

Dr. Ferdinand Liotta

Rotator Cuff Patch Repair Playbook



ValleyOrtho

 VALLEY VIEW

Patient Name:
Date of Surgery:
Date & Location of First Follow-Up Visit at ValleyOrtho:
Date & Location of First Rehabilitation Appointment:
Patient Expectations for Surgery & Recovery 1. Pain Expectation: 2. Activity Expectation:

YOUR ROTATOR CUFF PATCH PLAYBOOK

Thank you for joining our team at ValleyOrtho.

We feel you are the most valuable person in the surgery and recovery process. This Playbook is your guide to best prepare for and recover from your rotator cuff patch repair.

Each member of your care team plays a valuable role and has been trained to assist you every step of the way.

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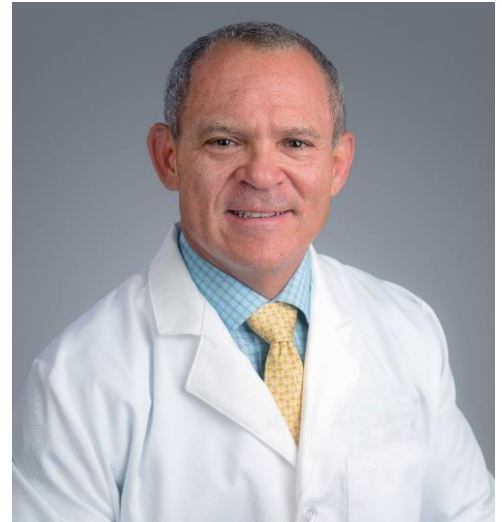


Meet Your Physician, Dr. Ferdinand “Tito” J. Liotta, MD

Dr. Liotta has been restoring the health of residents in the Roaring Fork Valley since 1996. He specializes in sports-related injuries of the shoulder and knee, treating both professional athletes and weekend warriors with personalized attention and state-of-the-art care.

A 1985 graduate of the University of California, San Francisco, Dr. Liotta completed his Orthopedic residency at the University of Colorado in 1991. He then went on to complete a fellowship in Indianapolis, Indiana with the Methodist Sports Medicine Center.

Dr. Liotta has called the Roaring Fork Valley home for more than 20 years, and when he’s not working, you’ll find him exploring our mountain community on his bike or his skis.



Meet Your Physician Assistant, Amanda Hunter, PA-C

Amanda grew up in the Colorado Springs area and knew she wanted to pursue a career in medicine from an early age. After participating in high school basketball and volleyball, she further narrowed her focus to sports medicine.

Amanda received her undergraduate degree in chemistry, with a minor in sports health and wellness. She went on to complete her physician assistant studies at Midwestern University in Chicago, where she worked in Orthopedics and neurosurgery for several years.

Having always wanted to return to her home state of Colorado, she’s happy to have found a home with ValleyOrtho. Amanda primarily works with Dr. Tito Liotta, seeing new and follow-up patients, assisting in surgery, and caring for all post-operative patients. In her personal time, Amanda enjoys spending time in the outdoors with her husband, who is a special education teacher here in the Roaring Fork Valley, and her two dogs.



Meet Your Medical Assistant

Mara Rosales, MA

Mara attained her medical assistant certification through Colorado Mountain College's Vail Valley campus and immediately joined ValleyOrtho in July of 2018. She primarily assists Dr. Liotta and Amanda Hunter PA-C with patient care and coordinating procedures and follow ups with the patients. Mara genuinely enjoys getting to interact with her patients and coworkers so she is always ready to help wherever the clinic needs her. Outside of the clinic she can be found smiling while she cooks and bakes for her family. She also gets involved with her local community by providing haircuts at local senior facilities.



Meet Your Athletic Training Staff

Mike McCann, MS, ATC

Mike received his undergraduate education from the University of Northern Colorado and obtained a graduate degree in Athletic Training in his home state at the University of Central Florida. Mike joined ValleyOrtho after spending several years in Denver. Mike gained invaluable experience supporting the University of Denver's soccer, swim & dive, tennis and rugby teams and also spent a year with the Colorado Avalanche hockey team. Mike remains active in the sports community and provides Athletic Training coverage to the Glenwood High School hockey club, Aspen Junior Gentlemen Rugby club and the Aspen Gentlemen Rugby club.



During the summer months, Mike can be caught flying down the river on his paddleboard or camping in the desert and in the winter you will be sure to catch him on the snow, either riding down or skinning up the mountain.

Jackie Brey ATC

Jackie was born and raised outside of Milwaukee Wisconsin; she earned her Bachelor's in Kinesiology from the University of Wisconsin – Eau Claire with an emphasis in Athletic Training and Sports Rehabilitation. She always had a yearning for the "West" and found her way to the Roaring Fork Valley in 2004 as the Athletic Trainer for Rifle High School. Come 2007 she transitioned to a clinical position with Aspen Orthopedic Associates. Throughout her tenure with Aspen Orthopedics she worked her way into management of the practice until she relocated to the Front Range to follow her husband's career change in 2015. Jackie recently found her way back "home" to the Roaring Fork Valley where she now works as an Athletic Trainer at ValleyOrtho.



In her downtime she's a BLS instructor for the American Heart Association. When away from work she enjoys golfing, hiking and camping with her husband and fur baby.



Steve Hughes, ATC

Steve Hughes has been with ValleyOrtho since our doors opened in 2013, and 14 years in total with the providers at ValleyOrtho. However, this only takes up about half of Steve's experience as an Athletic Trainer. Steve has been certified as an Athletic Trainer for 33 years. He has worked as a high school Athletic Trainer in his hometown of Springfield, VT and in a Physical and Occupational Therapy office north of Denver. Prior to this, he spent 4 years in the military as an orthopedic technician in both Germany and Fort Knox, KY.



Steve is passionate about this valley and the skiing, biking, and hiking that it provides. Because of his love for these sports, Steve is all too familiar with what it is like to be an orthopedic patient. Steve has suffered injuries from his shoulders to his knees, but he hasn't let injuries keep him out of the game. Steve plays an integral role in making sure our patients at ValleyOrtho are able to get back to the activities they love as well.

