

# Your Guide to Outpatient Shoulder Surgery

Brian J. Bear, MD



ORTHOILLINOIS

Hand, Wrist, and Elbow Center of Excellence



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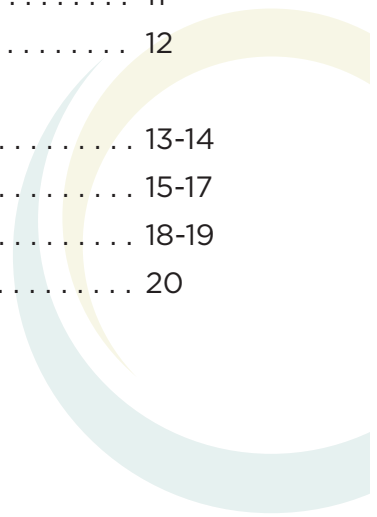
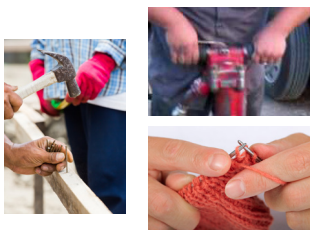
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## Learn More About Dr. Bear

I would like to take this opportunity to tell you more about myself and my experience in health care. Originally from Winnetka, Illinois, I attended Northwestern University graduating in 1987, cum laude, president of Mortar Board Senior Honor Society and a member of Phi Beta Kappa. I continued my studies at Northwestern University School of Medicine, receiving my medical degree in 1991 as a member of Alpha Omega Alpha honor society. Following my graduation, I pursued advanced orthopedic training at Cornell Hospital for Special Surgery, which is ranked as the top orthopedic hospital in the United States. In addition, I completed a specialized training fellowship program in elbow and hand surgery at the Mayo Clinic.

My practice is focused on shoulder, elbow, hand, microvascular, traumatic, and reconstructive surgery. It is my mission to provide you compassionate care with expertise comparable to any major university center. I am humbled by my inclusion in two prestigious quality health care listings: as a Castle Connolly Regional Top Doctor®, and the Best Doctors® list. Earning a place on either list is a result of being nominated by other physicians and a thorough review by the listing organization into my background, professional achievements, patient satisfaction and positive treatment record. Inclusion on the Best Doctor® list is a direct result of other doctors selecting me as the person they would choose to treat themselves or a family member. These are honors I take very seriously and I am committed to maintaining the high standards they represent with all my patients.

I am actively involved in continuing education, have given numerous lectures, and published many orthopedic articles. As Clinical Associate Professor of Surgery at the University of Illinois College of Medicine, I have been awarded the Golden Apple teaching award and the Excellence in Teaching award. I am a reviewer for the acclaimed Journal of Shoulder and Elbow Surgery and currently serve as a faculty member at the Orthopedic Learning Center, where I teach other surgeons the latest techniques of hand, elbow and shoulder surgery. I hold Associate and Assistant Clinical Professor of Orthopedic Surgery positions respectively at University of Illinois College of Medicine in Rockford and Rush University Medical Center in Chicago where I help train medical students, family practice residents, and orthopedic surgery residents.

Please let me know if there is anything I can do to further improve your experience at OrthoIllinois. My goal is to provide the best medical care available to help you return to an active and pain-free lifestyle.

Sincerely,  
Brian Bear, M.D.

**Working together to provide a higher standard of care.** It is my goal as an orthopaedic surgeon to provide you the best possible care with compassion and respect. At OrthoIllinois, we utilize a team approach that allows

for the highest quality service and treatment. An integral part of the team is **Joseph Steiner, PA-C**. As a certified physician assistant (PA), Joe is an extension of my care and is highly trained to provide many office and hospital services as well as assist me in surgical procedures.



Joseph Steiner,  
PA-C

From your first visit to the completion of your treatment you will be seen by me or by Joe. We work together to offer a comprehensive evaluation and treatment plan to quickly return you to a healthy, active lifestyle.

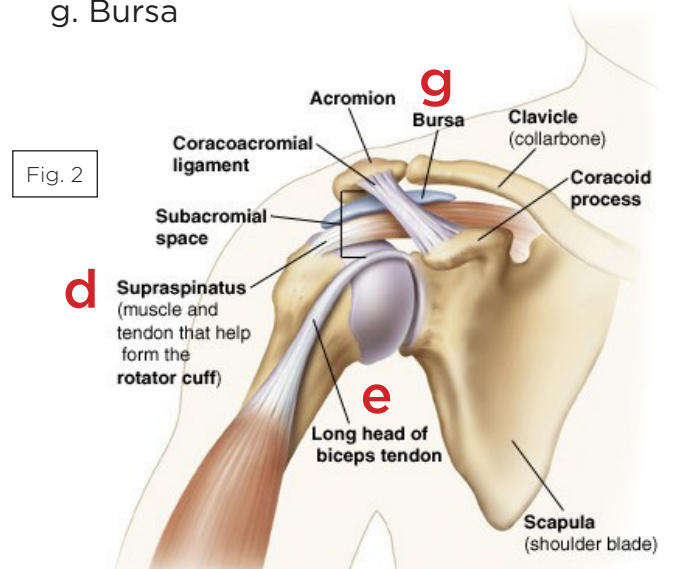
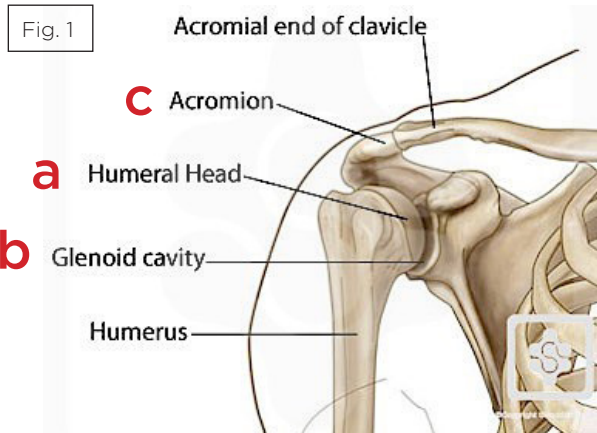


