR YOUR SURGERY

- Place frequently used items at waist height so they are easier to access.
- Extra pillows might be needed to help support your shoulder while sleeping or sitting in certain positions.
- Ask family and friends for support and assistance with laundry, groceries, cleaning and driving to appointments/running errands.
- Practice such things as eating, washing and toileting with the opposite hand. Especially if the non-operated arm is not your dominant arm.
- Purchasing items such as a long handled shoehorn and long handled sponge can ease the activities of daily living.
- Remove clutter and tripping hazards, make sure cords/wires are tucked away, loose rugs are removed.
- Notify your family Doctor of your surgery, the date, the hospital and the surgeon’s name. This will help if there are any other follow up procedures that your family doctor may need to attend to.
- Purchase the sling that is recommended by your surgeon ahead of time and practice putting it on and taking it off. The surgeon will give you a prescription for this, which will be needed if you have insurance coverage.
- A “Cold Therapy Pack” is available for purchase. It’s beneficial for reducing swelling and pain. This is optional and should be discussed with your surgeon. Some private insurance companies will cover this cost. Please check with your provider.

PRE-OPERATIVE APPOINTMENT

- Your pre-operative appointment may either be at the hospital or on the telephone as determined by your surgeon’s office.
- Bring your health card and any private insurance info you may need.
- Bring any reports, letters or x-rays requested by your surgeon.
- You will have standard lab work done.
- You will be given instructions at this appointment about the day of your surgery and what you should expect.
- Bring all Prescription medications, over the counter medications, inhalers and vitamins in their containers.
- This appointment can take quite some time. Pack a snack and something to drink if it is around a mealtime for you.
- You can eat and drink as normal on this day. All medications should be taken as usual.
- Having someone with you, family or friend is a good idea, especially if you are not fluent in English. They can help translate and address any questions or concerns you may have.
THE DAY BEFORE SURGERY

• Do not eat or drink after midnight. This includes gum or candy.
• Only take the medications you have been instructed to take with a sip of water.
• DO NOT consume alcohol 24 hours before your surgery.
• If you smoke; smoking cessation is strongly advised. Smoking increases the risk of infection and the likelihood that your tendons will not heal.

THE DAY OF YOUR SURGERY

• Shower that morning to help reduce the risk of infection which is often caused by bacteria on the skin.
• DO NOT shave around or near the surgical area.
• DO NOT apply creams, lotions, powders, perfume, hair care products.
• Remove all make up and nail polish.
• Wear comfortable loose clothing that is easy to maneuver with one hand **No tight-fitting clothing for the upper body**
• Your footwear should be rubber soled with enclosed heels.
• Footwear is important in safety and balance to help reduce the risk of falls.
• If you wear glasses or have dentures please bring their respective containers to keep them safe while you have surgery.
• Bring only what you need for that day.
• Leave your valuables at home. No jewellery, watches, credit cards, cash or electronic devices.

ARRIVAL TO DAY SURGERY UNIT

• Arrive a minimum of 2 hours prior to your surgery.
• Check in at day surgery with your health card.
• You will be given an ID bracelet.
• Friend/family member with you will get a tracking number.
• You will change into a gown, an IV will be started and the nurse will check your vitals.
• A family or close friend may stay with you in the preparation area until your surgery. Afterwards, they can sit in the lobby where one of our volunteers can help your loved ones with updates on your progress.
• Your surgeon and/or the Anaesthesiologist before or the day of your surgery will discuss the type of anaesthetic.
PRE-OP PAIN MANAGEMENT

• Your pain management will depend on what is best suited for you and the procedure you are having.
  • Sedation is given through an IV.
  • An ultrasound is then used to locate the nerves in the arm.
  • A local anesthetic is injected into the nerve that affects the surgical site and this causes temporary freezing of this area. Your arm may feel frozen/heavy for 15-48 hours after surgery.
  • Once the nerve block has been completed you may be put to sleep for surgery.