Meet Your Nurse Navigator

Jodi Callison, BSN

Jodi is a home grown Coloradan from Aurora, CO. Jodi has been in the valley now for 9 years and lives in Carbondale with her husband and daughter. While on the Front Range she achieved her BS in Biology from CSU and a BSN in Nursing from CU. Before going to nursing school, Jodi worked as a program coordinator for the Equine Orthopaedic Research Center and Ambulatory Equine Sports Medicine program at the Veterinary Teaching Hospital at CSU.



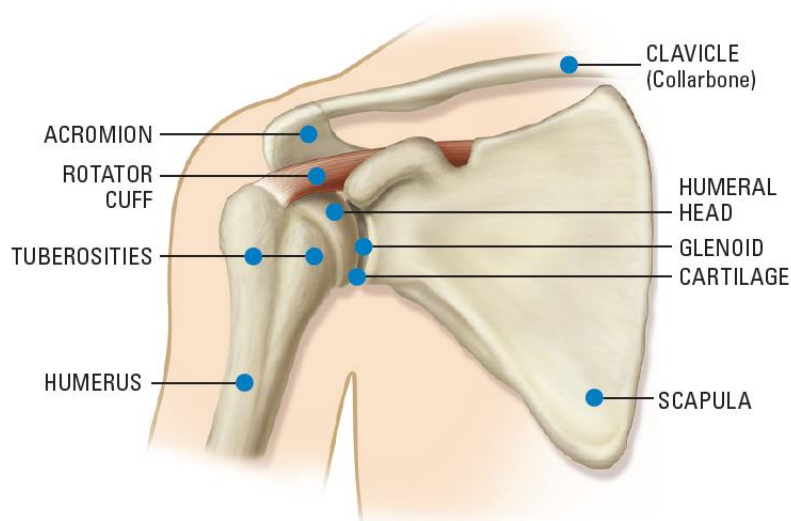
Prior to working specifically with Dr. Liotta's team she had been in the operating room at VVH since 2016 as a circulating nurse and scrub nurse. At ValleyOrtho Jodi is a "nurse navigator" for Dr. Liotta and his team. She works as a dedicated scrub in the operating room with Dr. Liotta. Prior to all surgical cases, she coordinates the implants, grafts, instruments and other details for each procedure.

Currently her primary focus is on patient education regarding surgical procedures as she strives to help make a difference in the patient's quality of life. She enjoys being part of each patient's care because she knows that the work that her team does helps them return to the things they love.

ANATOMY & REPAIR OVERVIEW

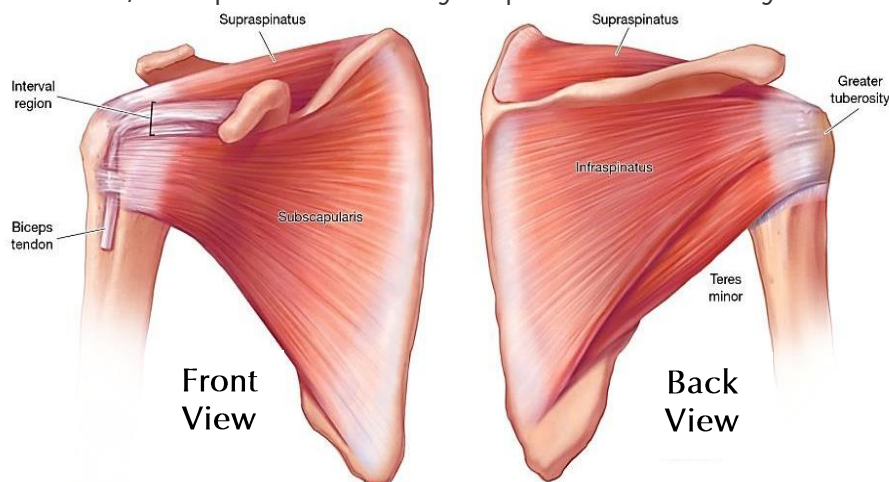
What is the Shoulder?

Two bones make up the shoulder joint. The bone at the top of the arm, the humerus, has a round ball-shaped head that is covered in cartilage. The bone on the body side of the joint is the scapula, or shoulder blade. The glenoid is the flat cartilage-covered surface on the scapula that makes the other half of the shoulder joint.



What is the Rotator Cuff and Why Does Mine Hurt?

The rotator cuff is made from a combination of four muscles: the subscapularis from the front, the infraspinatus and teres minor from the back and the supraspinatus from the top of your shoulder. These muscles provide stability and proper positioning of the shoulder joint during active motion. Rotator cuff tears most often occur near their attachment point on the humeral head when trauma and/or overuse cause enough damage to one or more of the rotator cuff tendons. This irritation can be made worse with poor posture and/or repetitive activity in positions above your head.



Rotator Cuff Management:

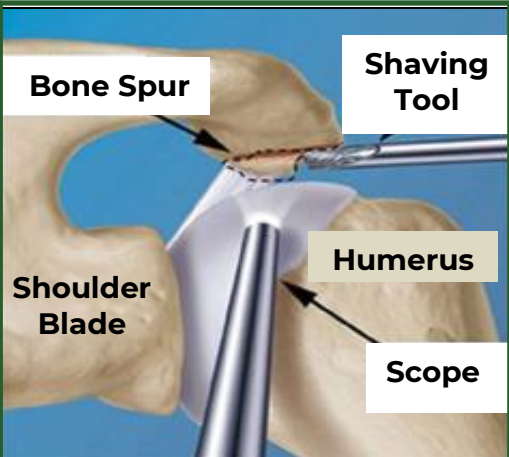
Often times Dr. Liotta's first option is not to perform a surgical repair. At this point, physical therapy, injections and rest have not provided you the results that you are looking for. So you are now a good candidate for a surgical solution with Dr. Liotta to return the strength and mobility to your shoulder.



