



575 South 70th Street
Suite 200
Saint Elizabeth Medical Plaza
Lincoln, Nebraska 68510-2471

Toll-Free (888) 488-6667
(402) 488-3322
Fax (402) 488-1172
www.nebraskaortho.com

Patrick E. Clare, M.D. - Emeritus
Ronald O. Schwab, M.D. - Emeritus
Donald J. Walla, M.D.
Thomas M. Heiser, M.D.
Daniel R. Ripa, M.D.

Robert W. Dugas, M.D.
David J. Clare, M.D.
James W. Gallentine, M.D.
Steve J. Volin, M.D.

Justin D. Harris, M.D.
Scott A. Swanson, M.D.
Daniel B. Cullan II, M.D.
Aaron M. Bott, M.D.

Joseph P. Mulka, M.D., Ph.D.
Sukchan Lee, M.D.
Dane C. Todd, M.D.
David P. Heiser, M.D. - consulting

Rotator Cuff Repair Instructions

Dane Todd, MD

1. **Ice** the shoulder for 72 hours after surgery.
2. **Pain Control** – You will be sent home with a prescription for pain medication. Take it according to the instructions on the prescription. Pain can cause constipation, so be sure to drink plenty of fluids and use an over the counter stool softener (i.e. Miralax) to help prevent this. You may take Tylenol (acetaminophen) instead of the prescribed medication. However, make sure you do not take more than 3,000 milligrams (3 grams) of Tylenol (acetaminophen) in any 24 hour period. Wean off the pain medications as soon as possible after surgery.
3. **Dressings** – Keep your dressings on for 3 days after surgery. Then you may remove the dressings to shower. Please re-apply new gauze dressings over the wound. Do not use any ointment, creams, or lotions on the incision.
4. **Showering** – You may shower 3 days after surgery. Wash your incision gently with soap and water; do not scrub the incision. Pat the wound dry and apply new gauze. Do NOT take a bath or submerge your wound under water (i.e. pools, hot tub).
5. **Sling** – Wear your sling at all times except when showering. Remove the sling 3 times daily to perform elbow range of motion and pendulum exercises, which your therapist will show you. If you had a biceps tenodesis do not perform active elbow flexion. Please perform hand and wrist range of motion frequently as this helps relieve swelling and discomfort.

Questions please call: # 402-488-3322

Fax: 402-488-3336

Patient Name: _____

Surgery Date: _____

Surgery Performed (circled)	Side (circled):	Right	Left
Distal Clavicle Excision		Rotator Cuff Repair	
Biceps Tenotomy		Biceps Tenodesis	
Subacromial Decompression			

Weight Bearing Status (circled) –
Full Touch-down Partial (____%) Non

Notes: _____