# Shoulder Anatomy

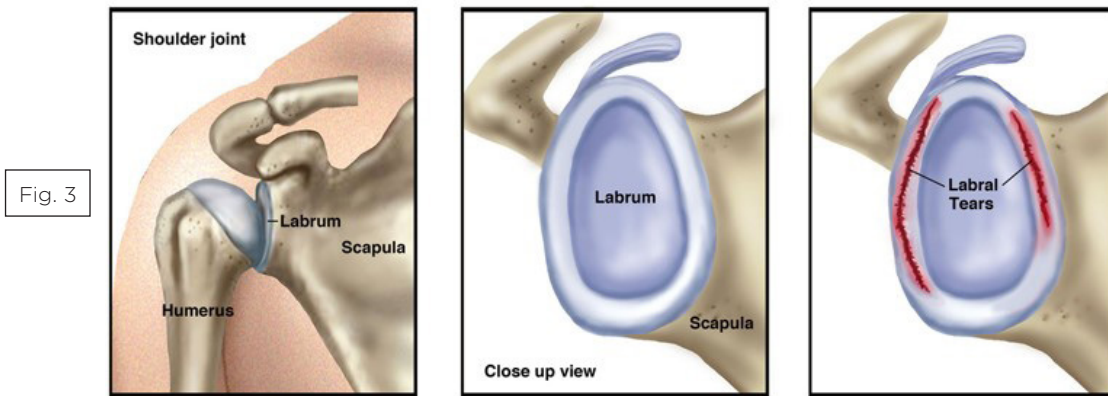
(Fig. 1 - Bony anatomy; Fig. 2 Bony and soft tissue anatomy; Fig. 3 Labral tear)

- a. Humeral head / Greater Tuberosity
- b. Glenoid
- c. Acromion
- d. Rotator cuff tendon

- e. Biceps tendon
- f. Labrum
- g. Bursa



## Labral Tear



**SHOULDER BURSITIS and ROTATOR CUFF TENDONITIS.** Shoulder bursitis is caused by irritation of the shoulder bursa and rotator cuff tendon. The shoulder bursa is a normal cushion that is located between the rotator cuff tendon and the bony roof of the shoulder called the acromion (Fig. 15. Shoulder Bursitis / rotator cuff tendonitis next page). Shoulder bursitis and rotator cuff tendonitis are caused when the bursa and rotator cuff tendon becomes irritated. The symptoms of shoulder bursitis / rotator cuff tendonitis are frequently pain and clicking in the shoulder area that is aggravated with overhead activities and reaching behind your back. Pain at night when attempting to sleep is also very common. Shoulder bursitis / rotator cuff tendonitis is frequently associated with a bone spur on the undersurface of the acromion that can irritate the shoulder bursa and rotator cuff tendon. Surgical treatment of shoulder bursitis often involves removal of the inflamed irritated bursa and bone spurs. This can be performed through an open incision or through minimally invasive arthroscopic surgery. Arthroscopic surgery utilizes a small incision where specialized tools can be inserted into the shoulder to remove the inflamed bursa and overlying bone spur (Fig. 16. Arthroscopic bone bursa and bone spur removal). This procedure is performed under general anesthesia, regional anesthesia or a combination of both general anesthesia and regional anesthesia. See below for details.

