



Undergoing Rotator Cuff Surgery with Dr. Bouvier? **Here's what to expect.**

Scheduling

The day of your office visit where the option of surgery is discussed, Dr. Bouvier will be discussing with you your MRI findings, the nature of the damage to your shoulder, and the basic parts of what he plans to do to fix it for you. At the conclusion of the visit, you will receive a handout about your condition and the business card of his coordinator/scheduler. You will generally receive a call within the next week or so to confirm your decision to have surgery and to proceed with the logistics of scheduling things. There is a process of insurance precertification often necessary before scheduling can be carried out.

Preoperatively

Depending on your age and general health, medical clearance may need to take place preoperatively to be sure that you are healthy enough for the proposed surgery and that it can be carried out safely in the ambulatory (same day surgery) setting. This may include ordering blood tests, EKGs, or other necessary testing. Dr. Bouvier's scheduling team, as well as the surgical center will help guide you through the process. Once a date is set, you will also receive a call or two from one of our two surgical centers (NASC/BASC) to discuss further details and to schedule any preoperative evaluations at the center if necessary. You should receive a mailed packet from the office with some preoperative instructions, including when to stop eating and drinking the night before surgery and how to cleanse your surgical site. You will also receive a call just before your surgery to confirm the definitive time of day for your arrival on the day of surgery.

Day of Surgery

You will arrive at the surgical center at your instructed arrival time and check-in at the front desk. You will then be taken

back into the preoperative area where you will meet your nursing and anesthesia team. Preparation will usually begin with your nurse confirming your identification and having you change into your gown. An IV will be placed and your surgical site will be prepared by clipping any hair from the area. Do NOT do this for yourself at home. The nurse will be explaining things as they go and making you as comfortable as possible. During this process, Dr. Bouvier will also come and speak with you to confirm your surgical side and site, as well as to answer any more questions you may have before heading into surgery. You may also meet Dr. Bouvier's Physician Assistant who will be helping him during your surgery. Your informed surgical consent will be signed by both yourself and Dr. Bouvier. Your anesthesia team will then go over all things anesthesia with you, obtain consent, then proceed with an interscalene nerve block. This is a regional anesthetic which puts your arm to sleep for the surgery and for postoperative pain relief as well. You will also be under general anesthesia, however, the regional block will aid enormously in not only your intraoperative anesthesia, but your postoperative pain relief. The long acting block may last 3-4 days as it relates to pain relief, which aids in cutting down on using opioid pain medication. Once the block is in, you will be wheeled into the operating suite.

After your surgery, you will be taken to the post anesthesia care unit, where your nurses will gently wake you up and take care of you. Dr. Bouvier will speak to your family or friend and let them know how things went. Once you are more awake and settled, your family member will be brought back to sit with you and go over your instructions for your discharge to home. You will also typically be given a copy of the intraoperative photographs that Dr. Bouvier takes during the surgery. Try and remember to bring these with you to your postop visit.

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Once You Are Home

When you get home, resting and relaxing as best you can will be important. Eating and drinking as tolerated will be important. If your nerve block is working well, you may not need oral pain medication right away. The long acting nerve block may last 3-4 days in terms of pain relief. When you begin to notice tingling in your arm or hand, you may want to start your pain medication at that point. If you get to day 3 or 4 and your pain is minimal (this may well be the case), you may simply convert to over the counter pain medication, preferably Tylenol. While you are taking the narcotic medicine, have a stool softener handy as well and take the nausea medicine if needed. Also, if you are taking the narcotic medicine and your pain seems to require more of it before it is scheduled to happen, you may “bridge” that time with either Tylenol or an NSAID unless otherwise instructed.

Sleeping is a fairly universal problem for most patients after shoulder surgery. If you have a recliner, this may be your best option at first. If not, have plenty of pillows available to prop yourself up into a “chaise lounge” type of position. There have been some good videos and recommendations for relaxation and breathing techniques to help you deal with pain and sleep disturbance. Positioning your immobilizer and arm properly will help this. [Click here to see the video.](#)

It has also been shown that those patients who take fewer narcotics and for less time, experience less sleep disturbance and that this sleep disturbance resolves much faster than those patients staying on narcotics longer. [Click here to learn more.](#)

Once the feeling comes back into your arm and hand, you may remove the immobilizer once or twice a day as needed so that you can straighten your elbow out and briefly move your wrist and hand to loosen them up. Be careful not to move your upper arm from your body using your muscles. On the third day (72 hours), you may remove the large dressing and immobilizer and take a real shower. The incisions may get wet and soap and water may run across the incisions. Pat, don't rub them dry. You can place band aids over the incisions afterwards. Bend at the waist and let your arm hang down so that you can wash underneath your arm. You'll have to use this technique to

dress as well, putting the surgical arm into clothing first.

As you begin to come out of your “surgery fog” and feel a bit more normal, go ahead and get up and move around. Get out of the house if you can. Try and get back as much “normal” as you can with this new contraption on your arm.

Postoperative Course/Rehabilitation

After 7-10 days, you will have your first postoperative visit in the office, likely with Dr. Bouvier, but occasionally with one of his Physician Assistants, who will be briefed on the plan for you. Most typically, your sutures will be removed that day and you will be given a prescription and a protocol for your physical therapist. You should plan to begin your physical therapy right after that unless instructed otherwise. Physical Therapy is immensely important to the success of your surgery, especially at the beginning. The therapist will gently mobilize your shoulder during the time that you are not allowed to. This is for 6-8 weeks. Between weeks 6-8 postoperatively, you will begin weaning out of your sling and typically will be allowed “assisted movement”, such as with a pulley system. After week 8, you will likely be discarding your sling (yay), and beginning to move your own arm. This will be followed by strengthening at week 10. By week 12, you will have been out of your sling for a month and functional at a light level. You will still be in “caution mode” for heavier lifting until 6 months postoperatively. This is when Dr Bouvier will typically release you to do everything.

Online Resources

- [Relaxation Techniques](#)
- [Long Term Sleep Disturbance](#)
- [Short Term Sleep Disturbance](#)

If you have additional questions, contact a member of Daniel P. Bouvier, MD 's care team at 603.883.0091.

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