DR. CARLOS MORENO CASTILLO
Shoulder and elbow surgery

PATIENT GUIDE

Your rotator cuff surgery, step by step

From deciding to have surgery to getting back to your activities.



BEFORE YOU START

How to use this guide

This guide explains how we support our patients through rotator cuff surgery: the decision, the preparation, the day of surgery, the first days at home and rehabilitation. Read it calmly, share it with the person who will be with you, and write down your questions.

Who it is for

It is written for our team's patients, and it can help anyone preparing for this surgery, anywhere. What it describes is the way we work. Other teams use different time frames and care routines, with good results. If another surgeon is operating on you, always follow their instructions: they know your injury and your repair.

HOW WE DO IT IN OUR TEAM

1. **Day of surgery.** You go home with a shoulder immobilizer, a prescription for pain and your first exercises already learned.
2. **From day one.** You move your hand and elbow, and you do the pendulum exercise.
3. **At one week.** First wound check and new exercises.
4. **At 14 days.** Stitches out and start of physical therapy.
5. **Between weeks 2 and 3.** Gradual weaning from the immobilizer, depending on your injury.

Your contact throughout the process

Pamela Yáñez, the team's head nurse, coordinates your tests, wound checks and follow-up visits. Message her on WhatsApp at +56 9 6684 7103.

Two kinds of boxes

Blue boxes show how our team works. White boxes summarize what scientific studies show, with the reference number in brackets. The full list is at the end.

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PART 1 · THE DECISION

Deciding to have surgery

Having surgery is a decision made in the consultation, between you and your doctor. To reach it, your history, the examination of your shoulder and your imaging are reviewed, and you talk about what you want to get back: sleeping without pain, returning to work, taking up a sport again.

Every case is unique. The pages that follow explain what this injury is and what is taken into account, so that you come to that conversation better informed.

What the rotator cuff is

The rotator cuff is a group of four tendons that surround the head of the humerus: supraspinatus, infraspinatus, subscapularis and teres minor. They keep the shoulder centered and let you lift and rotate your arm.

How it tears

A tendon can tear partially, when part of its thickness is damaged, or completely, when the tear goes through the full thickness of the tendon. Some tears appear after a fall or a sudden effort. Many others develop gradually, as part of a degenerative tendon injury, and cause symptoms over time.

What it feels like

- Pain on the outer side of the shoulder and arm.
- Pain that wakes you at night or keeps you from sleeping on that side.
- Less strength to lift your arm, comb your hair or reach for things overhead.

How it is confirmed

The diagnosis is based on the physical examination and on imaging. Ultrasound and magnetic resonance imaging (MRI) show which tendons are involved, the size of the tear, how far the tendon has pulled back and the condition of the muscle. That information defines the treatment options.

A detached tendon does not reattach to the bone on its own. Even so, many people regain satisfactory function with physical therapy, and others need the tendon repaired to achieve it. The next page explains how the decision is made.

How the decision is made

The recommendation to operate is built in the consultation. Your surgeon brings together your history, the examination of your shoulder and your imaging, and sets them beside what you need to get back. Two people with the same MRI can receive different recommendations, and both can be right.

Medicine today looks for increasingly personalized treatments. Every tear and every person is different, and that is why every recommendation is unique.

What usually points toward surgery

- A full-thickness tear that limits the usual activities of an active person.
- A tear caused by an injury, especially if there is loss of strength.
- Pain or weakness that persist after a course of physical therapy, without enough improvement.

What usually points toward starting without surgery

- Partial tears and tendinopathy.
- Some small full-thickness tears, with no injury, in people with lower physical demands. They can improve with guided exercise, pain relief and injections.

When the tendon can no longer be repaired

Some large, long-standing tears do not allow the tendon to be brought back to the bone. For these there are other operations, chosen case by case.

WHAT THE STUDIES SHOW

Both surgery and rehabilitation without surgery can give good results [1, 3]. In small and medium tears, a trial with 15 years of follow-up found long-term advantages for repair [2]. Current guidelines and consensus statements recommend deciding according to each person's injury, age, activity and goals [4, 5].

These situations guide the conversation and do not replace the evaluation of your case. The decision is made in the consultation, together with your doctor, considering your injury, your needs and the alternatives available.



