



Pre-Operation Surgery Booklet



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Pre-Surgical Information

A surgery has been scheduled for you or for someone in your family. Having surgery requires some planning on your part to make sure surgery happens on time. As our patient, we want to make this process as easy for you as possible so that you are relaxed and comfortable on the day of your surgery. This booklet will let you know how to prepare for your surgery, what to expect on the day of your procedure, and instructions for after you go home following surgery. Please note that more detailed discharge instructions will be provided on the day of your surgery. Please use the checklist on the next page to help you prepare before your surgery.



Pre-Surgery Testing: Due to the risks of anesthesia and medical risks of surgery, your surgeon and anesthesiologist will require you to be seen by your primary care doctor to make sure you are healthy enough to undergo surgery. Depending on your age and medical problems, all or none of these may be required:

- Physical Examination (within 30 days of surgery)
- Blood or urine tests
- EKG or Chest x-ray
- Clearance by a cardiologist, hematologist, or other specialist may be required



Confirm the correct date and time of your surgery: A representative from the hospital or surgery center will contact you within 48-72 hours of your surgery. Any questions related to the date and time of your surgery can be addressed by calling Dr. Cummins surgery scheduler at (847) 381-0388, ext. 355.



Transportation: Confirm that you have a responsible person available to drive you home after surgery. You will not be permitted to leave the hospital in a taxi or other means of public transportation.



Short-Term Disability Paperwork: If you need us to fill out any FMLA or disability paperwork, please drop it off at our office prior to your surgery. We ask that you allow us 48 hours to complete this paperwork.



Medications to discontinue 1 week prior to surgery: Blood thinners (Coumadin, Eliquis, Xarelto, Aspirin, Plavix), anti-inflammatory medications (Advil, ibuprofen, Aleve, Celebrex, Meloxicam), autoimmune medications used in treating diseases such as rheumatoid arthritis (Humira, Remicade, methotrexate, etc.), Vitamin C or E and any other herbal medications. Please be sure to review all of your medications prior to surgery with your primary care doctor and Dr. Cummins clinical staff. Please consult with your medical doctor before discontinuing any medications and before resuming them after your surgery.



Do not eat or drink anything (including water) after midnight the night before your surgery. Exceptions to this include your Beta Blocker blood pressure medicine, seizure medicine, and pain medicine the morning of your surgery. Take these medications with small sips of water. You may brush your teeth and rinse, but do not swallow any water or mouthwash. Failure to comply with these rules may cause your surgery to be delayed or canceled.



Do not smoke within 24 hours of your surgery. Smoking can cause lung irritation, which can lead to breathing problems while you are under anesthesia.



Online Resources: to view an animated video of your surgery, please visit our website at www.lakecookortho.com

- Click on Helpful Links/ Resources
- Under "Orthopedic Animations", click on Shoulder
- Click on your scheduled procedure



Questions: If you have any questions related to your surgery or medications please call Dr. Cummins' clinical staff (847) 381-0388. For questions related to insurance or billing please call Dr. Cummins' surgery scheduler at (847) 381-0388, ext. 355.

The Day of Surgery

You may have some concerns regarding what to expect on the day of your surgery. We want to make sure you have a good experience, so please do not hesitate to call with any questions you may have.

Clothing: Make sure to wear loose fitting clothing that is easy to put on. This will make it easy for you to change before going home. You will be provided with an immobilizer or sling that you will wear on the outside of your clothing.

Valuables: please leave your valuables at home for safe keeping. This includes credit cards, cash, and jewelry. Please remember to remove all rings and earrings.

Glasses: you can wear your glasses up until you are wheeled back to the operating room. Please bring a case to place them in while you are in surgery. Do not wear contact lenses.

Hearing aids and Dentures: You will be asked to remove these before going back to the operating room. You will be provided with a plastic container to keep them safe with your family while you are in surgery.

Anesthesia: Before your surgery, you will meet your anesthesiologist. The anesthesiologist will review your medical history, discuss the anesthesia for your surgery, and answer any questions you may have.

For shoulder surgery, your anesthesiologist may offer a nerve block. This involves a needle stick at the base of the neck that numbs your shoulder and arm to help with pain control when you wake up from surgery. This is done in the operating room so you can be monitored closely. The nerve block is entirely optional, and will not affect the long term outcome of your surgery. The block usually lasts between 8-24 hours. Please make sure to wear your sling at all times until the nerve block has worn off, since you will not have any control over your arm during that time.

The Operating Room: The Operating Room is staffed by a team of trained professionals to provide the most sterile and safe environment possible. The team is headed by your surgeon, Dr. Cummins who is responsible for your overall care.

Other members of the team include your anesthesiologist, Dr. Cummins' Physician Assistant (PA) who assists him with



the surgery, a Certified Surgical Technician (CST) who is trained in the surgical instrumentation, and a circulating nurse (RN) who is responsible for ensuring sterile procedures are followed and providing a safe environment for you.

During Surgery: The Surgery staff will locate your family members to give them updates throughout the surgery, if necessary. Once the surgery has been completed, Dr. Cummins or his Physician Assistant (PA) will come out to speak to your family and let them know how the surgery went.

