DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

# Rotator Cuff Repair Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

**Dr. Kaisen Yao, MD**

## Welcome

This booklet covers what to expect before, during, and after rotator cuff repair surgery, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

## Meet Your Surgeon



**Dr. Kaisen Yao, MD**
Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

**He sees patients at the following locations:**

**Lenox Hill Hospital**
130 E 77th Street, 7th Floor
New York, NY

**Astor Place**
740 Broadway, Suite 604
New York, NY

**Downtown Brooklyn**
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

## Anatomy of the Shoulder & Rotator Cuff

The shoulder is a ball-and-socket joint formed where the top of the upper arm bone (humerus) meets the shoulder blade (scapula). It has the greatest range of motion of any joint in the body, which also makes it more reliant on surrounding muscles and tendons for stability.

The rotator cuff is a group of four muscles and their tendons (supraspinatus, infraspinatus, teres minor, and subscapularis) that wrap around the shoulder joint. Together, they hold the humeral head centered in the socket and power rotation and lifting of the arm.

A rotator cuff tear happens when one or more of these tendons pulls away from the bone, either from a single injury (a fall or sudden pull) or from gradual wear over time. Tears range from small and partial to large and complete, and the size and pattern of the tear is the biggest factor in how surgery and recovery are approached.

## Rotator Cuff Repair Surgery

Rotator cuff repair is typically performed arthroscopically (through several small portal incisions using a camera) as an outpatient surgery. The torn tendon is reattached to its footprint on the humerus using suture anchors. Depending on the tear, Dr. Yao may also address other structures found at the time of surgery, such as the biceps tendon, labrum, or bursa.

## Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection, poor tendon healing, and retear. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. You will be notified of your arrival time the day before surgery.

3. Wear loose-fitting, front-buttoning or zip-up clothing on the day of surgery — you will leave in a shoulder sling and won't be able to raise the operative arm over your head.

4. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

5. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

6. Your first postoperative visit is usually scheduled 8–14 days after surgery. Starting physical therapy within the first 1–2 weeks is important, though early therapy is gentle and mostly passive to protect the repair.

7. Please schedule your first postoperative physical therapy visit **before** the day of surgery. Many clinics have a 1–3 week wait for new appointments, so book as soon as your surgery date is confirmed. Let our office know if you are having trouble getting scheduled.

8. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

9. Set up your recovery space ahead of time: many patients are more comfortable sleeping in a recliner or propped up on pillows for the first 1–2 weeks, and it helps to have loose-fitting shirts and help available for tasks that need two hands.

## Sling Instructions

You will wear a shoulder sling (sometimes with an abduction pillow between your arm and body, depending on the repair) to protect the tendon while it heals. Make sure the sling fits comfortably before surgery so you're ready to use it right away.

- Wear the sling at all times except when showering or doing the specific exercises your physical therapist or Dr. Yao instructs.
- Keep your elbow supported and close to your body; avoid letting the arm hang unsupported.
- Loosen the sling straps if you notice numbness or tingling in the hand, and contact our office if it does not improve.
- Remove rings or tight jewelry from the operative hand before surgery, and keep them off until swelling has fully resolved (this can take 1–2 weeks after surgery).
- Practice putting the sling on and taking it off before surgery if possible.

## Day of Surgery

**What to expect:** This is an outpatient procedure — you'll go home the same day. Plan to arrive about 2 hours before your scheduled surgery time and to be discharged 1–2 hours after the procedure ends.

**Anesthesia & nerve block:** Most patients receive general anesthesia (you'll be asleep) along with a regional nerve block (often called an interscalene block) for pain control. The anesthesiologist uses ultrasound guidance to inject numbing medication around the nerves in the neck/shoulder area. The block typically numbs and weakens the entire arm for 8–24 hours, though this varies by patient — your arm may feel completely asleep and heavy, which is expected. Keep the arm in the sling and protected until normal sensation and strength return. Your anesthesiologist will review the details with you the morning of surgery.

Benefits of a nerve block include:

- Better pain control in the first day after surgery
- Lower risk of nausea, vomiting, and grogginess from general anesthesia
- Earlier ability to eat and drink after surgery
- Faster, smoother discharge from the surgery center

## Postoperative Instructions: Sling Use & Arm Precautions

You'll wake up with your arm in a sling. The exact precautions depend on the size and pattern of the tear repaired — Dr. Yao will review your specific restrictions before you leave the surgery center. In general, for the first several weeks:

- Do not actively lift, reach, push, or pull with the operative arm.
- Do not lift anything heavier than a cup of coffee with that arm.
- Do not raise the arm on your own, even to a small degree, outside of the passive exercises you are shown.
- You may take the arm out of the sling for gentle elbow/wrist/hand exercises and hygiene, then return it to the sling.

The sling is typically worn full-time for 4 to 6 weeks, unless Dr. Yao gives you different instructions based on your specific repair.

## Resting & Sleeping

Many patients find it more comfortable to sleep semi-upright — in a recliner or propped up on several pillows — for the first 1–2 weeks, with the arm supported in the sling and a small pillow under the elbow. This position often reduces pulling and throbbing compared to lying flat.

## Bandages, Dressing & Bathing

A dressing covers the small arthroscopic portal incisions around your shoulder. Keep it clean and dry until your follow-up visit. You may shower, keeping the dressing covered and dry with a waterproof cover or plastic wrap, and avoid direct water spray or soaking the shoulder. Sponge bathing is a good alternative if you'd rather not risk getting the dressing wet.