POST-OP PAIN MANAGEMENT

• Pain pills and anti-inflammatories may also be prescribed for you to take home.
• Stay ahead of your pain by using your pain mediation, as prescribed 30 minutes BEFORE you have significant pain.
• Take your medication about 30 minutes before your home exercises or physiotherapy.
• Long term use of narcotic pain medications can lead to it being less effective over time, or to addiction.
  • While it is important to gradually reduce your narcotic pain medication you need to use what is necessary to keep up with your physiotherapy and to help with sleep.
  • Rarely, your pain medication will not be enough for you and may need to be increased, changed or updated.
  • If you had rotator cuff repair, please do not use Advil, Ibuprofen or any anti-inflammatory that is NOT Celebrex as this may impair healing.
  • You may also use Tylenol (Pain, Extra Strength (ES) or Arthritis (which lasts longer but works more slowly)) as needed.

COLD THERAPY UNIT

• Wait to use the cold therapy unit the feeling around your shoulder returns to normal.
• Leave the dressing on from the hospital for the first 2 days when using the unit.
• Place a thin damp towel or sheet between your skin and the pad. Use it 15 minutes on, 15 minutes off.
• Remove the pad to check your skin for burns or irritation and take a break for 15-20 minutes for each hour of use, or until normal sensation returns to your shoulder.
RECOVERY ROOM

- Your stay in the recovery area is approximately 2 hours where the nurses will closely monitor your pain and vitals.
- Deep breathing, ankle pumps and ankle circles should be started as soon as possible. This will help with your circulation.
- The sling (immobilizer) will be on before you leave the hospital.

RISKS & SIDE EFFECTS

- Studies show that there is a less than 2% incidence of persistent numbness in the hand or arm. It is expected that you may have arm numbness that can last for 2 – 4 weeks.
- Permanent nerve injury is rare (1/10,000).
- Some of the side effects of painkillers are drowsiness/dizziness, nausea or vomiting, and constipation. Nausea or vomiting can be helped by Gravol.
- Stool softeners (ie: Colace or Metamucil) can help constipation.
- Side effects from anti-inflammatories are primarily heartburn. You can take them even if you have a hiatus hernia or acid indigestion.

DISCHARGE FROM THE HOSPITAL

- Ensure that you have a family member or a friend with you for the first 24 hours after your surgery.
- Arrange for transportation home that day.

OUTPATIENT PHYSIOTHERAPY

- Your recovery is very important and physiotherapy is an integral part of that recovery.
- If you do not have extended coverage for physiotherapy, therapy is available at the Lakeridge Health sites.
- You must call the Lakeridge Health outpatient physiotherapy department ahead of your surgery to be put on a list or to enquire about any information they may need.
- DO NOT leave this until the last minute or your recovery might be compromised.

PHYSIOTHERAPY AND HOME EXERCISES

- On discharge, you may be provided with some advice regarding when to start physiotherapy and what to do. Advice provided by the hospital for this may not apply to your specific surgery and may vary by surgeon. While we are trying to standardize protocols, there is still some variation.
- Physiotherapy and home exercises are an important part of your recovery. It is crucial that you start physiotherapy within the first week after your surgery and attend 2-3 times per week unless instructed otherwise by your surgeon or your physiotherapist. Give your physiotherapist the prescription provided to you from your surgeon.
- If you lost your physiotherapy prescription, we keep duplicates in our files. Contact your surgeon’s office with your physiotherapists FAX number so we can forward it to them. Your physiotherapist will
provide you with exercises that you can also do at home. It is important that you follow these closely and do not overdo your therapy.

• “More” is not “Better”. At your follow-up appointment your surgeon may alter your physiotherapy depending on healing, progress, and/or nature of your surgery.

RECOVERY

• You are in charge of your recovery! Take the time to understand what you can and cannot do. The following is a list of suggestions that you can do to be proactive in your recovery. The more proactive you are, the better you will feel overall. Remember, even if you feel tired, sore or frustrated, it is important to keep moving.

STAY ACTIVE

• Plan your daily activities ahead of time. Be mindful of when your energy levels are at their best.
• Take breaks when you need to.
• DO NOT RUSH! Take care to be aware of your shoulders’ position when you are active.
• Circulation is a key to the healing process. Engage your legs. Go for a walk. Your heart and lungs will thank you.
• DO NOT lay in bed all day.

POSTURE:

• To help with relaxation, as well as pain, keep your back straight and relax your shoulders.

DENTAL WORK

• Discuss any planned preoperative or postoperative dental work directly with your surgeon. Should a dental emergency arise, please inform your surgeon’s office immediately as your surgery may have to be rescheduled to avoid potential shoulder infection.