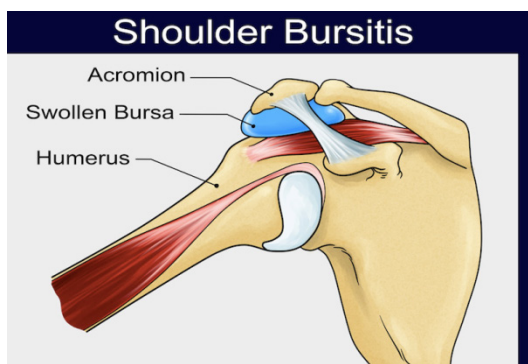


Fig. 15

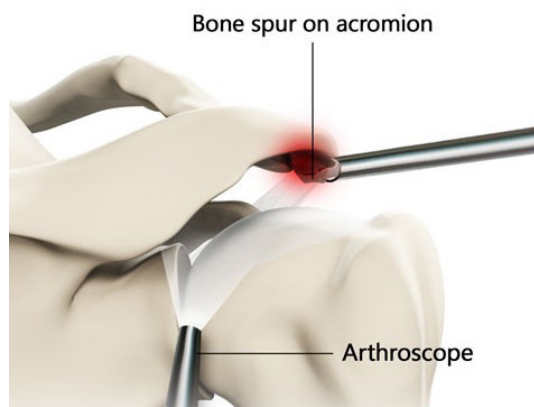


Fig. 16

**ROTATOR CUFF TEARS.** The rotator cuff is the tendon portion of 4 muscles that attaches on top area of your main shoulder bone called the tuberosity of the humeral head (reference above fig 2. bony and soft tissue anatomy.). The rotator cuff can be injured after a fall resulting in a partial or complete tear of the attachments of any of the four rotator cuff tendons (fig 6. rotator cuff tear.). The rotator cuff can also be injured from repetitive activities. These types of injuries typically occur over an extended period of repetitive use of your shoulder. The symptoms of rotator cuff tears are frequently pain, limitation of motion and clicking in the shoulder area that is aggravated with overhead activities and reaching behind your back. Pain at night when attempting to sleep and weakness when lifting your arm above waist level are common symptoms of rotator cuff injury. Rotator cuff injury often occurs in conjunction with shoulder bursitis. Surgical treatment rotator cuff tears involve removal of the inflamed irritated bursa and bone spurs with repair of the torn rotator cuff tendon back to bone. This can be performed through an open incision or through minimally invasive arthroscopic surgery. Arthroscopic surgery utilized small incision where specialized tools can be inserted into the shoulder to remove the inflamed bursa, the overlying bone spur and repair the torn tendon (Fig. 17. Rotator cuff repair). This procedure is performed under general anesthesia, regional anesthesia or a combination of both general anesthesia and regional anesthesia. See side for details.

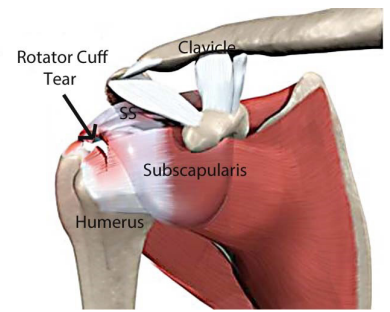


Fig. 6

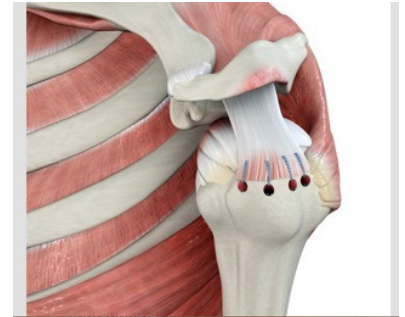


Fig. 17

**BICEPS TENDON TEARS.** Biceps tendon injuries are often associated with shoulder bursitis, rotator cuff tendonitis and rotator cuff tendon tears. The biceps tendon can be injured in the biceps groove called biceps tendonitis (fig 11. Biceps tendonitis) or at its attachment on the labral cartilage in the shoulder socket call a SLAP Tear (Fig. 10 biceps labral tear/SLAP Tear). These conditions can be associated with shoulder bursitis, rotator cuff tendonitis and rotator cuff tears. The symptoms biceps tendon injuries are frequently pain and clicking in the shoulder area that is aggravated with overhead activities and reaching behind your back. Pain at night when attempting to sleep weakness in lifting your arm above waist level and limitation of shoulder motion. Surgical treatment for these conditions include simple release of the biceps tendon (biceps tenotomy) and removing the injured biceps tendon from the shoulder joint and attaching the tendon to bone or soft tissue outside the shoulder joint (Fig. 11. Biceps tendonitis). This can be treated with arthroscopic surgery or a mini open technique.

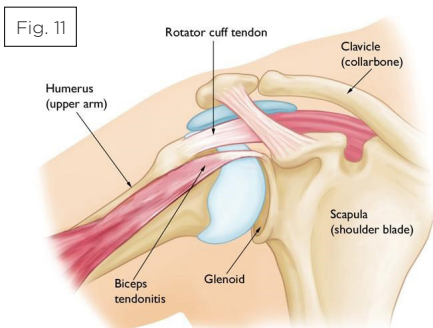


Fig. 11

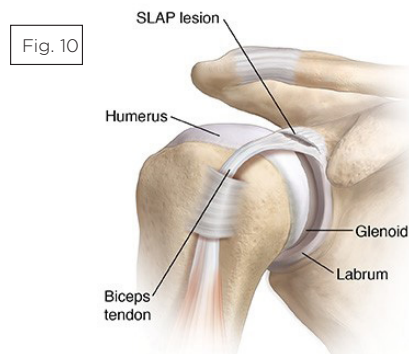


Fig. 10

**LABRAL INJURY.** The labrum is a thick rim of fibrocartilage that surrounds the bony socket of the shoulder called the glenoid. It can be injured when the shoulder is traumatically dislocated. In addition the labrum can be injured slowly over time from repetitive activities (it is often associated with shoulder bursitis, rotator cuff tendonitis, and rotator cuff tears and biceps tendon injuries). The symptoms of labral injuries are frequently pain and clicking in the shoulder area that is aggravated with overhead activities and reaching behind your back. Pain at night when attempting to sleep, weakness in lifting your arm above waist level and limitation of shoulder motion. The labrum can also be torn during a shoulder dislocation. If the labrum is traumatically injured in a dislocation, it can be repaired surgically with repair of the torn labrum. If the labrum has repetitive use injury, it is frequently treated by removing injured unhealthy appearing labrum. (reference above Fig 3, page 3 labral tear). Labral injuries are commonly treated with arthroscopic shoulder surgery. (Fig 24 labral repair).