The Recovery Room: After waking up from surgery, you will be transported to the Post-Anesthesia Care Unit (PACU) or Recovery Room. The nurses there will monitor you frequently as you wake up. They will ask you questions to determine if the anesthesia is wearing off. Usually patients stay in the Recovery Room for 1 hour. Once the nurses determine that you are safe to leave the Recovery Room, you will be brought back to your room in a post-surgery area. Your family is allowed to visit with you during this time.



Going Home: If your surgery is an “outpatient” surgery, this means that you will go home on the same day as the procedure. Before you can be discharged home, you must meet certain criteria. These include: your vital signs remain stable, you can eat and drink, you can urinate, you are not nauseated or vomiting, your pain is well-controlled, and you can walk without assistance.

- A nurse will review your post-operative instructions with you, and you will be provided with a packet of instructions to take home. These instructions include information about how to care for the surgical site, dressing changes, when to shower, etc.
- Make sure your nurse shows you how to properly wear your sling.
- You may be provided with an ice machine if approved by your insurance company or if you purchased one prior to the procedure. This can be very helpful for the first few days after surgery by helping to decrease inflammation and pain. If you do not have an ice machine, you can use an ice pack. Make sure to place a towel or other cloth between your skin and the ice to avoid frostbite.
- If you received the nerve block, take a pain pill as soon as you feel sensation coming back in your hand. If you did not receive the nerve block, take a pain pill before leaving the hospital. It is important to “stay ahead of the pain” with the medication you are given. Your post-operative instructions will list a safe dose for pain medicine.



Post-Surgical Information

After surgery, it is important to follow directions given by your surgeon.

Pain Medications: Dr. Cummins will write prescriptions for you post-operative pain medications on the date of your surgery. These medications will be determined based on your medication allergies, medical history, age, gender, and which surgery was performed. If you have any questions related to medications, please contact Dr. Cummins clinical staff at 847-381-0388.

Physical Therapy: One important component of recovering from shoulder surgery is Physical Therapy. Depending on which procedure was performed, you will start physical therapy anywhere between the day after surgery and 6 weeks after surgery. Dr. Cummins will let you know when you should start therapy after surgery has been completed. You will be provided with a prescription for physical therapy at your first post-operative appointment, unless Dr. Cummins notifies you to start sooner.

Post-Operative Appointments: Dr. Cummins has set up 2 appointments to see you back in the office after surgery. These appointments are usually scheduled 2 weeks and 2 months after your surgery. At the first appointment, we will remove your sutures. The second appointment is designed to track your recovery and make sure you are progressing appropriately with physical therapy and answer any questions you may have. Shoulder surgery can come with a fairly long recovery, depending on which procedure was performed. If you are having a problem or Dr. Cummins feels you need to be followed more closely, post-operative appointments will be scheduled more frequently. In addition to these 2 pre-scheduled appointments, Dr. Cummins will set up follow up appointments every 6-8 weeks, if necessary, to follow you along until you are recovered and back to participating in activities you enjoy.

Common Problems After Surgery

Some common complications can arise after shoulder surgery. As long as you know what signs and symptoms to look for, you will be able to identify these problems early on and have them resolved quickly. Please call Dr. Cummins or his clinical staff if you experience any of these:

- **Fever**, oozing from the surgical incisions, redness or warmth of the skin near the incisions. This can indicate an infection and you will need to be evaluated immediately. If caught early, infections can be easily treated with oral antibiotics.
- **Difficulty urinating** is a common side effect from anesthesia, especially for men. If you are unable to urinate, please go to your local Urgent/Immediate Care or Emergency Room. They will likely place a catheter into your bladder to evacuate the urine to make you more comfortable.
- **Constipation** or difficulty with bowel movements often is a side effect from taking narcotic pain medication such as Norco. To help get rid of constipation, make sure to minimize the use of narcotic pain medication, drink plenty of fluids, eat foods high in fiber, and walk.
- **Nausea** or feeling like you are going to throw up can be a side effect from anesthesia or from the pain medication. After surgery, start eating bland foods such as chicken soup and gradually return to your normal diet.
- **Itching** is often an allergic reaction to the pain medication or surgical adhesive dressing. Benadryl over the counter can help relieve itching; you may remove your surgical dressing as well. However, if the rash does not improve please call our office.



Frequently Asked Questions

Do I need to see my primary care doctor or have any pre-op testing done before my surgery?

Depending on your age and medical history you may be required to have a history and physical examination within 30 days of your surgery. Please ask Dr. Cummins or his clinical staff if this will be required. Your primary care doctor will decide which tests need to be completed prior to surgery.

Will I be able to use my arm immediately after surgery?

Most patients will come out of surgery with a sling or shoulder immobilizer. For the first 2 weeks after surgery until you see us in the office, you should wear your sling most of the time. You can take it off if you are in a safe environment (watching TV).

You will be given a list of 4 simple exercises to do in your discharge paperwork after surgery. Aside from those exercises, you should minimize the use of your arm and not lift anything with your surgical arm.

When will I start Physical Therapy? How often do I have to go?

