GENERAL INFORMATION

The surgeries, unless otherwise specified are **day procedures**. That is to say, you arrive at the hospital early in the morning and stay until late afternoon but do not stay overnight. The pain scale used below uses 0 on 10 to denote no pain and 10 on 10 to denote maximal pain.

PHYSIOTHERAPY

Every operation has a set of instructions that describe what exercises **the patient must do daily at home for the first 6 months.** Professional physiotherapy is recommended as an adjunct especially for those with no experience with the operation in question. Organized physiotherapy can start at 3 weeks post operatively. While there is no real maximum frequency of treatments, we rarely feel that more than 3 treatments a week is necessary and **we recommend that the patient goes at least once a month for 6 months to have a professional monitor your progress, guide you and spot problems**.

ROTATOR CUFF REPAIR

Dr Grondin will see you between 2 to 21 days after the operation, at 4-5 months post operatively, and at 6-8 months to guide your rehabilitation.

PAIN RELIEF TIME SCALE

It is normal to have more pain than before the intervention, in the first month after the operation. The pain should be well controlled by ice and medication and should be gradually diminishing in intensity. Typically, the pain at the second month mark is still slightly worse than before the intervention. After the third month, it is slightly better and finally **after four months (and not prior) it is usually noticeably better**. For some, this significant pain improvement occurs earlier, while for others it occurs later. Most of the improvement occurs in the first 4 to 8 months post operatively but patients continue to improve for up to 2 years.

CAPSULITIS

It is not normal to have 2 or more times as much pain as before the operation at the 2 month mark. If this is the case, and the pain is worsening with time, you should contact your family physician or Dr. Grondin to be seen before the 4 to 5 month mark as you may be experiencing a capsulitis. Capsulitis is an inflammation of the shoulder lining or capsule. It is not dangerous but can be quite painful. It is very well treated with an anti-inflammatory medication especially when injected into the shoulder under x-ray or echo guidance.

RETURN TO WORK

When one returns to work is highly variable and depends on the type of work, how flexible it is, how easy getting to work is, and weather you were able to work before the operation.
Typically:
Those that do desk jobs and were working prior to the operation return at 2-4 months.
Those that do desk jobs and were not working prior to the operation return at 4-6 months.
Those that have a physical job and were working prior to the operation can return at 4-6 months.
Those that have a physical job and were not working prior to the operation return at 6 months.

RETURN TO WORK WITHOUT RESTRICTIONS

Returning to work without any restrictions is often not possible despite the shoulder feeling much better. In patients with a CSST claim, less than half can return to work without restrictions, while non CSST patients return to regular work more often. Typically shoulder restrictions that allow the worker to

work are avoiding repetitive shoulder motion, avoiding working overhead and avoiding carrying objects that are heavier than 10 to 20 lbs.

RESULTS

After 4 to 8 months, pain that prevents sleep, pain at rest and pain with light activities generally disappears. Pain with prolonged physical activities usually persists albeit at a much lower intensity than before the intervention. If the pain was an 8 on 10 prior to the operation, it typically falls to a 2 on 10 and not zero on ten. Pain is often multi-factorial and subjective so results can vary from one individual to another. Good results are not obtained by all. **In a typical population with an 8 on 10 pain level prior to the intervention, 75% will feel more or less 75% better. 10% will feel a little better, 14% will feel slightly worse, and 1% will feel worse.**[1] 1: Gartsman J Bone Joint Surg Am. 1998 Jun;80(6):832-40

ACROMIOPLASTY, BURSITIS, AND TENDINITIS SURGERY

The post operative recovery mirrors that of the rotator cuff surgery. The main difference is that, given no tissue is repaired; there is no need to avoid active range of motion (AROM) for six weeks and no need to immobilize the shoulder for six weeks. Patients under 40 years old are usually not good operative candidates and only CSST patients with very typical clinical and radiological exams fare well.

ACROMIOCLAVICULAR (AC) EXCISION AND CALCIFIC TENDINITIS SURGERY

The post operative recovery mirrors that of the rotator cuff surgery. The main difference is that, given no tissue is repaired; there is no need to avoid active range of motion (AROM) for six weeks and no need to immobilize the shoulder for six weeks. Patients under 40 and CSST patients also do well.

SUPERIOR LABRAL TEAR (SLAP) REPAIR

Only a select group of patients with a SLAP tears fare well with operative fixation. Patients under 40 years old, patients with associated instability (i.e. have dislocated their shoulders in the past), and those with paralabral cysts do well with surgery. The other SLAP tears patients rarely do well and should be treated non operatively. Immobilisation and avoiding active range of motion is for 3 weeks instead of 6 weeks but otherwise the SLAP post operative recovery resembles that of the rotator cuff tear repair.

SHOULDER INSTABILITY (anterior and posterior)

Dr. Grondin will see you at 2-21 days post operatively, at 3 months and at 6-7 months to ensure your rehabilitation is going well. Minor shoulder pain is normal in the first few months and should be progressively getting better. The shoulder is immobilized for 3 weeks. External rotation is avoided for 6 weeks. Return to light work is usually at 1-2 months and return to physical work is at 4-6 months. By 6 months, return to work as before the injury occurs in over 90% of patients. Re-dislocation occurs in 5-10% of patients and this tends to represent a new injury[2,3]. More than 80% of patients are satisfied with the results of the operation. For anterior instability repair, it is normal to lose 10-15 degrees of external rotation but this loss actually has advantages as it tends to help prevent more dislocations. 2: J Bone Joint Surg Am. 1997 Jun;79(6):850-7. 3. Arthroscopy. 2002 Sep;18(7):755-63