PART 1 · THE DECISION

Why every surgery is different

Two people with the same diagnosis may need different operations and different recoveries. The surgeon defines the technique, the time in the immobilizer and the pace of rehabilitation according to these factors [5]:

- **The torn tendons.** One alone or several.
- **Size and retraction.** The larger and more retracted the tear, the more tension the repair has to bear.
- **The quality of the tendon and the muscle.** Over time, part of the muscle can be replaced by fat, and surgery does not reverse that.
- **How long it has been torn.** A recent tear is usually easier to repair.
- **Your age and your health.** Healing is more frequent before age 50 [8]. Diabetes and tobacco make it harder [9, 10].

Tear size, retraction and fatty infiltration are the factors that most often predict whether the tendon heals [6, 7].

What you can expect from the result

Surgery fixes the tendon to the bone so that it can heal. The aim is to relieve pain, regain motion and strength, and protect the shoulder in the long term.

Pain and sleep

Night pain improves gradually. In a study of close to a thousand patients, 88 out of 100 slept poorly before surgery. At six months it was 37 out of 100, and at one year, 22 out of 100 [27].

Motion and strength

Motion returns during the first months and strength takes longer. Improvement continues until about one year after surgery [26].

Tendon healing

It depends on the factors on the previous page. In some people the tendon does not heal completely or tears again. Many of them keep their pain relief, although with less strength [31]. That is why follow-up is based on your pain, your motion and your strength.

What depends on you

- Protecting the repair with the immobilizer and the time frames you are given.
- Doing your exercises and completing your rehabilitation.
- Avoiding tobacco before and after surgery [9].
- Keeping your medical conditions well controlled, especially diabetes [11].

These figures describe groups of patients. Your personal outlook is something you discuss with your surgeon, who knows your injury.



PART 2 · YOUR TEAM

Your team: who is who

Rotator cuff surgery is teamwork. Knowing who does what lets you take each question to the right person.

- **The surgeon, Dr. Carlos Moreno Castillo.** Defines the recommendation with you, performs the surgery and directs your follow-up and your time frames.
- **The head nurse, Pamela Yáñez.** Coordinates your tests, paperwork, wound checks and follow-up visits. She is your direct contact.
- **The anesthesiologist, usually Dr. Vicente Béjar.** Reviews your tests, looks after you during the operation and manages pain in the first hours.
- **The physical therapists, Jorge Ocampo, Javiera Guajardo and Benjamín Olivari.** Guide your rehabilitation, stage by stage.
- **Your support person.** Receives the instructions with you, takes you home and helps you in the first days.

Useful questions for your visit

Bringing your questions in writing helps you make the most of the visit, with any team. These are the most useful ones before rotator cuff surgery.

About your injury and the surgery

- Which tendons are torn, and how large is the tear?
- What happens if I decide to wait?
- What procedure are you planning in my case?
- What type of anesthesia and nerve block will I have?

About getting ready

- Which medications do I need to adjust before surgery?
- From what time do I need to fast, and when should I arrive?
- Where will I have surgery, and how long will I be at the clinic?

About recovery

- How long will I use the immobilizer?
- Which exercises can I do from day one?
- When do I start physical therapy, and where?
- When will I be able to drive, return to work and take up my sport again?

How to communicate with our team

- Tell us everything you take: medications, vitamins and natural products.
- Let us know about any change in your health before surgery: fever, a cold, a wound or skin infection, a dental problem.
- Write down your questions as they come up and send them by WhatsApp or bring them to the visit.
- If your physical therapist works at another center, ask them to coordinate with our team. Doctor, therapist and patient work from the same plan.

CONTACT

WhatsApp (written messages) and phone: +56 9 6684 7103. Email: contacto@drmorenocastillo.com. Appointments: drmorenocastillo.com/agendar



PART 3 · GETTING READY

The weeks before

Preparation starts several weeks ahead. During this time your tests are completed, your medications are reviewed and the paperwork with the clinic and your insurer is put in order.

Arriving with everything settled reduces surprises on the day of surgery and lets you focus on your recovery.

Tests, medications and health

Tests

The nurse coordinates your preoperative tests. The anesthesiologist reviews them before surgery to confirm that you are fit for the operation.