NUTRITION

• Your body requires the proper nutrients to help with the recovery process.
• Hydration is important. It helps cells and organs with proper function. It provides oxygen to heal and repair muscles.

ATTITUDE

• A positive attitude is said to have its own healing abilities.
• Dealing with an injury or surgery can be mentally taxing. You are not alone. It will get better with time.
SLEEPING

- Sleeping is important for your cognitive function, cardiovascular and immune health.
- It allows time for the body in a stress-free environment to repair and heal itself.
- You may sleep anyway you want as long as you are comfortable.
- You may want to sleep with a pillow supporting your operated shoulder and/or the upper arm if you had a shoulder replacement surgery.
- If sleeping on your good side, a pillow across your chest to support your operated side is advised.
- Be prepared for interrupted sleep for the first 1-2 weeks.
- You will need to sleep with your sling on.

TOILETING

- DO NOT use your operated arm while attending to personal toilet hygiene i.e. wiping yourself.
- You may want to practice this beforehand.

DRESSING

- Loose and comfortable clothing is recommended.
- Women may find wearing a bra uncomfortable. If wearing a bra, it should be fastened in front and turned to the back with the non-operated arm/hand. Pull up the straps with the non-operated arm/hand as well.
- Front closing shirts are ideal.
- Dress the operated arm first and undress it last.
- Your sling should be worn over your clothes.
- Tying shoe laces will be challenging. There are elastic laces that can help with this. Slip on shoes (providing they are safe) is an alternative.
- Take your time! Rushing leads to jerky unbalanced movements, which can cause pain. Sit down while dressing.

BANDAGE, SLING, SHOWERING & CARE

- 48 hours after surgery, please remove all bandages, which were placed around your shoulder and replace with new, regular Band-Aids daily until your stitches are removed at the clinic. Do not use rubbing alcohol, iodine, or hydrogen peroxide as these may irritate your skin or lead to breakdown. Rinse and pat the area dry as soon as possible after that.
- If your incision is close to your armpit, you may apply Polysporin to that area only. Keep the remainder of your incision clean and dry. Do not use Vaseline, vitamin E/Bio-oil or any barrier cream. These may increase the risk of infection in the early postoperative period. Clean only water, dry off, and replace with a new, clean bandage.
- Cover your shoulder with plastic when getting in the shower, wash around it. When you have rinsed off, remove the plastic and sponge around the shoulder area with water only.
• Please wear your sling as per your physiotherapy prescription until instructed otherwise. You may remove it to shower as long as you do not move your arm away from your side.

• Do not immerse your shoulder in a bath, hot tub, lake, pool or any other standing water until your stitches have been removed and instructed by your shoulder provider.

• Use non-slip mats in the shower/tub as well as a shower bench with arms for support to improve your safety.

• Tools like a long handled sponge can help with reaching your back and legs.

• Consider devices such as an extendable shower hose/head for bathing.

GETTING IN AND OUT OF CHAIRS

SITTING

• Feel the chair or seat at the back of your legs. Reach back with your non-operated arm/ hand to feel the arm rest or seat area.

• Gently lower yourself. Do not flop!

STANDING

• Move to the edge of the seat, Put the non-operated arm/hand on the arm rest or seat area to push yourself up. Keep your shoulder out ahead of you.

• Avoid seats that are too soft in which you sink into. These are more difficult to get up from.

KITCHEN/MEAL PREPARATION

• Grocery shopping before your surgery is a good idea. Stock up the cupboards and freezer.

• Prepare meals ahead of time and freeze them to reduce the need for food preparation/ cooking after your surgery.

• Frequently used equipment should be moved to the counter for easy access.

• Coffee/tea, sugar, mugs/cups, plates, utensils should also be easily accessible.

• Non-slip mats are better than throw rugs which should be removed to avoid tripping on them.

• Use electric can openers.

• Use a bag to help you carry things from one room to another.