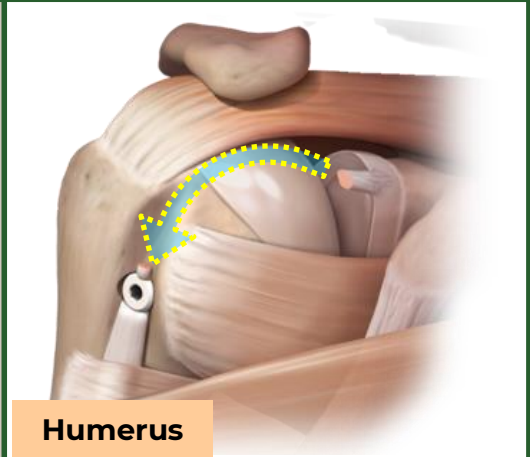
Detailed Reparative Options:

Dr. Liotta has many techniques to provide the best surgical outcome for your rotator cuff injury. Below are some options that he may plan to utilize for your repair.

Regeneten Graft		<p>Dr. Liotta was one of the first surgeons in Colorado to utilize this rotator cuff grafting technique for smaller rotator cuff tears. This graft allows the tendon to grow into it making for a stronger repair.</p>
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Subacromial Decompression	
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Using joint resurfacing tools, Dr. Liotta can provide more space by removing scar tissue and any bone spurs from your shoulder to increase pain free motion.

Biceps Tenodesis	
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If the biceps tendon is damaged, Dr. Liotta will remove the injured portion and reattach the remaining healthy tendon onto the humerus. This move will not significantly change the available strength or use of your arm.

YOUR PATCH REPAIR TIMELINE

AT LEAST TWO WEEKS PRIOR TO SURGERY

- Schedule your first outpatient therapy appointment for 3-7 days after your surgery date. See page 9 for more details.
- Register your One Medical Passport account for our surgery department at [OneMedicalPassport.com](https://www.onemedicalpassport.com)

ONE WEEK PRIOR TO SURGERY

- You will be contacted by the Pre-Anesthesia Clinic to schedule a specific date and time to complete a COVID-19 test and/or any other medical clearance needed before surgery.
- Minimize surgery and medication related constipation: See page 23 for details.
- **DO NOT** shave surgical arm or armpit for seven days before surgery.
- Begin practicing household activities with only your non-surgical arm (feeding, dressing, toileting etc.). Refer to page 13 for more details.
- Prepare your home for a safe return. Refer to page 13 for more details.

THE DAY BEFORE SURGERY

- The Day Surgery Department will call after 2pm the day before surgery about:
 - What time you should plan to arrive at the hospital.
 - When to stop eating and drinking before surgery. See page 16 for details.
 - Which medications to take the morning of surgery.
 - During this call, complete your “Surgery Instructions Sheet” on page 16.
 - Call 970-384-7166 if you do not hear from the nursing staff before 5pm.

THE NIGHT BEFORE SURGERY

- Remove any nail polish from fingers.
- Enjoy dinner, brush your teeth and rinse out your mouth before bedtime.
- Shower with provided sponge. Refer to pages 15 for details.
- Put clean sheets on your bed, and wear a clean set of pajamas.
- **DO NOT** smoke at this time. **DO NOT** resume smoking until the day after surgery.
- **DO NOT** allow your animals to be in your bed with you.

THE MORNING OF SURGERY

- Shower and repeat sponge cleansing process thoroughly. See page 15 for details.
- Do not shave or use any lotions after your shower.
- Gather your packed bag, this playbook, and your cooling device for the hospital.

THE DAY OF SURGERY

- Arrive and register at the hospital at your assigned time (2 hours before your surgery time).
- Once you are set up in Day Surgery, Dr. Liotta will meet you and prepare you for surgery. Refer to page 19 for more details.



THE DAY AFTER SURGERY

- Take your pain medications as needed for pain control.
- You may begin your gentle initial home exercise program explained on page 22.
- Use your cooling device regularly and get lots of rest during the day. See page 20.

3-7 DAYS AFTER SURGERY

- You will begin outpatient rehabilitation to work on regaining motion and promote optimal healing of your surgical shoulder.
- Move your hand and forearm regularly to help decrease any swelling in your wrist and hand. You are encouraged to move your hand without anything that weighs more than 1 pound from your face to your waist for light everyday activities in front of your body.

7-10 DAYS AFTER SURGERY

- You will return to Dr. Liotta's office to check the progress of your shoulder repair, have your stitches removed and your bandage changed.

WEEK 1 TO WEEK 3 (Refer to page 24 for details)

- Your surgical shoulder is likely to be painful during the early weeks of this phase. This is normal and expected.
- To protect the repair, you will be in a sling when you are sleeping and when you are in public as a warning to others to give you enough space.
- At this time and your therapist will show you some exercises to help you move your shoulder. We expect the motion and pain levels to improve steadily with therapy activities. Refer to page 24 for more details.

WEEK 3 TO WEEK 6 (Refer to page 25 for details)

- We do not expect you to have full motion early in this phase, and you **will not** have normal use of your shoulder for all activities around the house just yet.
- Even though discomfort may still be present, we expect you to stop narcotic pain medication use at this time.
- You will start some early strengthening exercises with your therapist at this time.

WEEK 6 TO WEEK 12 (Refer to page 25 for details)

- You will begin a slow and progressive strengthening program in this phase. You may have increased muscle soreness from exercise that does not require pain medication as you work to improve the strength and motion of your shoulder.
- We expect you to achieve near full range of motion during this phase

WEEKS 12+ (Refer to page 25 for details)

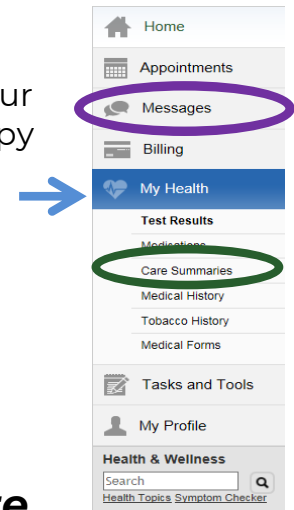
- We do not expect you to have all of the strength back in the repaired shoulder at this time.
- You will be working towards full strength and return to activity under the direction Dr. Liotta and your therapist.

YOUR PRE-OPERATIVE TRAINING

At ValleyOrtho, you are the most important player on our team. Our pre-operative training program is designed to help you participate in your healing like a pro.

1. Set Up Your Valley View Patient Portal

You should have received an email from us with a link to set up your patient portal account. If you cannot find the email we will be happy to send you another one, just let us know.