Medications

Bring to the office a complete list of what you take, with doses and times. These groups may need an adjustment before surgery:

- Anticoagulants and antiplatelet drugs, including aspirin.
- Anti-inflammatory drugs.
- Diabetes medications.
- Injectable or oral medications for diabetes or weight loss, such as semaglutide [12].
- Vitamins, supplements and natural products.

HOW WE DO IT IN OUR TEAM

Do not stop or change any medication on your own. The team will tell you what to do with each one, and from which day.

Diabetes

Arriving at surgery with well-controlled blood sugar, and keeping it that way afterwards, favors tendon healing [10, 11].

Tobacco

Smoking is associated with a higher risk of the tendon tearing again [9]. Quitting before surgery and during recovery is one of the measures that depends most on you.

Skin

Take care of the skin of your shoulder and armpit. Avoid shaving the area yourself and tell us if a wound, an insect bite or any lesion appears near it.

Paperwork

Pamela guides you through the informed consent, the admission order and the Fonasa PAD voucher (Chile's fixed-price surgical care program) or your private health insurance documents.

Your home and your support person

During the first weeks you will do almost everything with one hand. Getting your home ready before surgery saves you effort and pain.

- [ ] A place to sleep semi-reclined: stacked pillows, a backrest or a recliner.
- [ ] Loose clothing that buttons or zips at the front.
- [ ] Meals that are ready or easy to heat for the first days.
- [ ] Everyday items at waist height and on your non-operated side.
- [ ] Cold packs or ice bags in the freezer.
- [ ] Slip-on shoes and a non-slip surface in the shower.

Your support network

- [ ] An adult to be with you on the day of surgery and during the first 24 hours.
- [ ] Someone to take you to wound checks and follow-up visits. You cannot drive while you wear the immobilizer.
- [ ] Help with shopping, cooking and caring for children or pets during the first weeks.

A rehearsal before surgery

Spend one day doing everything with the hand on your non-operated side: dressing, eating, washing, using your phone. You will find out what you need to keep within reach and which tasks are best delegated.

WORK AND TIME OFF

Talk to your employer before surgery. Time off depends on your job, and your surgeon defines it at the follow-up visits.

The day before and what to bring

HOW WE DO IT IN OUR TEAM

- **Fasting.** At least 8 hours before surgery with nothing to eat or drink. The nurse confirms the exact time, according to your operating room schedule.
- **Medications.** Take only the ones the team authorized, with a small sip of water.
- If your anesthesiologist gives you a different instruction, follow theirs.

Fasting protects your lungs during anesthesia: with an empty stomach there is less risk of its contents reaching the airway [13, 14].

The afternoon and night before

- Have a light dinner within the time you were given.
- Shower with soap and water. Leave the shoulder and armpit free of creams, deodorant and perfume.
- Remove nail polish, jewelry and piercings.
- Pack your bag and confirm the departure time with your support person.

The morning of surgery

- Keep fasting and take only your authorized medications. If you ate or drank outside the instructions, tell the team.
- Wear comfortable clothing that opens at the front. Leave jewelry and valuables at home.
- If you wake up with fever, cough, vomiting or a wound on the shoulder, tell the team before leaving home.

What to bring to the clinic

- ☐ ID card or passport, and your insurance documents.
- ☐ Preoperative tests and MRI, with the report and the images.
- ☐ Signed informed consent.
- ☐ List of your medications, with doses and times.
- ☐ The shoulder immobilizer, if the team asked you to bring it.
- ☐ Basic toiletries, phone and charger.
- ☐ An adult to come with you, take you home and stay with you for the first 24 hours.



PART 4 · THE DAY OF SURGERY

The day of surgery, step by step

At each stage you will be asked your name, the surgery and the side being operated on. It is part of the safety checks.

1. **Admission.** You present your documents and are assigned a room.
2. **Nursing.** You change clothes, your vital signs are checked and an IV line is placed.
3. **Anesthesia.** The anesthesiologist talks with you and performs the nerve block.
4. **Operating room.** The repair takes between 1 and 2 hours.
5. **Recovery.** You wake up with the immobilizer on and your arm numb from the block.
6. **Room.** The surgeon talks with you and your support person about what was found and what was done.
7. **Going home.** The same day or the next, depending on the time of your surgery and how you feel.