Fig. 24

**FROZEN SHOULDER ADHESIVE CAPSULITIS.** Frozen shoulder also known as Adhesive Capsulitis is a condition that results in a dramatic loss of motion of your shoulder joint. In frozen shoulder the normally flexible protective joint coating called the capsule and the stabilizing ligaments become inflamed and abnormally thickened and stiff. (Fig. 18. Frozen shoulder/ adhesive capsulitis). As a result there is a dramatic loss of shoulder motion that occurs. There are three phases associated with Frozen Shoulder. Phase I is called the inflammatory phase. During this phase patient will complain of pain in the shoulder with movement and a progressive loss of shoulder motion. Phase II is call the “Frozen” phase where the initial pain resolves, but the shoulder had a dramatic loss of motion. Phase III is called the thawing phase. During this phase patients will slowly regain their motion. Most cases are treated conservatively with therapy, anti-inflammatory medication and shoulder injections. The majority of patients will regain their shoulder motion. For patients who have not regained functional range of motion after an extensive course of conservative treatment, surgery is an option. The surgery frequently entails two parts: First, a manipulation of the shoulder under anesthesia to improve motion; second, an arthroscopic release of the abnormally thickened shoulder capsule and ligaments. In most cases, full motion can be obtained during surgery. **The most important part however is the after surgery physical therapy. After the surgeon has restored motion to the shoulder, a dedicated after surgery physical therapy program is required to maintain the**

**motion that was regained during the surgical procedure.** Failure to attend therapy a minimum of 4 days a week, and failure to perform a minimum of 5 times a day home range of motion exercises, increases the chance of the shoulder becoming stiff again.

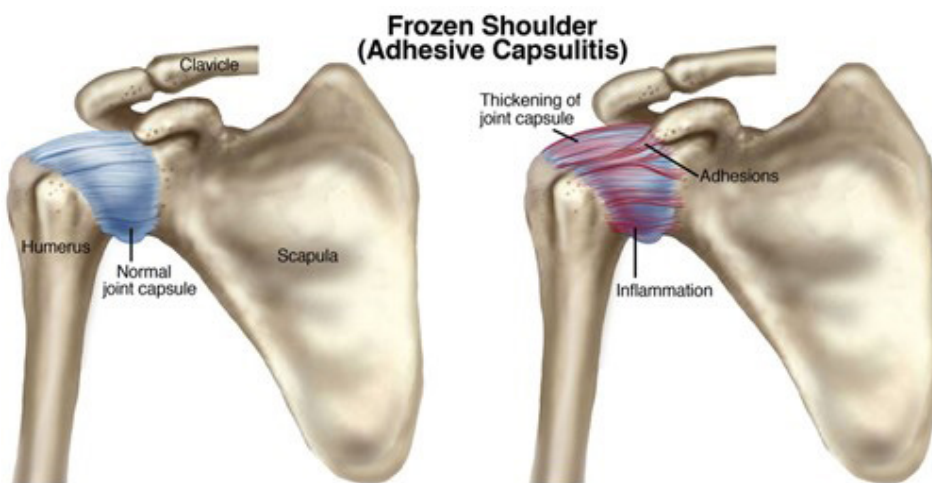


Fig. 18

## **Types of Anesthesia**

### **General Anesthesia:**

General anesthesia commonly requires a combination of medications given intravenously (through your veins) and inhaled gasses through a breathing tube to put you into a deep sleep during surgery. You will not feel any pain during surgery and will not remember any parts of the actual surgery, as you will be in a very deep unconscious sleep.

### **Regional Anesthesia:**

Regional anesthesia refers to a technique performed by skilled anesthesiologists where your entire arm is completely numbed up. This is commonly achieved by injecting a strong numbing medicine into your upper arm or just below your collar bone. Many anesthesiologists will utilize an ultrasound machine to help them localize (see) the nerves they want to numb up. Your arm will be completely numb and you will not be able to move your elbow, wrist, hand, fingers and sometimes shoulder until the anesthetic has worn off. This typically takes between 12-36 hours. You will receive medicine that will make you forget the surgical procedure.

### **Combined General and Regional Anesthesia:**

For longer more extensive cases (more than 1 hour) general and regional anesthesia are often used together. This is done to control pain after surgery. The benefit of this technique is to control pain after surgery. When patients wake up from surgery, their arm is completely numb and they will have minimal pain. They will also not be able to move their fingers, wrist, elbow and sometimes shoulder until the block wears off in 12 -36 hours.

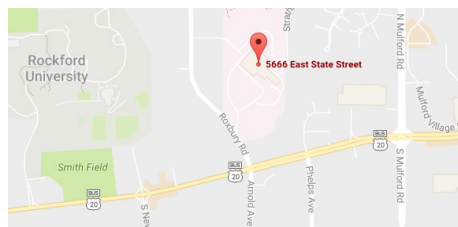
\*YOUR ANESTHESIOLOGIST WILL BE ABLE TO ANSWER ANY QUESTIONS REGARDING THE TYPE OF ANESTHESIA THAT THEY RECOMMEND.



## PRESURGERY INFORMATION

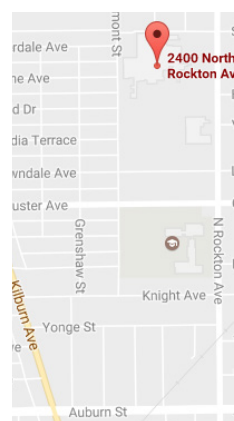
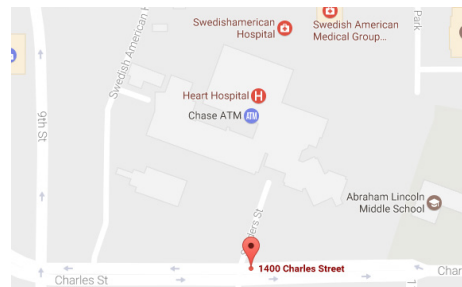
### Pre-Admission Guide for Surgery

❖ OrthoIllinois Surgery Center (346 Roxbury Rd. Rockford 61107)- If your surgery is scheduled at OrthoIllinois Surgery Center a nurse will contact you prior to the surgery date to go over instructions, your medications, your medical history, and answer any questions you may have.