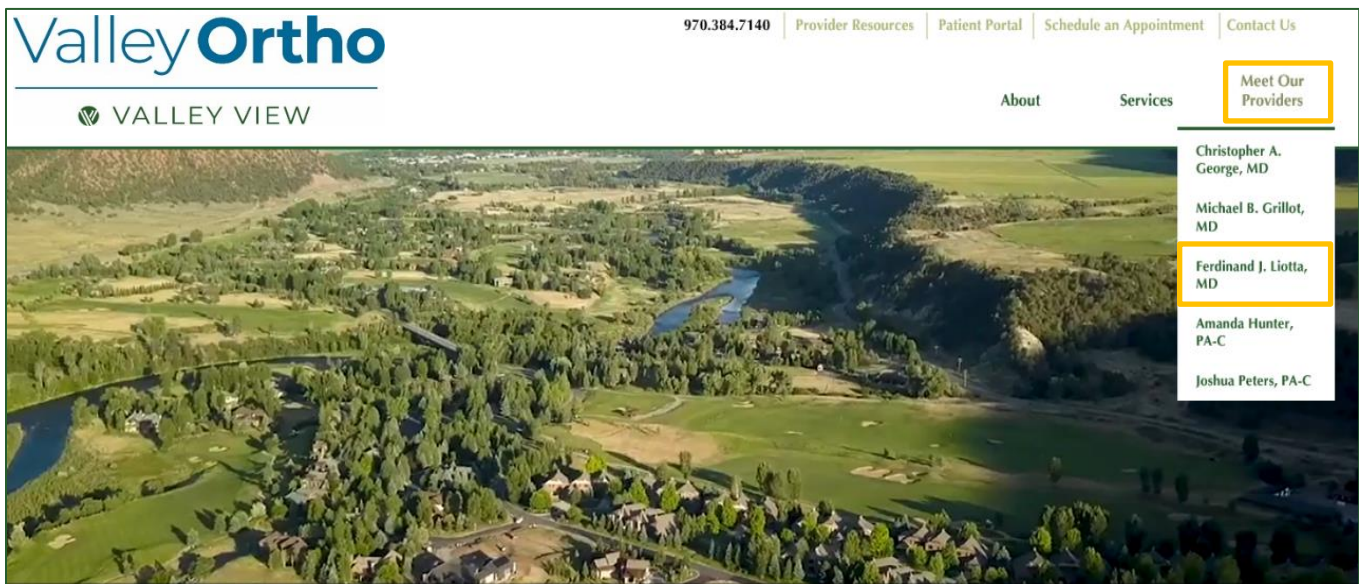


Benefits of the Portal

- Easily contact Dr. Liotta and his team using the **Portal Messaging Center**.
- Have access to your visit reports by clicking **“My Health”** on the left sided toolbar then click **“Care Summaries”**.

2. Access Your Patient Playbook on Our Website

Go to Vworthocare.org and select **Dr. Liotta's link**. The Patient Playbook can be found at the bottom of Dr. Liotta's page.



3. Schedule Your Therapy Appointments

- Schedule your first outpatient therapy appointment for 3-7 days after your surgery date.
 - You should schedule your therapy for twice a week for 6 weeks to start.
- Your insurance may restrict the amount of visits you can attend per injury. You and your therapist will determine the best visit schedule for you.
- We expect you to be attending therapy appointments in some fashion for 4-6 months.



4. Pain Education

Pain is an expected and necessary part of the healing process after a rotator cuff patch repair.

- It is normal to have pain when you wake from surgery.
 - It is also normal to feel an increase in pain 12-24 hours after surgery as the nerve block and stronger medications used for surgery wear off.
- This early increase in pain does not mean there has been any damage to the repair.
 - This is your nervous system becoming more efficient at sensing the healing that is taking place in your shoulder.
- Your nervous system will become less sensitive over time.
 - Participation in physical rehabilitation combined with appropriate rest and medication use will help with this process. Your therapist will guide you through the pain relieving strategies that will work best for you.

5. Fit for Ultrasling

Put your sling on **over your cooling device** following these steps:

- Detach the shoulder and waist strap buckles and open the front panel.
- Place the pillow wedge on your ribs of the affected side.
 - **Pro Tip:** For comfort after surgery, you may want to place the pillow and sling on a counter top first then gently place your arm into position.
 - Your arm can rest supported on the countertop as you connect the shoulder strap.
- Slide your arm into the sling, positioning the elbow as far back as possible in the sling, and bent to 90 degrees.
- Place the shoulder strap over your opposite shoulder. Connect the shoulder strap to the sling using the quick release buckles.
- Buckle the waist strap to the pillow and adjust the strap to fit.
- Secure the strap over the top of the sling. If the thumb strap is desired, attach strap at the front of your sling.



When to Wear Your Sling:

- **At All Times for 48 hours post operatively.**
 - You can only remove the sling to dress, shower, or do the elbow exercise as prescribed.
- After the first 48 hours you will only need to use the sling when you are in public and when you are sleeping for 4 weeks.

6. Understanding Your Surgical Nerve Block

Dr. Liotta uses an interscalene nerve block for long lasting pain relief after surgery.

- This nerve block allows for decreased opioid use for 48-72 hours after surgery.
- This nerve block gradually loses its effects so you know when to appropriately and gradually increase your pain medication use as you need.

On the day of surgery your anesthesiologist will give you their phone number in case you have questions or concerns about your block.

- You can write that number here as well: _____

7. Choose Your Cooling Device

A medical device representative will call you to discuss your options before your surgery. Below are your cooling options to help you heal after your surgery.

The NICE1



Best Choice

- Automatically cycles cold water.
- Programmable variable compression cycles.
- No ice required.
- Costs approximately \$325 for a 2 week rental.

Cryo Cuff



Good Choice

- Cycles cold water by manually raising and lowering cooler.
- Adds some compression when wrap fills.
- Need to exchange ice every 4-6 hours.
- No additional cost.

When to Wear Your Cooling Device:

- Use your cooling device consistently throughout the day and night for the first three days, then you may decrease to day use only for the next 2 weeks.
- Use either device as needed for pain and swelling control for up to 3 weeks.
- Remove it to straighten the elbow 3 times a day.