• Always take your time.
HOME, LEISURE AND WORK

- It is a good idea to prepare your home prior to surgery.
- Do laundry/change sheets ahead of time.
- Heavy activities like vacuuming, bathroom cleaning should be done prior to surgery or get someone to do it for you after surgery.
- Light activities such as dusting are ok as long as you are using your unaffected arm/hand.
- Avoid gardening or sports until advised by your surgeon or physiotherapist.
- Discuss returning to work with your surgeon prior to your surgery and at follow up visits. You may want to discuss the availability of modified work with your employer before surgery. Share this information with your surgeon so that together you can plan for a safe and timely return to work.

DRIVING

- No driving 2-3 weeks post-surgery. In some cases, your licence will be suspended.
- DO NOT drive until you have consulted with your surgeon, physician assistant and/or insurance company.

GETTING IN AND OUT OF THE CAR

- Turn your back towards the seat. Your bottom should go in first.
- Lower yourself gently.
- Use your non-operated arm to help with this.
- Slide backwards, lean back and bring your legs around. You can place a garbage bag on the seat to allow for easier sliding/twisting on the seat.
- Use a pillow to support your operated arm.
- Reverse this process for getting out of the car.

IF YOU ARE CONCERNED YOU HAVE AN INFECTION:

- If your incisions or areas around them look red, hot, swollen and/or are draining fluid which is not clear or clear-yellow, and you are concerned, please contact your surgeon’s office before taking antibiotics. If there is a concern of infection the surgeon would like to assess your shoulder as soon as possible.
- If you have an infection, going on an antibiotic which is prescribed in the Emergency Department will not allow us to identify the type of infection or optimal medication you should be on.
- If you are feeling sick, (fever, chills, night sweats, draining at the incision), go to your nearest emergency department. Only in this case you should you be on an antibiotic before the surgeon sees you.
FOLLOW UP

• Follow up visits will occur in The Shoulder Centre at Ajax-Pickering Hospital - 580 Harwood Ave. S Ajax, Ontario, L1S 2J4. Please call (905) 683-2320 ext. 15313 to book a follow up appointment.

• Call as soon as possible after your surgery to book your first visit for 14-21 days after surgery, you may be seen by your surgeon or a physician assistant on this visit.

• You must contact The Shoulder Centre for confirming, changing and making an appointment.

SLING INSTRUCTIONS

• Your sling comes with 3 main parts – the envelop and 2 straps (a waist strap and a shoulder strap).

• It can be worn on the right or the left arm.

HOW TO PUT ON AND REMOVE YOUR SLING

• Be prepared and have your sling assembled beforehand.

• Put the ends of the two straps through the rings at the end of the sling envelop and secure them in place.
• After your surgery, you will need to take care of the operated shoulder. Always support your operated arm especially if you’ve had a rotator cuff repair.

• Place the forearm of your operated side into the sling envelop. The sling is of the right length if the bottom of your little finger is covered by the envelop.

• Make sure your elbow rests at the back sling envelop. Your elbow should be bent at a 90-degree angle (L shape).

• Using your non-operated arm bring the strap behind your neck onto the other shoulder and put it through the top ring near your wrist then attach the Velcro.

• Reach behind with your non-operated hand for the waist strap. Bring the strap around and put it through the bottom ring near your wrist and attach the Velcro.

• There is a thumb loop which you may rest your thumb in.

• You may adjust the sling simply by re-attaching the straps.
RANGE OF MOTION EXERCISES – IN A SLING

• It is very important to keep the range of motion within the joints that are below your shoulders. The following exercises will help with that.
• DO NOT move your arm away from your body.
• It is important to make sure that you are never holding your breath while you are exercising.
• Perform the following exercises 3-5 times per day as tolerated.
• Your physiotherapist will teach you further exercises when you commence your physiotherapy.

FINGER RANGE OF MOTION

• Gently close and open your fingers – Hold for 5 seconds each way.
• 10 repetitions for 2-3 sets as tolerated.

WRIST RANGE OF MOTION

• Gently pull hand towards body (Flexion) - Hold for 5 seconds.
• Gently push hand away from body (Extension) - Hold for 5 seconds.
• 10 repetitions each way for 2-3 sets as tolerated.
SHOULDER BLADE

• With arm supported in the sling, in an upright position, lightly squeeze your shoulder blades towards your spine – Hold for 5 seconds.
• Relax Shoulders.
• 10 repetitions for 1-2 sets as tolerated.