❖ OSF St. Anthony Medical Center\* (5666 E. State St. Rockford 61108) - You will receive a call from a nurse at OSF to do a pre-anesthesia phone assessment. If any labs are needed per the hospital's anesthesia protocol, the nurse will inform you as to when you can go to the hospital to have those done. If you require a history and physical and medical clearance by your primary care physician and your doctor is not in the Rockford area or is not affiliated with OSF, then you may need to be seen by a hospitalist at the hospital to have your history and physical done for medical clearance. The nurse from OSF will also inform you when and where to have that done.

❖ SwedishAmerican Hospital\* (1400 Charles St. Rockford 61108)- You will receive a call from a nurse at SwedishAmerican Hospital to do a pre-anesthesia phone assessment. If any labs are needed per the hospital's anesthesia protocol, the nurse will inform you as to when you can go to the hospital to have those completed.



❖ Mercy Rockford Hospital\* (2400 N Rockton Ave. Rockford 61103) You will receive a call from a nurse at Mercy Health to do a pre-anesthesia phone assessment. If any labs are needed per the hospital's anesthesia protocol, the nurse will inform you as to when you can go into the hospital to have those done. If you require a history and physical and medical clearance by your primary care physician and your doctor is not in the Rockford area or affiliated with Mercy Health, you may need to be seen by a hospitalist at the hospital to have your history and physical done for medical clearance. Our surgery scheduler Ronda will be in contact with you to let you know when the hospital scheduled that appointment as well as a pre-anesthesia on-site assessment if required.

## Information to Keep in Mind Prior to Surgery

1. Please notify our office for any illness or conditions within one week prior to your scheduled surgery date. (e.g. skin abrasions, rashes, insect bites, pimples about the operative site, colds, and upper respiratory or urinary infections).
2. Please leave valuables (jewelry, contact lenses, etc.) at home.
3. If you have are over 50 years of age, or if you have any significant medical problems including but not limited to heart disease, diabetes, lung disease, kidney disease, auto immune diseases, endocrine disorders, cancer, please contact your medical doctor for written clearance prior to surgery. Patients with heart disease may need cardiac clearance from a Cardiologist. Ronda our surgery scheduler can help you with obtaining medical and or cardiac clearance Her phone number is 815-484-6969.
4. If you have any disability forms or papers, please have these in our office at least one week prior to surgery. Do not bring them to the hospital. Allow approximately 5-7 working days to be completed.
5. Failure to arrive on time, some medical problems, and eating and drinking after midnight will cause your surgery to be cancelled for your safety.
6. Remember to wear loose fitting shirts or blouses that are able to fit over a bulky bandage that will be on your arm.

## THE SURGICAL EXPERIENCE

Your surgical experience includes three parts or phases. The first part or pre-operative phase is the time before your surgery. The second or intra-operative phase is the time you spend in surgery. The third or post-operative phase is the time immediately after your surgery and the first days following your surgery.

### ONCE ARRIVING AT THE HOSPITAL OR AMBLATORY SURGERY CENTER

#### Before Your Surgery (Pre-operative phase)

1. An admission healthcare provider will take your information that is relative to your hospital or surgery center stay. A health care provider will discuss your medical history and you will sign a surgery consent form. This gives us permission to operate on your arm.
2. Required Pre admission laboratory testing is typically performed prior to the day of surgery. In some cases, labs may need to be performed the day of surgery. **All women of child bearing age who are undergoing general or regional anesthesia are required to take a urine pregnancy test.**
3. You will be taken into a room where you will wait for your time in surgery. This is called the pre-operative holding room. Nurses assigned to you will ask you some of the same questions the Admission Health Care Provider asked you. You will hear these questions over and over during your pathway to the operating room. **This is for your safety. Hearing the answers from you personally assures each health care provider of accurate information.** Medications, IV's etc. may be taken care of during this part of your stay.
4. You will need to change into a hospital gown. You may leave your underwear on (bras must come off).
5. The operating room will send for you about 30-45 minutes before your surgery. Although we make every attempt to run on schedule, for various reasons the operating room can be delayed. Your nurse will notify you if the operating room is on time or delayed. You may have 1-2 family members accompany you to this area. Your surgeon will see you in this area and write his initials on the extremity that being operated on. If you have hair on your arm in the area of surgery, your arm will be shaved with an electric hair clipper in this location.

6. If you are having a regional or a general anesthetic and if you have not met your anesthesiologist prior to this time, you will meet him/her here. The Anesthesiologist will be able to answer any questions regarding the type of anesthesia you will be having for your surgery. If you are having a regional anesthetic (your entire arm will be completely numbed with an injection of numbing medicine commonly placed near your collar bone) the anesthesiologist may perform this now.
7. If you have any last questions regarding the surgical procedure, this is the last time you will be able to ask the nurse, Dr. Bear's physician assistant or Dr. Bear.