For your support person: several hours usually pass between entering the operating room and returning to the room.



PART 4 · THE DAY OF SURGERY

Anesthesia and the nerve block

Surgery is usually done under general anesthesia, meaning asleep, plus a brachial plexus block.

The brachial plexus is the group of nerves that gives feeling and movement to the shoulder and arm. The anesthesiologist locates those nerves with ultrasound and injects local anesthetic around them. The block helps control pain during surgery and in the hours that follow.

The block: duration and care

Types of block

The most widely used in shoulder surgery is the interscalene block, performed at the base of the neck [15, 16]. Other techniques act near the collarbone or on the suprascapular and axillary nerves. The anesthesiologist chooses the technique and the medications for your case.

How long it lasts

The arm can stay numb for between 8 and 24 hours, depending on the anesthetic and the medications that accompany it. In studies, the greatest pain relief is concentrated in the first 8 hours [17]. Your anesthesiologist will tell you how long yours is expected to last.

What is normal while it lasts

- A numb, heavy arm without strength, sometimes down to the hand.
- A slightly hoarse voice or a drooping eyelid. These are temporary effects of the anesthetic on nearby nerves and they pass when the block wears off.
- Slightly shallower breathing, which is also temporary [18]. If you feel short of breath, tell the staff immediately or go to an emergency department.

WHILE THE ARM IS NUMB

- Keep it inside the immobilizer. You cannot feel it and you cannot protect it.
- Keep it away from heat and intense cold. Wait until feeling returns before applying ice.
- Avoid leaning or sleeping on that arm.
- Take the first pain medication on your prescription at the scheduled time, before the block wears off, even if you do not feel pain yet.

When the block wears off

Feeling returns gradually, with tingling. At that point pain can appear with intensity for a few hours. It is known as rebound pain, it is expected, and it is easier to control when the pain medications are already working [17, 19].



PART 4 · THE DAY OF SURGERY

What is done inside your shoulder

Our team repairs the rotator cuff by arthroscopy. The word means looking inside the joint: through incisions of less than one centimeter (about 0.4 inches), called portals, a camera the width of a pencil and the working instruments are introduced. The surgeon operates while watching a screen.

Throughout the surgery, pressurized saline flows into the shoulder. The fluid expands the joint and keeps the view clear. That is why your shoulder may look swollen at the end and the dressing may get damp during the first hours.

The repair, step by step

1. **Explore.** The arthroscope travels through the joint and the space above the cuff. The size and shape of the tear and the quality of the tendon are confirmed.
2. **Clean and prepare.** The shaver, a small powered instrument that cuts and removes tissue, clears away the inflamed tissue. Radiofrequency cuts and seals with precision. Both are used to prepare the bone where the tendon will be fixed.
3. **Place the anchors.** Anchors are small implants fixed inside the bone that carry high-strength sutures.
4. **Pass the sutures.** A suture passer takes each thread through the tendon. Small graspers, called suture retrievers, bring the threads out through the portals.
5. **Fix the tendon.** The sutures are tied or tensioned until the tendon rests on the bone, in its place.
6. **Treat associated problems.** If needed, the biceps tendon is treated or the bone rubbing against the cuff is smoothed.

Surgery takes between 1 and 2 hours on average. The anchors stay inside the bone and are not removed. The wounds are 2 to 4 small incisions closed with stitches.

Open surgery

Some surgeons repair the cuff with open surgery or through a small incision. Studies comparing both techniques show similar results in the medium and long term [20, 21]. Arthroscopy also makes it possible to check the whole joint and treat associated injuries through small incisions.

WHAT CHANGES WITH YOUR INJURY

The number of anchors, the way the sutures are passed and any additional steps are decided during surgery, once the tendon is seen. When it is over, the surgeon explains what was found and what was done.

The first hours and going home

When the surgery ends you go to the recovery room and then to your room. The block is still working, so these hours are usually calm.

HOW WE DO IT IN OUR TEAM

- If you have surgery in the morning, you can often go home that same day.
- If you have surgery late in the afternoon, the usual plan is one night at the clinic.
- Before you leave we teach you the exercises you will do from day one.
- The final decision is made by the team according to how you feel and your medical history.

