This document will help you plan for your post-operative recovery course following surgery. Please read and retain this information for future reference. Many of the questions you may have later can be answered by referring to this information.

Post-Op Sling: Your sling should be worn at all times except to bathe or do therapy for the first 4 weeks after surgery. Do not shake hands, push open doors, or lift anything heavier than your cell phone with your operated arm until told otherwise by Dr. Kent.

Wound Care: Keep the site clean and dry as it heals\*. I perform a plastic surgery closure, so no wound care is required. You may shower 48 hours after surgery; Remove the outer bandages but keep the white steri strips (band aids) in place. Leave the steri strips on until they fall off, or until your first visit with Dr. Kent.

\*It is normal to have small amounts of bloody drainage on the dressing especially the first 24-36hrs. You may develop swelling and bruising that extends from your shoulder down to your chest and perhaps even to your hand over the first week after surgery. Do not be alarmed. This too is normal, and it is due to gravity pulling the bruising and swelling downward. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101° Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot or ankle.

Pain Medication: Prescriptions will be electronically sent to your pharmacy a few days prior to your surgery. Please pick up all prescriptions BEFORE your surgery day if possible. You will receive two medications: one narcotic pain medicine (oxycodone or hydrocodone), and Ondansetron for nausea. You may also take Tylenol, and an anti-inflammatory medicine such as Ibuprofen or Aleve. Please note that narcotics will make you constipated, so a stool softener or laxative may be needed. Start taking your pain medication as soon as you start to feel pain or when you feel the nerve block wearing off. After that you will use the pain medication ONLY as needed. It is normal for pain to be worse at night. You should avoid taking pain medications on an empty stomach, as it will make you nauseous. Use the Tylenol and anti-inflammatory daily, as prescribed, to reduce the swelling and pain after surgery. Take medication as directed. Please call the office ASAP for a refill when your supply is low.

PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!

Pain medication may make you constipated.  Below are a few solutions to try in this order:  Also, if you are prone to constipation try these below.

A. Decrease the amount of pain medication if you aren't having pain.

B. Drink lots of fluids such as water.

C. Drink prune juice and/or eat dried prunes

D. Take Colace – an over-the-counter stool softener

E. Take Senokot – an over-the-counter laxative

If those don't work then:

F. Take Miralax – another over-the-counter stronger laxative.  Dosage as directed 2 x day

If they don't work call the office or if you have any questions on this please call us.

Cold Therapy: You may use ice on your shoulder starting on the day of surgery. I recommend using bags of frozen vegetables because they will not leak. Ice the shoulder for 20 - 30 minutes at a time, then take a 30 minute break. Frequent cold therapy is encouraged as often as possible during the first few post-operative days.

Elevation: It is normal for the swelling in the shoulder to follow gravity. Therefore, you may notice swelling and bruising in your upper arm or hand. You should try to keep your hand above the level of your heart to prevent swelling in the hand and fingers. I recommend sleeping on your back with a pillow on your chest, and your operative hand/arm resting on that pillow.

Follow-up Appointments: 14 days, 6 weeks, 3 months, and at 5-6 months.

Physical Therapy\*\*:  You will receive a physical therapy prescription at your office visit prior to surgery. The first therapy session should be scheduled to start within the first week after the procedure. PT typically lasts for 4-6 months after surgery depending on the type of procedure done by Dr. Kent.

\*\*These guidelines may be adjusted by Dr. Kent as you progress. Typical clearance for full activity occurs at 6 months following surgery.

Frequently Asked Questions: Pectoralis Surgery (Tendon Repair)

1. What is the Pectoralis Major (Pec) tendon?

 The Pectoralis Major (Pec) muscle begins on the anterior chest and attaches via the pec tendon to the upper arm. It allows the arm to move towards the midline (adduction), and assists in internal rotation and forward flexion. The pec muscle is large and powerful, and thus is capable of generating tremendous force upon the tendinous insertion at the upper arm.

2. What does rehabilitation do for the pec?

 Rehabilitation helps to strengthen the pec and other muscles around the shoulder. These muscles act as additional stabilizers to the shoulder joint. Strengthening these muscles is a good way to help decrease pain and increase function in cases where minor tendon injuries exist. However, muscle strengthening does NOT fully return normal functions in the instance of a significant tear. This varies from person to person.  In cases where the recovery is insufficient for full or acceptable function – surgery is indicated.

3. What is done to my shoulder during tendon repair surgery?

 Simply put, the affected tendon is sewn back to its normal attachment site on the humerus. Small devices called suture anchors are inserted into the bone at the area of the detached tendon. These devices are typically NOT metallic, and are very small (less than 5 mm in diameter). Once inserted into the bone, the sutures are used to sew the affected tendon back to its appropriate attachment site. Occasionally, graft tissue is required to augment chronically damaged tendons. The body then heals the injury. Tendon repairs are typically short procedures (about 60-90 minutes), and require a moderate-sized incision be made over the injured area.

4. What type of anesthesia is administered?

 Typically, a regional anesthetic (i.e. nerve block) is administered that numbs the operative limb. These blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during the procedure. The surgery is then performed under general anesthesia. You and the anesthesiologist will discuss these issues in detail immediately prior to your surgery.

5. How long do I wear a sling after surgery? How long is the recovery?

 Please plan to wear a sling for about 4 weeks after surgery. Initially, we will limit your activities to allow for healing of your repaired tendons. Expect to have full range of motion by 2-3 months after surgery. After eight weeks, Dr. Kent encourages you to get back to a more normal activity and exercise schedule while adhering to the restrictions placed on your operative arm. Full strength and return to all activities occurs around 6 months after surgery.

6. What are the risks of shoulder surgery?

 While very uncommon, infections do occur and are typically associated with poor wound healing. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff.  Nicotine interferes with wound healing, so discontinuing smoking or vaping two weeks prior and for three months following surgery is recommended.

 Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, doing leg lifts etc., all contribute to keeping your blood circulating. This in turn helps to prevent clotting. If you feel pain in your calf area, or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner (Warfarin, Coumadin) until the clot disappears.

 There are many nerves around the shoulder. Though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient. However, permanent damage could occur.

 Stiffness in the shoulder can occur after surgery. Ongoing pain and loss of full function or strength in the pec tendon are also possible.

7. Is there anything else that I need to do following surgery?

Plan to return to the office at 2, 6,12, and 20 weeks following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. Pec repair patients should plan to come to the office 10-14 days after. (The office will call you after surgery to schedule post-op appointments.) It will take roughly 6 months for you to fully recover from your pec tendon repair.

Please note that Dr. Kent expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your shoulder procedure.