### **During Your Surgery** (Inter-operative phase)

1. One of the nurses from your operating room will speak to you and will transport you to the operating room. You will see a lot of equipment and other team members when you enter the operating room. Do not be alarmed. All the staff is there to make sure that you have a positive experience.
2. You will be asked to move from your stretcher to another bed, called the operating room table. This room may be slightly chilly feeling and the nurse will provide you with a warm blanket.
3. A blood pressure cuff will be placed on your arm. An EKG pad (used to monitor the heart during surgery) will be placed on your back and an oxygen monitor will be placed on your finger. A safety strap will be placed across your legs above your knees. All of this is for your safety.
4. Either your nurse or anesthesiologist will start an IV in your hand if it has not already been done. Your anesthesiologist will give you fluids and medications through this IV that will cause you to drift off to sleep. Sometimes these medications will initially sting a little in your arm, but will go away quickly.
5. While you are asleep, if you are having a general anesthetic, your anesthesiologist will place a breathing tube that supplies the appropriate oxygen and gasses to keep you asleep during surgery.
6. When your surgery is completed, your anesthesiologist will wake you up. You will be moved from the operating room table to another bed and taken to the recovery room.

## After Your Surgery (Post-operative phase)

1. When you wake up in the recovery room, you may be cold. This is normal. Warm blankets will be provided for your comfort.
2. Your arm will be bandaged and commonly with a splint or half cast secured with an ace bandage on your arm. Ice packs may be provided to help decrease postoperative pain and swelling. If you are experiencing pain, notify your nurse and pain medication will be administered to control the discomfort.
3. None of your family members will be allowed to visit you in the recovery room. When you are alert, you will be taken to the second stage recovery area.
4. In the second stage recovery area, your family will be able to see you. Once you are feeling well and are able to tolerate drinking liquids you will get dressed back into your clothes and be discharged to home from this location. Prescriptions for antibiotics and some mild pain medicine can be called into your pharmacy by the nursing staff. Federal law no longer allows phoning in prescriptions for Schedule II narcotic medication. This list includes Norco, Vicodin, Percocet, and OxyContin. Written prescriptions need to be given to you by the nursing staff for these types of medications before you leave the surgery center or hospital.
5. If you are being admitted to the hospital for observation, you will be transported to your hospital room from this location.
6. Dr. Bear or his physician assistant will be seeing you in the office 5-14 days after surgery. An appointment should already be scheduled for you. If you do not have a post-surgery appointment scheduled, please call Sadie Carlton, Dr. Bear's office scheduler at 815-484-6996 to schedule a post surgery appointment.
7. If you are admitted to the hospital after surgery, Dr. Bear or his physician assistant will be checking on you in the hospital the day after surgery to answer any questions and arrange your discharge from the hospital.

## While You Recover at Home

1. The first meal should be clear liquids like tea or broth.
2. An ice bag should be applied to your shoulder for at least 20 minutes 4 times a day or more for the first 72 hours. **DO NOT USE HEAT**-this may increase swelling and discomfort.
3. If you have painful swelling, temperature **above** 101 degrees, or redness around your incision call Dr. Bear's office immediately at 815 -398-9491 or 815-484-6965.
4. You will keep your splint, sling, and dressing on until otherwise instructed.
5. **DO NOT BEGIN ANY SHOULDER EXERCISES OR RANGE OF MOTION UNTIL INSTRUCTED BY DR. BEAR OR HIS ASSISTANTS .**
6. **UNLESS OTHERWISE INSTRUCTED YOU SHOULD FULLY OPEN AND CLOSE YOUR FINGERS NOT AFFECTED BY THE SURGEY TO PREVENT FINGER STIFFNESS AND TO DECREASE HAND SWELLING. FULLY OPENING AND CLOSING YOUR FINGERS IS RECOMMEND TO PREVENT STIFFNESS.**
7. The bandage must be kept dry after surgery. It is OK to remove your shoulder bandage 72 hours after surgery and place a new light gauze and tape dressing or band aids over your incisions. Showering is allowed 72 hours after surgery. Remove your dressing prior to entering the shower. A shower sling is recommended to be worn while in the shower to protect your shoulder. Our office will provide you with two different slings at your preoperative visit. An Utrasling will be provided that is custom adjusted to your shoulder. This Sling has a cushion built into the sling that rests on the side of your body. The Ultra Sling is to be worn at all times except when showering. The second sling is a much lower profile Sling that is to be worn when

Fig. 19



showering. This is called a shower sling. The shower sling can be dried after each shower in a dryer. It is recommended that you do not point the shower spray directly onto your wounds. Pat dry your incisions with a clean towel after showering and place a light gauze dressing with medical tape over your wounds or band aids over your wounds. Baths, pool use and hot tubs are not allowed until 4 weeks after surgery. If you want to wash in the first three days after surgery, sponge baths are recommended keeping the surgical dressing dry. **If you do not have two slings issued to you prior to your surgery an Utrasling (Fig. 19. Utrasling and a Shower Sling (Fig. 20), please call my nurse at 815-484-6965 to obtain the slings prior to your surgery.**

Fig. 20

8. Swelling and bruising may develop after surgery. This is normal.
9. After arthroscopic surgery, it is **normal to have light pink colored fluid drain from your surgical incisions**. This can cause pink wet spotting on the dressing and on occasion run out of the dressing. If this occurs, simply place additional gauze onto the existing dressing and tape it in place with medical tape. If you are concerned, notify Dr. Bear's office (815-585-6965) and we can change your dressing if needed.
10. **What should I wear to my surgery and after surgery?** Loose fitting shirt sleeve shirts or blouses are preferred. This allows you to place your operative arm into the garment with minimal risk of injuring the repair. Please place operative arm into sleeve first, this way you can use the unaffected extremity to maneuver into a position that will allow the unaffected extremity to remain in proper position. HINT: BUTTON UPS WORK THE BEST.