You're Trained. Now What?

Any surgery can be stressful, but you can rest assured knowing that our team will walk you through every step on your big day.

The rest of this Playbook will explain in detail your pre-surgical, surgical and recovery process from start to finish. Use this as a guide to effectively complete the Rotator Cuff Patch Repair Timeline on pages 7 and 8.

When you choose shoulder surgery with ValleyOrtho and Valley View Hospital, our team is committed to helping you achieve the best surgical outcome possible so you can return to the lifestyle you love.

Contact Us:

At each stage of your journey, before, during and after surgery, we're here to provide information and answer any questions you may have. Feel free to reach us quickly during business hours by messaging "Dr. Liotta" through your Valley View Hospital Patient Portal, or by phone at (970)384-7140. If something is urgent, even outside of business hours, an on call provider can answer your questions by calling 970-384-7140.

IMPORTANT NOTE:

If you happen to become ill within 2 weeks before your surgery, even with a simple cold, please contact us right away. We may need to reschedule your surgery until you are healthy again. Also, if you get a cut, scrape, rash, or sore on the arm scheduled for surgery, please let us know immediately. A skin break could require rescheduling your surgery, due to a small increased risk of infection.

PREPARING FOR YOUR SURGERY

Give yourself a head-start on healing by following these more detailed pre-surgical preparation tips from Dr. Liotta.

Prepare Your Body

- Continue (or develop) the healthy habits needed to support your healing. Eat healthy foods like fruits, vegetables, lean meats and whole grains. Increase the amount of water you are drinking daily and get plenty of rest.
- Reduce or stop all smoking, tobacco, and alcohol use.
- Exercise as much as your body can tolerate to maintain your muscle strength.

Learn to Carry Out Daily Tasks Using One Hand

- You will temporarily only be able to use one arm after surgery, so it's important to practice activities to function in your home environment with just your non-surgical arm.
- Before surgery, practice your daily routine using only the non-surgical arm so you can find ways to deal with potential challenges.
- Transfer in/out of a chair and on/off of the toilet with just the non-surgical arm. If this is difficult, consider using a raised toilet seat or bedside commode and elevating the other seats in your home.
- Transfer in and out of the shower without using the surgical arm.
- Engage in activities such as grooming, bathing and going to the bathroom using only your non-surgical arm.

Prepare Your Home for a Smooth Transition

Make these changes to improve the convenience and safety of your home environment ahead of time.

- Place frequently used kitchen items in easily accessible places, such as a countertop or on the lowest shelf in an overhead cabinet.
- If you will be returning home alone, establish a rotating support system that involves more than one person to help you with everyday needs.
- Plan for someone to drive you to your physical therapy appointments, the store, and other important destinations for the first 3-6 weeks at least.
- Create a clear path to the entrance of your home.
- Consider sleeping in a recliner, as this is oftentimes more comfortable than your bed after surgery.
- Consider arranging for a friend, or kennel, to care for your pets for the first few weeks after you return home; they could cause you to fall and injure your repaired shoulder.





Pre-arrange Your Finances to Reduce Stress

Our Patient Financial Services staff is happy to help all of our patients with their billing questions. If you have questions about billing, insurance, financial assistance or charges for healthcare services, please contact Patient Financial Services at (970)384-6890.

Pack for Your Hospital Visit

To stay comfortable during your hospital visit, we suggest you bring:

- Your Rotator Cuff Patch Repair Playbook.
- A loose-fitting shirt that buttons up and is larger than the size you normally wear to fit easily over your shoulder bandages and sling.
- Eye-glasses instead of contacts.
- Driver's license or photo ID, Insurance card/Medicare Card.
- Copy of your Advanced Health Care Directives.
- Cash or credit card to pay for discharge medications.
- A list of your daily medications, vitamins and herbal supplements, including the dosage and frequency, plus a list of medications you stopped taking in preparation for surgery.
 - Your own medication will be used **only** when the hospital pharmacy does not stock your specific medication and interruption in the use of that medication would compromise your care. Speak with Dr. Liotta if you feel your medications may fit these criteria.
- Your cell phone/charger, books, magazines or other portable hobbies.
- **DO NOT** wear or bring any jewelry or any other valuables.
This includes removing wedding bands and all piercings.



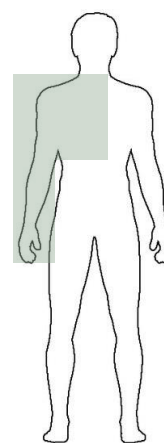
Prep Your Skin to Discourage Bacteria

Preparing your skin before surgery can reduce the risk of infection at the surgical site by reducing bacteria on the skin. You will receive a sponge with anti-bacterial soap from our clinic at your pre-operative appointment.

Please use the prescribed sponge to wash carefully before your surgery, following the steps below:

If you test positive for any additional skin bacteria you will be notified by ValleyOrtho and you will be instructed in additional skin and/or bacterial preparations to get you ready.

1. Wet your entire body with warm, **NOT** hot, water.
2. Wash hair with normal shampoo/conditioner. Wash your face and body with your normal soap, then rinse.
3. Wet the sponge provided then turn off the water.
4. Use the sponge side only and clean starting from the surgical shoulder working outward to include your chest, neck and back. Be sure to scrub your surgical armpit with the sponge last. Avoid contact with your eyes, ears, mouth and directly on genitals. This process should take 3 minutes to clean.
5. Wait 2 minutes after this application.
6. Turn the water back on and rinse off all of the soap from your body with **warm** water.
7. Dry with a clean towel and wear clean clothes to bed with fresh clean sheets.



For best results, follow these additional instructions:

- Remove any finger nail polish.
- **DO NOT** let the prescribed cleanser get into your eyes, ears, mouth or genitals.
- **DO NOT** use moisturizers, lotions or oils on the skin after beginning the cleansing regimen we provide.
- If you have persistent redness or itching, rinse the affected area, discontinue use of the wash, and call our office at (970)384-7140.
- If you swallow the wash, call Poison Control right away: 800-222-1222.