NECK SIDE BENDING

• Gently tilt head away from operated shoulder – Hold for 5 seconds.
• Relax your shoulders.
• 10 repetitions for 2-3 sets as tolerated.
**PROCEDURE-SPECIFIC EXERCISES:**

**Day 1 – 10 after surgery**

Your Procedure Was:

- Rotator Cuff Repair (without Biceps Repair)

Post-op day 1-10

Precautions:

- Do not lift any objects with operated arm.
- Do not support your body weight with operated arm.
- No shoulder active range of motion or strengthening exercises.
- Keep the sling on at all times except when performing the exercises below or as instructed by your surgeon or physiotherapist.

**Elbow Exercises**

- In sitting or standing, gently bend and straighten your elbow. Assist with the non-operated hand.
- Hold for 5 seconds.
- 10 repetitions for 1 set.
- 3-5 times per day.
SHOULDER EXERCISES

• At this stage of your recovery, all shoulder motion is passive. Passive means the shoulder itself and its muscles do not initiate any of the movements.

Pendular Exercises

• Remove your sling. Bend forward and support your non-operated arm on a firm/stable surface if you have one.

• Relax and let gravity help you swing the operated arm back and forth. Do not use your shoulder muscles.

• First move your body and then the arm will swing naturally and passively.

• Or you can guide the arm with the non-operated arm.

• Use gravity or your non-operative arm to help swing your arm clockwise and counter clockwise.

• Perform the exercise 10 times.

• Repeat 3-5 times per day.
Your Procedure Was:

- Rotator Cuff Repair (with Biceps Repair)

Post-op day 1-10

Precautions:

- Do not lift any objects with operated arm.
- Do not support your body weight with operated arm.
- No active range of motion or strengthening exercises.
- No active range of motion (AROM) of the elbow.
- Keep the sling on at all times except when performing the exercises below or as instructed by your surgeon or physiotherapist.

Pendular Exercises with the Sling Off:

- Bend forward and support the elbow of your operated arm with the other hand.
- Relax and let gravity help you swing the operated arm back and forth.
- The motion can also be in clockwise and counter clockwise direction.
- Perform the exercise 10 times.
- Repeat 3-5 times per day.
Your Procedure Was:

- Shoulder Decompression Only

Post-op day 1-10

Precautions:

- Do not actively use your arm for reaching, especially overhead.
- Do not lift anything with your arm.
- Keep the sling on at all times except when performing the exercises below or as instructed by your surgeon or physiotherapist.

Elbow Exercises

- In sitting or standing, gently bend and straighten your elbow, with your sling off. Assist with the non-operated hand, if needed.
- Hold for 5 seconds.
- Perform the exercise 10 times.
- 3-5 times per day.
Pendular Exercise:

- Bend forward and support your non-operated arm on a firm/stable surface.
- Relax and let gravity help you swing or you can actively swing the operated arm back and forth.
- Do not use/activate your shoulder muscles to swing your arm.
- The motion can also be clockwise and counter clockwise.
- Perform the exercise 10 times.
- 3-5 times per day.
Active Assisted Shoulder Flexion

- In lying position and without the sling, carefully use the good hand to assist the operated arm up and above your head.
- Keep your shoulder blades squeezed together, do not shrug your shoulders.
- Hold for 5 seconds.
- Perform the exercise 10 times.
- 3-5 times per day.

Active Assisted External Rotation

- In lying position, using a cane to assist. Gently push the cane towards the operated arm. Your elbows must be kept at a right angle and stay close to the side of your body.
- Hold for 5 seconds.
- Perform the exercise 10 times.
- 3-5 times per day.
Active Assisted Internal Rotation (Towel Stretch)

• In sitting or standing grip the ends of a medium/large sized towel with your operated and non-operated hand. Use your non-operated arm to gently pull the operated arm upwards along your spine.
  • Hold for 5 seconds.
  • Perform the exercise 10 times.
  • 3-5 times per day.

Assisted Flexion with Arms on Table

• Remove the sling. Sit with arms on a table and hands in a prayer position.
• Keep palms together and elbows on table while sliding elbows toward each other.
• Lift elbows off table to shoulder height with the good hand assisting. Do not lift past shoulder height.
  • Keep your shoulder blades squeezed and do not shrug your shoulders.
  • Hold for 5 seconds.
  • Perform the exercise 10 times.
  • 3-5 times per day.