### Wearing the Ultrasling and Shower Slings Correctly

#### STANDING POSITION

**CORRECT**  
(front of body)



**INCORRECT**  
(side of body)



#### STANDING POSITION SHOWER SLING

**CORRECT**  
(front of body)



#### LYING POSITION - ULTRASLING

**CORRECT** (front of body)



**INCORRECT** (side of body)



## Rehabilitation / Physical Therapy After Shoulder Surgery

Rehabilitation / physical therapy after shoulder surgery is critical to restore motion and function of your shoulder. Following therapy instructions are crucial to optimizing your results after shoulder surgery. Failure to adhere to the therapy instructions could result in permanent pain, stiffness and weakness. **Irreparable harm including rupturing your repair can occur if the therapy instructions are not followed.**

The therapy instructions after shoulder surgery are vastly different depending on what type of shoulder surgery is performed. If you have a rotator cuff repair, the shoulder rehabilitation is much longer than if your rotator cuff was not repaired.

### Rehabilitation after Rotator Cuff Repair / Biceps Tenodesis Surgery:

1. Your Ultra Sling must be worn at all times including when you sleep. You may only remove the Ultra Sling to perform your therapy or when showering.
2. You can immediately perform finger, wrist and elbow motion after surgery. Dr. Bear or his staff can demonstrate how you can loosen the Velcro straps on your ultrasling to allow elbow wrist and hand motion without completely taking off the sling. This recommended to be started immediately after surgery.
3. There are three phases to rotator cuff repair rehabilitation. Therapy is typically started within 2-7 days after surgery. **Phase 1** includes the first 5 weeks after surgery. During this phase the repair is very weak. It is not strong enough for you to move your shoulder on your own power. **During phase 1, if you try to move your shoulder on your own, you will rupture the repair.** Phase 1 of rotator cuff rehabilitation involves PASSIVE RANGE OF MOTION or PROM. PROM is when someone else moves your shoulder for you. This is performed by the physical therapist when you are at your therapy visit and a family member or friend that can be trained by your therapist to perform PROM on you in-between therapy visits. **Phase II** occurs from 5-10 weeks after surgery. **The goal of this phase is to restore full active range of motion of your shoulder.** During Phase II the rotator cuff repair is at about 50% strength. You are allowed to move your shoulder on your own strength at this time **but not allowed to perform any lifting, strengthening or resistance exercises.** Passive and active stretching of your shoulder is recommended at this time to restore full motion. Failure to restore full motion during this phase can result in permanent stiffness. **Phase 3** occurs from 10-16 weeks after surgery. During this phase your repair is approximately 75% strength. Strengthening is begun during this phase. By 16 weeks after surgery patients are allowed to perform most all activities without restrictions. Golf is allowed. Heavy weight lifting should be avoided until 6 months after surgery.

Continued on next page.



**Return to work after shoulder rotator cuff repair.** At three weeks after surgery patient are allowed to return to work with one handed work. The affected shoulder must be kept in an Ultra Sling at all times at work. At 10 weeks from surgery, a 5 lbs. weight restriction waist level work only is allowed for the affected arm. At 14-16 weeks after surgery, return to work without restrictions is allowed. Variations in return to work may occur based on individual healing rates and job requirements.

**Rehabilitation after Surgery for Shoulder Bursitis and Tendonitis When Rotator Cuff is Intact and Not Repaired:**

1. Your Ultra Sling must be worn at all times including when you sleep. You may only remove the Ultra Sling to perform your therapy or when showering.
2. You can immediately perform finger, wrist and elbow motion after surgery. Dr. Bear or his staff can demonstrate how you can loosen the Velcro straps on your ultrasling to allow elbow wrist and hand motion without completely taking off the sling. This recommended to be started immediately after surgery.
3. If you did not have a rotator cuff repair or biceps tenodesis you are allowed and encouraged to move your shoulder as soon as possible. The first day after surgery you are allowed to perform Active shoulder motion as tolerated. Patients can remove their sling and move their shoulder as tolerated. Active motion and gentle stretching are started immediately after surgery.
4. Strengthening is started at approximately six weeks after surgery.
5. Return to activities and work without restrictions typically occurs at 10 weeks after surgery.

**Return to work after shoulder bursitis / rotator tendonitis surgery:** At 2-3 weeks after surgery return to work for one-handed work. At six weeks after surgery RTW for 5lbs. weight restriction waist level work only. At 10 weeks after surgery RTW without restrictions.

\*Variations in return to work can occur based on individual healing rates and work requirements.

## Rehabilitation after Frozen Shoulder Surgery / Adhesive Capsulitis.

The rehabilitation after Frozen Shoulder surgery is different from most all other shoulder operations. We encourage patients to start moving their shoulder immediately after surgery as much as possible. Sling wear is discouraged and only recommended for the first 1-2 days for comfort. There are no restrictions for shoulder motion and activities of daily living are encouraged to be performed with the affected shoulder immediately after surgery.

Formal therapy is recommended a minimum of 4 times a week and is typically started the day of surgery in the recovery room or the first day after surgery.

A home exercise program a minimum of 5 times a day is started the day of surgery.