To go home you need

- To be awake and oriented.
- To tolerate liquids without nausea.
- To have your pain under control.
- To have an adult who will stay with you for the first 24 hours.

You go home with

- The shoulder immobilizer on.
- A prescription with your pain medications and their schedule.
- Written discharge instructions and your first exercises.
- A medical leave certificate, if applicable.

The first step at home

You or a family member message Pamela Yáñez to arrange the first wound check and the follow-up visits.

THE FIRST NIGHT

Let the team know if the pain does not ease with the prescribed medications, if vomiting keeps you from taking them or if the dressing becomes heavily stained with blood.

Go to an emergency department if you have difficulty breathing, chest pain or a cold, pale or bluish hand. The full list is on page 31.



ILLUSTRATIVE SCENE

PART 5 · AT HOME

The first days at home

The first weeks at home have four tasks: controlling pain, protecting the repair with the immobilizer, moving what you can move, and caring for your wounds. This part explains each one.

In the image, a shoulder immobilizer worn correctly: the forearm rests in the support, the elbow sits at the back and a strap goes around the trunk to keep the arm against the body.

Pain at home

The shoulder hurts after this surgery, especially in the first days and at night. This is expected and it can be treated. The goal is for the pain to be tolerable and to let you rest and do your exercises.

What helps most

- **Follow the prescription on schedule.** In the first days take your pain medication at the set times, without waiting for the pain to become intense.
- **Trust the combination.** The prescription brings together medications that work in different ways. Together they control pain better and allow less use of strong medications [15].
- **Use local cold.** A cold pack wrapped in a cloth, 15 to 20 minutes, several times a day, once feeling has returned.
- **Position your arm.** A well-fitted immobilizer and a pillow under the elbow relieve tension.
- **Move.** Walking around the house several times a day helps your circulation and your mood.

Effects of pain medication

Some cause nausea, constipation or drowsiness. Drink fluids, eat fiber, and avoid alcohol and driving while you use them. Tell the team if the discomfort persists.

HOW WE DO IT IN OUR TEAM

Take only the medications on your prescription, at the doses and times indicated. Check with the team before adding another pain reliever or an anti-inflammatory.

Pain decreases gradually over the first weeks. Night is usually the most uncomfortable time for a while, and sleep improves month by month [27].

The shoulder immobilizer

After a rotator cuff repair a shoulder immobilizer is used. It supports the forearm and, with a strap around the trunk, keeps the arm against the body. A simple sling only hangs the forearm from the neck and lets the shoulder move.

HOW WE DO IT IN OUR TEAM

- Most of our patients use it for between 2 and 3 weeks, day and night.
- In large or massive tears the time can reach 6 weeks, and when the subscapularis is repaired, about 4.
- You take it off to wash, to dress and to do your exercises.
- Weaning is gradual and the surgeon tells you when.

Why the time frame changes from one team to another

Many teams prescribe the immobilizer for 4 to 6 weeks. The time depends on the tendons repaired, the quality of the tissue and the associated procedures, and protocols vary from one center to another [33]. Yours is defined by your surgeon.

How to wear it

- Adjust it so that the elbow rests at the back and the shoulder is relaxed.
- The hand sits level with the elbow or slightly higher.
- The weight of the arm rests on the immobilizer and the trunk strap.

What to avoid

- Lifting the operated arm with its own strength.
- Carrying weight, pushing, pulling or leaning on that arm.
- Reaching behind your back.
- Driving.

WHAT THE STUDIES SHOW

In small and medium tears, some studies show similar results with shorter or longer periods of immobilization. In one trial, 3 weeks were not inferior to 6 [32]. In another, 8 weeks did not improve healing compared with 4 and left more stiffness [34]. Models with and without an abduction pillow give similar results [22].



ILLUSTRATIVE SCENE

PART 5 · AT HOME

Exercises from day one

The immobilizer protects the repair, and the rest of the arm needs to move. In our team we teach you these exercises before you go home and review them at every visit. Do only the ones your team taught and authorized, and start once feeling has returned to your arm after the block.

