

**Riley J Williams III, MD**  
**Orthopedic Surgery & Sports Medicine**  
**535 E 70<sup>th</sup> Street New York, NY 10021**  
**T: 212-606-1855 F: 212-774-2895**  
**www.rileywilliamsmd.com**

**Shoulder (Rotator Cuff, Proximal Biceps, Impingement, & AC Joint Procedures)**  
**Post-Operative Guidelines and Frequently Asked Questions**

This document will help you plan for your post-operative recovery course following surgery. **Please read and retain this information for future reference.** Many of the questions you may have later can be answered by referring to this information.

**Post-Op Sling:** Your post-op sling must be **worn for 2-3 weeks**. We suggest you wear the sling to bed the first week after surgery. It is OK to remove the sling from time to time in a protected (typically indoor) environment. It is OK to adjust the sling and body harness to your comfort. We do encourage you to move you arm below shoulder level during these first 2-3 weeks after surgery.

**Wound Care: Keep the site clean and dry** as it heals\*. You may remove the outer bandages and shower 48 hours after surgery. **DO NOT remove the Steri-Strips (the small white strips closest to the skin) over incisions;** these wound closures will fall off automatically around 7-10 days after surgery or can be gently pulled off and discarded. Wrap the site securely with plastic during bathing to avoid wetting the Steri-Strips and incisions for 7-10 days. **Do not apply any gels or ointments to the site.**

*\*It is normal to have small amounts of bloody drainage on the dressing. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101 degrees Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot or ankle.*

**Pain Medication:** Prescriptions will be sent to your pharmacy a few days prior to your surgery. **Please pick up all prescriptions BEFORE your surgery day. Pain medication cannot be called in to pharmacies!** You will receive three (3) medications: one narcotic pain medicine (1-2 tabs to be taken every 4-6 hours as needed), one anti-inflammatory medicine (1 tablet daily for 14 days) and one medication for nausea (as needed). **Please call the office ASAP for a refill when your supply is low – All refills must be requested in the office by 4pm on Thursday afternoon.**

**PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!**

**Game Ready Device / Cold Therapy:** You will receive a cold therapy device on the day of surgery or the next day. You will not be able to use this device until you remove your bandages the day after surgery; do not worry if you do not received your cold unit on the day of. Use the unit for 20 - 30 minutes at a time, 4-6 times per day to manage swelling and pain.

**Follow-up Appointments:** 6 weeks and 3 months after surgery. **Please plan ahead to arrive on time.**

**Physical Therapy\*\*:** You will receive a physical therapy prescription within a few days of surgery. Your first therapy session should be scheduled to start approximately 2 weeks after the procedure. Facility suggestions may be found on the HSS website: <https://www.hss.edu/rehab-network.asp>. PT typically lasts for 2-4 months after surgery depending on the type of procedure done by Dr. Williams.

\*\*These milestones may be adjusted by Dr. Williams / Melissa PA as you progress. Typical clearance for full activity occurs at 2-4 months following surgery.

## Frequently Asked Questions: Shoulder Surgery (Rotator Cuff, Impingement, Biceps Repair)

1. What is the rotator cuff?

The rotator cuff is a tendon that connects the four rotator cuff muscles to the ball of the shoulder (humeral head). The cuff is a fibrous structure that covers the entire head of the humerus in normal circumstances. The supraspinatus, infraspinatus, teres minor and subscapularis are the muscle of the rotator cuff, and listed in typical order of injury.

2. Why does the rotator cuff tear? What is impingement?

Tears in the rotator cuff occur as a result of trauma or as a part of the aging process. Bones around the shoulder tend to thicken as we all get older. This bone thickening phenomena (acromial spurring) results in there being less room for the rotator cuff to function, especially with overhead type activities. Pain associated with thickening of the bone without a tear of the rotator cuff is called impingement.

Tears of the of rotator cuff result in there being a gap in the attachment of the rotator cuff tendon to the ball of the shoulder. This results in focal weakness of the shoulder and pain.