Return to work for one handed work is allowed:

1. 7-10 days after surgery.
2. At 4 weeks post op a 15 lbs. weight restriction, waist level work allowed.
3. At 8-10 weeks from surgery return to work without restrictions allowed

Variations in return to work can occur based on individual healing rates and work requirements.



## Commonly Asked Questions

1. ***Will I need assistance at home?***

\*Yes. You may need assistance with dressing, bathing, putting on and taking off your sling or brace and possibly with meal preparation.

2. ***Do I have to pre-certify my surgery or will Dr. Bear's office do it?***

\*Ronda, (815-484-6969) Dr. Bear's Surgery Scheduler will help arrange pre certification from your insurance provider. Call her for any questions. Surgery cannot be scheduled until pre certification is obtained from your insurance provider.

3. ***What are some of the warning signs of an infection?***

\*Fever over 101 degrees, the incision becomes red or swollen, or yellow or green drainage is coming out of the wound. If any of these symptoms occur **IMMEDIATELY CALL DR. BEAR'S OFFICE AT 815-398-9491 TO BE SEEN AS SOON AS POSSIBLE BY DR. BEAR OR HIS PHYSICIAN ASSISTANT.**

4. ***Are there any complications from surgery?***

\*Complications are not common. Some complications can include, but are not limited to, surgical failure, infection, stiffness, blood vessel or nerve injury, blood clots.

5. ***Will I need physical therapy?***

\*Yes. The majority of your therapy can be performed at your home with a detailed home exercise program taught to you by a physical therapist, occupational therapist or hand therapist. Some patients need formal physical therapy to be performed 2-4 times a week at a licensed physical therapy center. Therapy is an essential part of the healing process from your surgery. It helps to ensure that you will have a successful surgery. To neglect therapy would decrease the effectiveness of the repair Dr. Bear performed.

6. ***Is swelling and pain normal?***

\* Yes. It is normal to experience some swelling and pain after your surgery. Applying ice will decrease the amount of pain and swelling you may have. Taking your pain medicine as directed should control the pain. It is recommended to take the prescribed pain medicine as soon as you start to feel uncomfortable rather than waiting for the pain to become unbearable. This is called staying ahead of your post surgical pain rather than reacting to it. The pain after surgery should decrease each day after surgery. Depending on the surgery performed, most patients are off narcotic pain medication by a maximum of 7 - 21 days after surgery. If you have no contra indications to anti-inflammatory medications like heartburn, reflux, stomach ulcers, or kidney abnormalities, anti-inflammatory medication may be taken for 2-4 weeks after surgery to decrease pain and swelling. Your surgeon must approve of taking anti-inflammatory medicine after surgery.

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7. ***How long and often should I apply ice?***

\* An ice bag should be applied to your shoulder for 15 minutes per hour 4- 8 times a day. More frequent applications with ice bags should be performed in the first 72 hours after surgery. Make sure the ice bag is well sealed to avoid getting your dressing wet with melted ice.

8. ***Should I be alarmed from the amount of fluid that is staining the dressing?***

\* If a shoulder arthroscopy was performed, large amounts of fluid is used during the procedure. With this surgery, it is very common to have pink or red-tinged fluid drain into the bandage. You can place additional clean bandages on top of your blood-stained bandage to prevent getting your clothes or sling stained.

9. ***What if I am on a blood thinner?***

\* Common blood thinners include Coumadin, Warfarin, Lovenox, Plavix, Xarelto, aspirin:

- **Coumadin / Warfarin** must be stopped a minimum of six days prior to surgery. A Prothrombin time has to be obtained a day or two prior to surgery to make sure your blood is not too thin.

- **Plavix** must be stopped 4 days prior to surgery. No lab testing is needed

- **Xarelto** should be stopped 5 days before surgery. No lab testing needed

- **Lovenox** should be stopped 24 hours before surgery. No lab testing needed.

- **Aspirin** should be stopped 10 days prior to surgery. No lab testing needed.

10. ***What vitamins and supplements should be stopped?***

- Vitamin E can thin the blood. This should be stopped 7 days prior to surgery

- Fish oil can thin the blood. This should be stopped 7 days prior to surgery.



## Who To Call

### **Prescription Refills**

Contact Dr. Bear's office nurse Kailey at 815-398-9491. If you get voicemail, please leave a message including the following information:

1. Patient name
2. Patient telephone number
3. Pharmacy name
4. Pharmacy phone number
5. Name of medication you wish to have refilled. Your prescription should be called in by the end of the clinic day.

### **Pain Medication**

Pain medication can only be called in by Dr. Bear, his physician assistant, or his nursing staff. During the weekend, on call doctors will not call in prescriptions for you. Therefore, if you feel you will need a prescription during the weekend, please call the office during office hours Monday - Friday (8 am - 4 pm). In addition, Narcotic pain medication scripts have to be signed and picked up in office by yourself or designated party. A photo ID must be presented. Two business days are required for these requests; if you call the day of for a refill it is not guaranteed you will get your prescription that day.

## Workman's Compensation Return to Work Schedule

**DR. BEAR OR HIS ASSISTANTS COMMONLY WILL GIVE YOU A RETURN TO WORK SCHEDULE AT THE TIME SURGERY WAS SCHEDULED. IF YOU DO NOT HAVE A RETURN TO WORK SCHEDULE, PLEASE MAKE SURE DR. BEAR OR HIS ASSISTANTS GIVE YOU ONE PRIOR TO LEAVING THE SURGERY CENTER OR HOSPITAL.**