SPECIAL NOTE ABOUT SHAVING:

We ask that you **DO NOT** shave your surgical arm or armpit **for seven days** prior to surgery. Dr. Liotta will inspect your shoulder the morning of your surgery and will carefully shave the area at that time. If there are any breaks in your skin, your surgery may need to be rescheduled due to a risk of infection.



SURGERY INSTRUCTIONS SHEET

The Day Surgery staff will call you the day before your surgery with instructions. Complete this worksheet during that phone call.

Patient calls begin at 2pm one business day before the scheduled surgery date. This means Monday's surgical patients are called on the Friday before. You may contact the day surgery staff at 970-384-7166 if you have not received your instructions before 5pm one business day before your surgery date.

Fill in Your Personal Instructions Below:

Date of Surgery: _____

Check-in Time: _____

If you are late it may affect your surgery time, or result in rescheduling your surgery.

Surgery Time: _____

Eating Allowed Until: _____

Do not eat any food after midnight before your operation unless otherwise instructed.

Approved Clear Liquids Allowed Until: _____

Do not drink anything after midnight before your operation unless otherwise instructed.

Approved Clear Liquids Include: Water, Sports Drinks, Sodas, and Strictly Black Coffee (**DO NOT add milk/cream/sugar/honey**).

Any Additional Eating and Drinking Instructions: _____

Medication Instructions: _____

Medications You are Told to **STOP** Taking Below:

FREQUENTLY ASKED QUESTIONS

Put Your Mind at Ease by Getting Answers

In preparation for rotator cuff patch repair, you probably have a lot of questions. We'll strive to answer every one of them to your satisfaction, including the ones below.

Q. Can I work out after my surgery?

Yes! Unless Dr. Liotta has restricted you from specific exercises, we encourage daily fitness according to the American College of Sports Medicine (ACSM) daily exercise guidelines (www.acsm.org). Your exercise program should be modified to exclude your surgical shoulder and you are limited to 15 pounds on your non-surgical arm. If you are in a sling, continue to wear it when you exercise. Avoid jarring activities that will move your arm in the sling.

Q. How long until I can drive?

You must not drive while taking your narcotics. You must wear your sling while in a car. You are considered an impaired driver when you are off of the narcotics but still in your sling. This is because you only have one arm available when you are used to having two available.

Q. Can I take off the steri-strips if they are coming off?

We encourage you to allow them to fall off. However, if they are "hanging on by a thread," you can gently pull them off.

Q. When can I Shower? Can I swim / submerge the area?

Shower as soon as you feel able after returning home. The dressings are water resistant so they can get wet, but do not allow the shower to hit the incisions directly and do not submerge the incisions in water. Always use a clean wash cloth and do not scrub the incisions directly. Pat the incisions dry thoroughly after your shower. We want the incisions to be fully healed and free from scabs, which takes 14 days on average, before you submerge. Please clear this activity with your therapist or doctor before you submerge the incision.

Q. Will I be in pain after surgery?

You will likely be in some form of discomfort after surgery. This is normal. It is your body telling you to slow down to allow for proper healing of your repair. Our team will work you through this process, keeping your comfort in mind with everything that we do.

Q. When will I be able to get back to work?

We recommend that you take at least 1 week off from desk work. If your job is labor intensive, plan to take closer to 16 weeks off before returning to light duty.



Q. How often will I see Dr. Liotta following the surgery?

Your first postoperative office visit will be scheduled for 7-10 days after surgery, then 4-6 weeks after that first follow up appointment. After that, plan for appointments at one-month intervals. Your physical therapist will communicate with Dr. Liotta and his team regarding your progress.

Q. Do you recommend any long-term restrictions following this surgery?

Be sure to follow all post-operative instructions and you should enjoy full range of motion and full return to activity once you heal. It is important to continue your home strengthening program for at least 1 year after your repair to get back to your pre-injury strength level.

Q. How long should I expect my repair to last?

Your rotator cuff patch repair should get to a comparable level of strength to your other shoulder. When you regain your strength and motion you will be at little to no increased risk for future injury than your non operative side is.

Q. How long will my recovery take?

With regular physical therapy, range of motion should be nearly restored within 12-14 weeks. With rotator cuff exercises beginning 10 weeks after surgery, your strength and function of your shoulder should dramatically improve after 4 months. At 6 months to 1 year, you can expect to achieve a full recovery.

Q. How long will I be working with a therapist?

It is beneficial to work closely with a therapist throughout your recovery process, which typically lasts 4-6 months. They will move your arm exclusively for the first 6 weeks then progress you to exercises that you will perform to regain motion and strength in your repaired shoulder.

Q. How long do I need to wait before having dental procedures?

It is possible, in some situations, for bacteria from the mouth, teeth or gums to travel through the bloodstream and settle near a surgical repair. In an attempt to prevent this occurrence representatives from the American Dental Association and the American Academy of Orthopedic Surgeons developed these guidelines:

- Refrain from any dental work two weeks prior to surgery.
- Refrain from dental work one month after surgery.

YOUR SURGERY & HOSPITAL CARE

The Day of Surgery Game Plan

- The Valley View Valet is a free service. The Calaway-Young Cancer Center valet is open from 7:30AM to 5PM.
- You will stop at one of the hospital's registration desks 2 hours before your surgery time. From there, you'll be directed to the Day Surgery Department.
 - Registration at the Emergency Department entrance is always open.
 - Upper registration on the 2nd floor next to the Pharmacy is open from 7AM-3:30PM Monday-Thursday and from 8AM-2:30PM on Fridays.
- In the Day Surgery Department, our nursing staff will begin preparing you for surgery by starting an IV and ensuring that you're comfortable.
- Dr. Liotta will come and answer any additional questions you may have and mark the shoulder you are having repaired with a surgical marker.
- An anesthesiologist will meet with you to talk about general anesthesia and the nerve block you will receive for comfort.
- A nurse will take you into the operating room on a portable bed.
- Following surgery you will spend about an hour in the post anesthesia care unit (PACU) while your vitals normalize and your pain is controlled. You will be put into your sling with your cooling device. Your family and friends will not be allowed to visit the PACU.
- You will then return to the Day Surgery Department to rest and see your family and friends.

Your Recovery in the Day Surgery Department

The duration of your hospital stay will be based on your vitals, progress, and safety. Most patients are discharged approximately 6 hours after their surgery.