Most patients require several months of therapy after shoulder surgery. How often you go depends on which procedure was performed. Here are some examples of common shoulder procedures:

Frozen Shoulder: start therapy within a few days after surgery, 3 times per week.

Rotator Cuff Tear: start therapy 2 weeks or 6 weeks after surgery, depending on the size of the tear, 2 times per week.

Anatomic Shoulder Replacement: start therapy 2 weeks after surgery, 2 times per week.

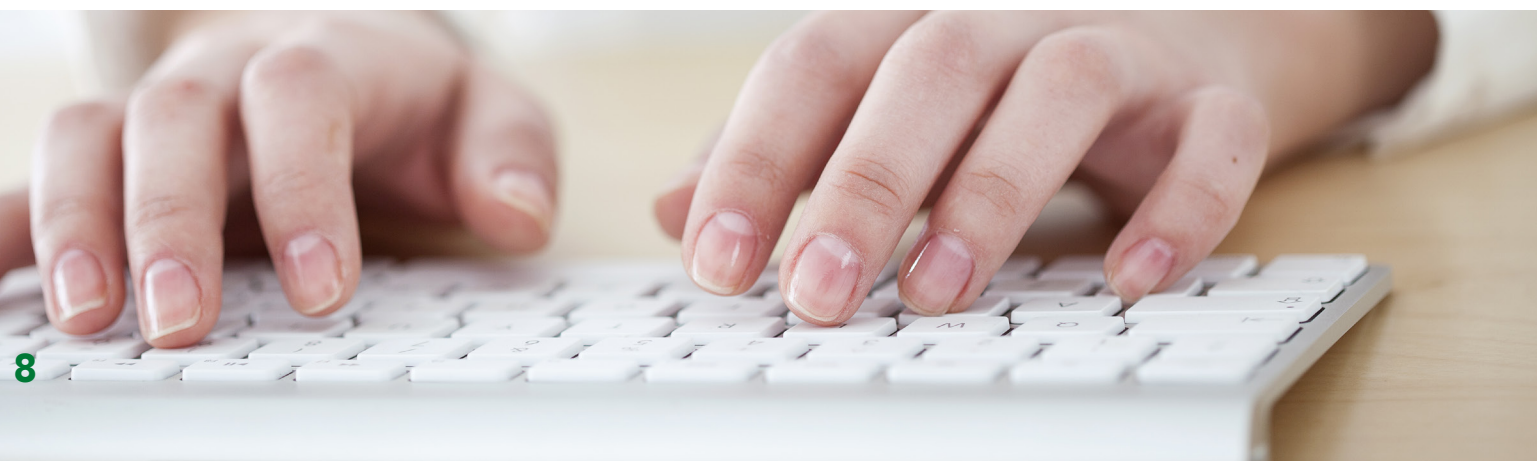
Reverse Shoulder Replacement: generally do not need formal physical therapy.

How long should I take off of work after surgery?

Most patients with a low physical demand desk job can be back at work as soon as 1 week after surgery. If you have a more physically demanding job, you may not be able to return as quickly. We would be happy to write a note to excuse you from work after surgery or fill out any paperwork that is required by your employer.

When can I drive after surgery?

You must be off the narcotic pain medicine during the day and feel that you can safely control your vehicle. We recommend you practice in an empty parking lot before driving on your own.



About Dr. Cummins



Dr. Cummins joined Lake Cook Orthopedics, a Division of Illinois Bone & Joint Institute Associates in August of 2001 and has developed an orthopedic practice with a primary focus on the management of shoulder disorders and sports-related issues. He is currently a team physician for Barrington High School, since 2001, and a team physician for Lake Zurich High School, since 2002.

Dr. Cummins is widely published and continues to be involved in clinical research with a primary focus on patient outcomes. Dr. Cummins is board certified in orthopaedic surgery. Additionally, Dr. Cummins is one of less than 5% of orthopaedic surgeons with an additional board certification in sports medicine. He is a member of the American Academy of Orthopaedic Surgery, the American Orthopaedic Society of Sports Medicine, and the Arthroscopy Association of North America. He has served as an instructor for the Arthroscopy Association of North America, and has also consulted for various orthopedic companies, teaching basic and cutting-edge arthroscopic techniques to orthopedic surgeons across the country. In addition to instructing on arthroscopic techniques, Dr. Cummins also instructs on shoulder replacement procedures.

Dr. Cummins's leading-edge techniques, combined with proven methods, provide his patients with the best orthopedic care possible. He works to develop a partnership with his patients, which begins with listening and gathering information, not only about the orthopedic injury but how the physical problem is affecting the patient's life. Dr. Cummins seeks to develop a dialogue with his patients to help them fully understand the diagnostic process, their own unique problem, their treatment choices, and the recovery process. He believes that knowledgeable patients make the best decisions about their own treatment and enjoy the best outcomes.

On a more personal note, Dr. Cummins has been married to his wife Becca since 1993 after meeting her at the University of Florida. His wife is a practicing dermatologist with Northwestern Memorial Faculty Foundation and her office is located in Deerfield, Illinois. Drs. Craig and Rebecca Cummins have three children and reside in the Barrington area.



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