2. Will impingement and rotator cuff injuries heal themselves over time?

Unfortunately, these types of injuries do NOT heal. While rehabilitation and exercise may make your shoulder feel better, rotator cuff tears persist indefinitely without surgical intervention. In fact, these tears and spurs usually will increase in size over time.

3. What does rehabilitation do for this shoulder condition?

Rehabilitation to strengthen the intact rotator cuff and other muscles around the shoulder is often prescribed. Strengthening these muscles is a good way to help decrease pain and increase function by compensation. However, shoulder muscle strengthening does NOT fully return normal functions. This varies from person to person.

4. What is done to my shoulder during a rotator cuff or impingement surgery?

Impingement procedures are called subacromial decompressions. In this arthroscopic procedure, Dr. Williams removes the thickened bone and bursa tissue that is interfering with your shoulder movement. In effect, he is creating space for you rotator cuff to move and function. A subacromial decompression is a routine party of most rotator cuff procedures. Alone, a subacromial decompression takes about 20-25 minutes or actual operative time.

During rotator cuff repair procedures, the rotator cuff is reattached to the ball of the shoulder using sutures. Small devices called anchors are inserted into the ball of the shoulder where the tear or detachment of the cuff has occurred. These devices are typically NOT metallic, and are very small (less than 4.5 mm in diameter). Once inserted into the humerus, the sutures are used to sew the rotator cuff back to its attachment site. The body then heals the injury, making the suture unnecessary over time. Rotator cuff repairs are typically arthroscopic (minimally invasive procedures) that take about an hour of actual operative time. In some cases, Dr. Williams may need to make a small incision to further enhance the repair and increase the likelihood of clinical success following your procedure. He will discuss these issues with your during your surgical consultation.

(Please note that videos for this and other types of surgeries done can be viewed online at [www.hss.edu](http://www.hss.edu) or [www.rileywilliamsmd.com](http://www.rileywilliamsmd.com)).

5. What type of anesthesia is administered?

Typically, a regional anesthetic is administered that numbs the operative limb. These blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during your surgery. You and the anesthesiologist will discuss these issues in detail immediately prior to your surgery.

6. How long do I wear a sling after surgery?

Patients undergoing subacromial decompression surgery alone should wear the sling for up to 1 week. Patients undergoing typical rotator cuff surgery should wear the sling for 2 weeks.

Some patients may need up to 3 weeks (biceps tenodesis, AC joint surgery); in these cases we will let you know immediately after the procedure is completed.

7. How long is the recovery?

The typical recovery for subacromial decompression is about 8-10 weeks. The typical recovery from rotator cuff repair surgery approximately is four months.

Patients will usually wear a sling for two weeks. Physical therapy begins around 10-14 days after surgery. We will let you know which time point is best for your individual recovery. Initially, we will limit your activities to allow for healing of your labrum and capsule. After six weeks, Dr. Williams encourages you to get back to your normal activity and exercise schedule.

Sample schedule of activities following shoulder surgery:

- a. Weeks 1-2: No excessive sweating. Walking OK. Take it easy
- b. Weeks 2-6: Exercise bike, walking a treadmill OK.
- c. Week 6+: Running, elliptical, light weight work OK. Get moving.

Note: Operative limb exercises are based on PT limitations at any given time.

8. What are the risks of shoulder surgery?

While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 7-10 days after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff. Again, smoking interferes with wound healing, so discontinuing smoking 2 weeks prior and following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, doing leg lifts etc. all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area, or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner (Warfarin, Coumadin) until the clot disappears.

There are many nerves around the shoulder. Fortunately, the majority of these nerves do NOT exist in the surgical field during a typical rotator cuff procedure. Nevertheless, though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient.

9. Is there anything else that I need to do following surgery?

Subacromial decompression patients should plan to return to the office at 6 weeks following surgery. Rotator cuff repair patients should plan to return to the office at 6 weeks and 3 months following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. The first postoperative appointment should be made when a date for surgery is confirmed.

Please note that Dr. Williams expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your shoulder procedure.