- Your day surgery nurse and patient care technician (PCT) will be your advocates and care coordinators. Your nurse will be wearing Caribbean blue, and your tech will be in maroon.
- A nurse will assist you with getting in and out of bed and into the bathroom. Do not try to get out of bed by yourself. They will monitor pain and dizziness, and keep you safe.
- A physical therapist will instruct you in your post-operative precautions, sling and cooling device, safe functional activities, and home exercise routine.
- You will be weaned off the IV pain medication and switched to an oral pain medication. You will experience some pain. The goal is to reduce your pain enough for you to rest without unwanted side effects.
- An IV will continue to deliver fluids into your system until you are eating and drinking well. Your nurse will help progress your diet after surgery. You will be transitioned back into real food, starting with ice chips and then on to more solid foods.
- Your nurse will issue your prescriptions and explain your discharge instructions.



AT HOME AFTER YOUR SURGERY

Monitor Your Healing

Healing after a rotator cuff patch repair can be uncomfortable but you need to know what signs of healing need immediate professional attention. An on call provider is ready to help you at all times. **Immediately call 970-384-7140 if you experience any of the following:**



- A fever over 101.5 degrees.
- An increase in bleeding from the surgical site.
- Worsening pain that is not controlled by medication or position changes.
- Worsening nausea or vomiting.
- Increased swelling that is not controlled by cold therapy or position changes.
- Increased redness around your incisions and/or cloudy fluid draining from the incision.
- Or if you get the feeling that something is just not right.
- **Call 911 with** Shortness of breath and/or chest pain symptoms.

If you have questions about upcoming appointments or medications, please message “Dr. Liotta” through your Valley View Hospital Patient Portal for the timeliest response. Refer to page 12.

Cold Therapy for Pain and Swelling

- Wear your cooling device underneath your sling.
- Use your cooling device continuously throughout the day and night for the first three days. Then you may decrease to day use only for the next 2 weeks.
- Apply your chosen cold therapy over a thin layer of clothing. Cycle the cold therapy 20 minutes on, then 20 minutes off.
- Remove it when doing your prescribed exercising or showering.
- When using the Cryo Cuff or NICE1:
 - Always apply and remove the device from your shoulder **only** when the wrap is empty and the hose is unattached.
 - Check the Cryo Cuff every 2-3 hours that there is still ice in the unit so that your treatments are effective.
 - Set the compression settings on the NICE1 to continuous or intermittent based on your preference. If it is too uncomfortable you do not need to use the compression settings.



Cryo Cuff



The NICE1

Let Our Pros Help You Tackle New Challenges

Your outpatient therapist will help problem solve and address any challenges you may experience at home. Below are some tips to make life a little easier to start.

- **Dressing:** Clothes that open in the front, non-tie shoes and elastic-waist pants are the best options for ease. To dress the upper body lean forward, allowing the surgical arm to hang toward the floor while sliding the sleeve on and off.
- **Toileting:** You can only use your non-surgical arm for cleaning yourself after using the toilet for the first couple weeks.
- **Household chores:** Your surgical arm cannot help, hold or participate in any way for the first couple weeks.
- **Showering:** Shower as soon as you want after returning home. The dressings are water resistant so they can get wet, just don't submerge them in water. Thoroughly pat them dry after your shower. Wash your underarm with a washcloth by leaning forward, allowing the surgical arm to hang toward the floor (so long as it does not increase your pain level) to access your armpit with the other hand.
- **Transportation:** Plan for someone to drive you to your appointments. You must not drive while taking your narcotics. You must wear your sling while in a car. You are considered an impaired driver when you are off of the narcotics but still in your sling. This is because you only have one arm available when you are used to having two available.
- **Sleeping:** You are to wear the sling at night while you sleep. For enhanced comfort we suggest sleeping in a semi-upright position in a recliner, or utilizing a wedge pillow in your bed. Keep your pain medication nearby as you may need it during the night.
- **Pain:** Everyone has some pain after shoulder surgery, and you will be given prescriptions for pain medication to take home. **DO NOT** take ibuprofen (Advil®, Motrin®) or naproxen (Aleve®) unless explicitly directed by Dr. Liotta. Take your prescription medications as directed. The cooling system is also very helpful in reducing your pain in the first few days after surgery.



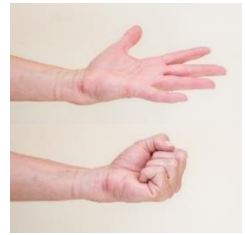


Keep Your Recovery Moving with These Home Exercises

Call and speak with your surgical team, or therapist, if you begin to feel pain in the hand or elbow during these exercises.

Swelling Control:

- 1. Hand Motion:** while in or out of the sling: Gently make a fist, then fully open your hand. Repeat 1000 times during the day.
- 2. Elbow Motion:** while out of the sling: With your arm relaxed at your side, bend your elbow, and then straighten it. Repeat 10 times, 3 times a day.



1



2

Shoulder Motions: Repeat 10 times, at least 3 times a day.

- 3. Active Motion:** Begin on day 3: move your hand in front of your body between your face and groin. Be sure to only move the surgical arm within this range in front of your body.



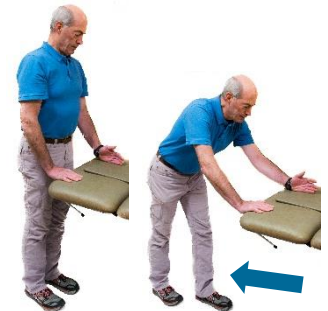
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- 4. Scapular Retractions:** In sitting or standing, gently squeeze your shoulder blades together behind your back. Be sure to not bring your elbow behind the midline of your body when you do this. Hold for 5 seconds each time.



4

- 5. "Table Walk Away's":** Set your hand with your thumb pointed up on a table/counter top. Support your body weight with your non-surgical hand on the table. Then slowly walk away from the table with the arm straight in front of you, without any shoulder pain.



5

- 6. Wall Assisted Rotation:** Stand in a doorway with your elbow bent and wrist against the doorframe. Gently turn your body to bring your hand towards the outside of your body until a gentle stretch is felt. Hold for 10 seconds then turn back to the starting position.