If the dressing loosens, becomes soaked, or falls off, re-cover it with clean gauze and contact our office so we can see you sooner if needed.

# Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

## What's Normal During Recovery

**Constipation.** Pain medication and anesthesia commonly slow the bowels. Stay ahead of it by walking, drinking plenty of water, eating fiber, and using a stool softener as directed.

**Swelling.** It is normal for the hand and wrist to swell after this surgery, and this can take 1–2 weeks to resolve. Do **not** wear rings or other tight jewelry on the operative arm until the swelling has fully resolved. Gently move your fingers, wrist, and elbow (as allowed) throughout the day, and keep the hand elevated above elbow level when resting to help the swelling go down.

**Bruising.** Bruising can appear around the shoulder and track down the upper arm, typically 3–7 days after surgery, and will fade over time.

**Low-grade fever.** A mild fever (under 101°F) in the first couple of days is common. A higher or persistent fever, or worsening pain at the incision, should be reported to our office.

**Numbness or weakness after the block wears off.** Most sensation and strength return within 24 hours. If numbness, tingling, or weakness persists well beyond that, or you notice increasing calf/leg swelling, shortness of breath, or chest pain, seek prompt medical evaluation.

## When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F

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| **Practice number** | 718-208-1440 |
| **After hours / weekends** | 718-208-1440 |
| **Patient portal** | Epic MyChart |
| **Emergencies** | Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital |

**Greenwich Village Hospital** (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
**Lenox Hill Hospital** — 100 East 77th Street, New York, NY 10075

## Exercises — Starting Day 1 After Surgery

Your shoulder itself needs to stay protected in the sling and should not be actively moved yet. The exercises below are gentle, low-risk movements for the parts of the arm *not* being repaired — they help circulation and prevent stiffness while the tendon heals. Do not attempt any active shoulder motion, lifting, or reaching until your physical therapist or Dr. Yao clears you to progress.

**Pendulum swings.** Lean forward slightly, supporting yourself on a table or chair with your unaffected hand, and let the operative arm hang freely out of the sling. Gently sway your body to let the arm swing in small circles and side-to-side — let gravity do the work, don't use your shoulder muscles. 1–2 minutes, a few times a day, only if/when Dr. Yao says it's okay to begin.

**Hand grip pumps.** With the arm still in the sling, make a gentle fist and release, 15–20 times. Helps circulation and reduces hand swelling.

**Wrist circles and bends.** Gently bend your wrist up and down, and rotate it in slow circles, 10 times each direction. 2–3 sets.

**Elbow bend and straighten.** With the arm supported and out of the sling, slowly bend and straighten your elbow through a comfortable range, without using the shoulder to help. 10–15 reps, 2 sets.

**Finger stretches.** Spread your fingers wide, then make a fist, several times throughout the day — especially helpful if your hand feels swollen or stiff from the sling.

# Frequently Asked Questions

### What if my dressing gets wet?

Call our office if it becomes saturated so we can bring you in for a change. A small damp spot can often be dried carefully with a hair dryer on the cool setting.

### Do I sleep in the sling?

Yes, in most cases, until you're told otherwise at a follow-up visit. Many patients find it more comfortable to sleep semi-upright with the arm supported.

### How much can I move my shoulder?

None on your own at first. Motion is introduced gradually and specifically by your physical therapist — usually passive motion only for the first several weeks, unless Dr. Yao gives you different instructions.

### How much pain should I expect?

Rotator cuff repair is not pain-free, and the first few nights are often the most uncomfortable. Expect meaningful discomfort for the first 1–2 weeks, improving steadily with ice, medication, and proper positioning.

### Can I take the sling off?

You may remove it for hygiene and the specific exercises you're shown, with the arm supported. It should stay on for walking around, sleeping, and any time the arm isn't actively being exercised.

### How long will I need the sling?

Typically 4 to 6 weeks, unless Dr. Yao gives you different instructions based on the size and pattern of the tear repaired.

### When can I drive?

Generally once you are out of the sling, off narcotic pain medication, and have enough motion and strength to control the wheel safely — often not before 3 months. Practice in a safe, empty area first.

### When can I return to work?

Desk jobs where the arm can stay in the sling: often within 1–2 weeks. Jobs requiring use of the arm, lifting, or overhead work: typically several months, depending on tear size and job demands. We'll tailor this to your role.

### When can I return to sports?

Overhead and throwing sports generally take longer to clear than other sports — often 6–9 months, depending on tear size and repair. You'll need to pass strength and motion testing with physical therapy before clearance.

### How long will I need physical therapy?

Typically 4–6 months, starting gentle and passive and progressing to strengthening as the repair heals.

### Can I get a disability/FMLA note?

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

## Rehabilitation Overview

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| **0–6 weeks** | Sling worn full-time except for hygiene and the passive/pendulum exercises shown by your physical therapist. No active lifting, reaching, or shoulder motion. |
| **6–12 weeks** | Sling is typically discontinued (timing depends on tear size) and therapy progresses from passive to active-assisted, then active range of motion. |
| **3–4 months** | Begin gentle strengthening as motion and healing allow. |
| **4–6 months** | Continue strengthening; progress toward more functional and sport-specific movement for overhead activities. |
| **6–9+ months** | Return to overhead sports/activity, contingent on passing strength and motion-based testing — not on time alone. Larger or more complex repairs may take longer. |

This is a general framework — your pace may differ significantly based on tear size, tendon quality, and any combined procedures. Your physical therapist and Dr. Yao will adjust this timeline together with you.

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