Cuff Tear Arthropathy (CTA) Shoulder Surgery

Your treatment plan

While You Are in the Hospital

- Unless you received a nerve block anesthesia, you will most likely use a patient-controlled analgesia (PCA) device the day and night after your surgery. The PCA lets you push a button to release pain medicine into your intravenous (IV) line. This lets you manage your own pain.

- You will most likely be switched to oral pain medicines the day after surgery. This will give you longer-acting pain control. It will also help you prepare to manage your pain after you leave the hospital.

- A physical therapist will teach you exercises that your shoulder team has prescribed for you. You must do these exercises to help you recover. Before you leave the hospital, we will make sure that you understand how to do the exercises and that you can do them.

- Your nurses will help you walk and move around after your surgery. They will also show you how to shower and take care of your incision.

- Once your pain is under control with oral medicines and you can do your physical therapy exercises, we will decide when you can leave the hospital.
Follow-up Visits

1st Follow-up Visit
Your 1st follow-up visit will be 2 weeks after your surgery. At this visit:

- We will do an exam, check your incision, and assess your physical therapy progress.
- Your staples will be removed. They will be replaced with Steri-Strips (thin pieces of tape). Once the Steri-Strips are placed, wait 24 hours before taking a shower. The Steri-Strips can be removed after a week if they have not fallen off on their own before then.

2nd Follow-up Visit
Your 2nd follow-up visit will be about 6 weeks after your surgery. At this visit:

- You will have X-rays taken, so that we can check placement of your new shoulder.
- If you have met your physical therapy goals, we will likely add more exercises to your program to help with strength and flexibility.

3rd Follow-up Visit
Your 3rd follow-up visit will be about 3 months after surgery. At this visit:

- We will assess your shoulder function to decide if you would benefit from more exercises.

Self-Care at Home
Call us right away if you have:

- A fever higher than 100°F (38.3°C), or you feel very sick
- Any warmth, redness, or increased drainage coming from your incision

Incision Care

- You may see a small amount of drainage from your incision. This is normal. It should lessen every day until there is no drainage.
- Keep your incision covered with a clean, dry, sterile dressing until your 2-week follow-up visit. If there is drainage, change your dressing every day.
- Do not soak your incision site. It is important to keep your incision site as dry as possible until your follow-up visit.
• You may shower, but cover your incision site with plastic to keep it dry. Check to make sure that your incision is dry after your shower.

• Air out your armpit area. If you are keeping your arm at your side most of the time, place a dry hand towel in your armpit to help prevent a yeast infection. Yeast is a fungus that can grow in warm, moist areas.

**Medicines**

• Our team recommends that you take 1,500 mg of glucosamine and chondroitin each day. UWMC does not stock these medicines, so we cannot give them to you when you leave the hospital. But, you can buy them at your local drugstore without a prescription.

• When you leave the hospital, you will have enough pain medicines to last until your first follow-up visit. At that time, we will only refill your pain medicines if you still need them.

• We expect you will no longer need your pain medicine 4 weeks after your surgery. If you are still on pain medicine after that time, please follow up with your primary care provider.

• See your primary care provider after your surgery for a follow-up visit if you have any other medical issues.

• Do not take any NSAIDS (nonsteroidal anti-inflammatory drugs) such as ibuprofen, aspirin, or Celebrex for 6 weeks after your surgery. These drugs slow bone growth, and this may lead to poor healing. If you were taking aspirin before your surgery to protect your heart, it is OK to start taking it again after your surgery.

• Unless you are already taking a medicine that has acetaminophen in it, such as Vicodin or Percocet, you may take acetaminophen (Tylenol) for pain. Do not take more than 4,000 mg in a 24-hour period. If you have liver problems, talk with your doctor before you take acetaminophen or products that contain acetaminophen.

• Our goal is to for you to be off all pain medicines by 3 months after your surgery.

**Activity**

**Lifting**

• Do not lift anything heavier than a full coffee cup until at least your 6-week follow-up visit.

**Driving**

• Do not drive or use machinery while you are taking narcotic pain medicines.
Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Weekdays, 8 a.m. to 5 p.m. call the Bone and Joint Center: 206-598-4288

After hours and on weekends and holidays: Call the Emergency Department at 206-598-4000. Or, call 206-598-6190 and ask for the Orthopaedic resident on call to be paged.

- Do not drive any vehicle for at least first 6 weeks after your surgery. Remember that your shoulder is still healing and it is weak. If you need to react to a dangerous driving situation, you may stress and possibly tear one of your muscles off your new shoulder. You could also lose control of your car and cause an accident.

Walking

- Get up and move around. It is good for your general health.
- If you go out in public, you may want to use a shoulder sling so that people will avoid bumping into your shoulder. At home, remove your sling when you do not need it.

Showers

- 24 hours after your 2-week follow-up visit, you may take normal showers and baths without covering your incision with plastic.

If You Smoke

Smoking slows bone and tissue healing. It is also very bad for your overall health. To help your body heal and stay healthy:

- Stop smoking before your surgery.
- Continue not to smoke for at least 3 months after your surgery.
- Talk with your doctor or nurse about resources to help you quit smoking for good.

Physical Therapy

- Physical therapy is a vital part of your shoulder repair. Do your physical therapy exercises as prescribed to keep from getting stiff and to make the most of your surgical repair. Do your exercises at least 5 times a day, every day.
- You were prescribed physical therapy goals and limits based on your specific needs before you left the hospital. If you lose your goal sheet or have any questions, please call us as soon as possible.