6

NOTE: Your outpatient therapist will progress your exercise program as you heal. These are just the beginning!

Manage Your Postoperative Pain

Your goal is to be completely transitioned from opioids to your preferred over-the-counter pain medications 2 - 4 weeks after surgery. Keep in mind that the goal of taking pain medication is not to be pain free after a major orthopedic surgery, but to be comfortable enough to get some sleep and participate in your physical therapy program. **IMPORTANT NOTE:** Please plan ahead as we need 24 hours to properly process any medication refill request and we do not refill medications over the weekend.

- **How to Wean Off of Narcotics:**

- **Step 1:** Increase the amount of time between doses.
 - Example: Take a dose every 5-6 hours for 1-2 days. Then take a dose every 7-8 hours for 1-2 days.
- **Step 2:** Start to reduce the dose amount.
 - Example: Decrease from 2 pills to 1 pill at each dose for 1-2 days.
- **Step 3:** Start to transition to Tylenol
 - Example: Replace a dose of narcotics during the day with a dose of Tylenol for 1-2 days. Monitor for adequate pain relief.
 - Continue to replace narcotic doses with Tylenol until you are completely off of the prescription pain medication.



- Cold therapy is also very helpful in reducing your pain in the first few weeks after surgery. Refer to pages 11 and 20 for details.

Address Any Postoperative Constipation

Constipation is one of the most common postoperative complaints, as it's a common side effect from anesthesia and narcotic pain medications. Constipation is defined as infrequent bowel movements, fewer than three a week, and is associated with the following symptoms:

- Difficulty passing stool or incomplete bowel movements
- Bloating or swollen abdomen
- Hard or rock-like stool

Keep your bowels regular by continuing your pre-surgical laxative protocol when you come home.

- Take MiraLAX twice daily: one dose (17 grams) in the morning and again in the evening, each with an 8 oz. beverage of choice, especially while you are still taking narcotic pain medications.
- Introduce foods rich in fiber (36g/day).
- Increase daily water intake: drink at least 8 cups.
- Include fresh/dried fruits vegetables, whole wheat/oat bran, prune juice and/or oatmeal.



YOUR RECOVERY PROCESS

Steps to Get Back in the Game

The ultimate goal of your rotator cuff patch repair is to get you back to your work, functional activities and hobbies. Participation in your rehabilitation program is essential for a successful surgical outcome. The surgery is only a small part of your journey. Working hard to regain motion and strength in your repaired shoulder is the key to returning to your pre-injury activities.

Do not let anyone tell you that the rehabilitation portion of your recovery is easy. It will take hard work and dedication. We are here to guide your recovery towards the best possible outcome.

Follow These Precautions Until Week 3:

Protecting your healing repair in the early phase is critical for your long term success.

- **DO NOT** lean on your surgical arm when pushing up from sitting or lying.
- **DO NOT** hold anything in your hand on the surgical arm's side > 1 pound.
- **DO NOT** push or pull anything with your surgical arm.
- **DO NOT** stabilize objects with your hand on the surgical arm's side during household activities.
- Use your sling **At All Times** when in public.
- When upright or lying down, do not allow your elbow to move backwards past your ribs. Place a pillow under your arm when lying down to prevent this from happening.

EXPECTED PHASES OF RECOVERY

Phase I: Weeks 1 to 3 — Protection, Healing, & Motion

- Your surgical shoulder is likely to be painful and sore during this phase. This is normal and expected.
- You will sleep in your sling, and likely seated in a recliner, during this phase for comfort.
- You should not try to move your surgical hand behind your back in this phase.
- You will be performing exercises to help your shoulder move in a slow and assisted way. We expect this motion to improve steadily during therapy.
- Hands on therapy as well as controlled stabilization activities will help to increase your motion and decrease your pain and inflammation.
- A walking cardiovascular exercise program will optimize your results.

Phase II: Weeks 3 to 6 — Motion & Gentle Strengthening

- We do not expect you to have normal motion or use of your surgical shoulder for all household activities in this phase. You should be able to perform light activities below your shoulder level.
- Even though discomfort may still be present, we expect you to stop narcotic pain medication use at this time.
- Prescribed exercises in this phase are primarily to help restore your shoulder motion. You will also start some light resistance exercises with your therapist.
- You will begin to move your arm behind your back slowly in this phase.

Phase III: Weeks 6 to 12 — Intermediate Strengthening

- We expect that you will have muscle soreness that does not require pain medication as you work to improve the strength and motion of your surgical shoulder.
- You will slowly begin exercises at and above shoulder level as you are near normal motion amounts.
- We expect you to be approaching 75% strength in your shoulder at the end of this phase.

Phase IV: Weeks 12+ — Continued Strengthening & Implementation of a Final Home Exercise Program

- We expect that you will have minimal to no discomfort at this time when you are at rest.
- You will not have full strength of your surgical shoulder at this time, but you will be working with your therapist to build a program to meet your goals.
- You will be able to return to more activities but are still cautioned into activities where you could fall onto your repaired shoulder.
- You will be able to return to full-duty work and engage in some recreational activities, as long as you exclude repetitive, forceful, or overhead tasks 16-20 weeks after surgery.
 - If you have a specific activity you are worried about returning to, Dr. Liotta will be able to give you the best recommendation.





Set Up and Keep Your Follow-Up Visits with ValleyOrtho

Dr. Liotta and your outpatient therapist will be in constant communication regarding your progress. It is important to attend your ongoing care appointments to be certain that your rotator cuff patch repair is progressing properly. By conducting regular physical exams and reviewing your program, Dr. Liotta can identify any problems that may be developing even before you start to feel physical symptoms.

Scheduled follow-up appointments will be at these intervals:

Post-Surgery

- 7-10 days after surgery date.
- 4-6 weeks after surgery date.
- Monthly follow ups until discharge after second follow up appointment.

At ValleyOrtho, we appreciate your confidence, and we will do our best to keep earning it.

We are honored that you have chosen ValleyOrtho to help you regain your freedom of motion. And we will be the first to wish you happy hiking, biking, skiing, climbing, gardening, and fishing with your repaired shoulder. In short, we would like nothing more than to help you get off the bench and back onto the playing field of your life.

ThankYOU!