- **Hand and wrist.** Open and close your hand fully and move your wrist, several times a day.
- **Elbow.** Bend and straighten it with the arm against your body.
- **Pendulum.** Rest your healthy hand on a table, lean your trunk forward and let the operated arm hang, relaxed. Your body sways and the arm draws small circles, with no effort from the shoulder [35].
- **From the first wound check.** Passive motion exercises are added: the shoulder is moved with help, without the repaired muscle working.

If the biceps tendon was treated, the elbow may need different care.



ILLUSTRATIVE SCENE

PART 5 · AT HOME

Sleeping, washing and dressing

- **Sleeping.** In the first weeks it is usually more comfortable to sleep semi-reclined, with a pillow under the operated arm and the immobilizer on. Sleep improves month by month [27].
- **Washing.** Keep the dressings dry until your wound check. To wash the armpit, lean your trunk forward and let the arm hang relaxed. Baths, pools and the sea wait for the team's authorization.
- **Dressing.** The operated arm first, then the other. To undress, the healthy arm first. Clothes that open at the front make it easier.
- **Day to day.** Walk every day, sit in chairs with a backrest and ask for help with cooking, carrying bags and opening jars.

Wound care, stitches and follow-up

YOUR CALENDAR WITH OUR TEAM

When you go home	You or a family member message Pamela Yáñez.
At one week	First wound check. Your exercises are reviewed and passive motion exercises are added.
At 14 days	Stitches out and start of physical therapy.
At follow-up visits	The surgeon reviews your progress and defines each change of stage.

Pamela arranges your appointments according to the date of your surgery. Keep her messages: your dates and instructions are there.

Your wounds

The portals are small incisions covered by dressings. In the first days it is normal to see a swollen shoulder, a bruise that travels down toward the arm or chest and a lightly stained dressing.

How to care for them

- Keep the dressings clean and dry.
- Change them only if the team told you to, and the way you were taught.
- Leave the wounds free of creams, alcohol and other products.
- After the stitches are removed, the team will tell you when you can get the area wet.

When to write before your wound check

Message the team if the wound becomes red, warm or more swollen, if cloudy fluid comes out or if you have a fever. A photo of the wound helps guide the consultation.



ILLUSTRATIVE SCENE

PART 6 · REHABILITATION

Rehabilitation, stage by stage

The repaired tendon needs time to attach to the bone. That attachment gains strength gradually and reaches a useful firmness at around 3 to 4 months [23]. Rehabilitation moves at that pace: first it protects, then it restores motion and finally it brings back strength.

Moving in time, with the authorized exercises, helps prevent stiffness, one of the most frequent complications of this surgery. That is why our team prescribes exercises from day one and physical therapy from the second week.

The stages in our team

Our team uses protocols based on those of Massachusetts General Hospital [30]. These are the usual time frames for small and medium tears.

Stage 1 · Protection From surgery to about week 3	Immobilizer. Hand, elbow and pendulum from day one, passive motion from the first wound check and physical therapy from day 14.
Stage 2 · Assisted motion Weeks 4 to 6	You move the shoulder with help from the other arm, a stick or pulleys.
Stage 3 · Active motion Weeks 7 to 10	You move the shoulder on your own, still without weights.
Stage 4 · Strengthening From week 11 or 12	Elastic bands and light loads that increase gradually.
Stage 5 · Return to activity Between months 4 and 6	Heavy work and sport, according to the demands of each activity. Full strength can take up to a year.

Adjustments according to the injury

- **Partial tears.** The pace depends on the repair performed.
- **Large and massive tears.** Immobilizer for up to 6 weeks and strengthening at around the fourth month.
- **Subscapularis repair.** External rotation is limited in the first weeks and the immobilizer is used for about 4 weeks.

WHAT THE STUDIES SHOW

- Starting motion earlier or later gives similar results in pain and function [24]. Starting earlier restores motion faster [25].
- About 1 in 8 people develop stiffness after surgery, depending on how and when it is measured. It usually improves with rehabilitation [36, 37].

These time frames describe our team's practice. Your surgeon defines yours.

Doctor, therapist and you: one plan

Rehabilitation works when all three parties are aligned.

The surgeon	Knows what was repaired and how firmly. Defines the time frames and authorizes each change of stage.
The physical therapist	Knows the protocol, guides the exercises, measures your progress and reports to the surgeon.
You	Do the exercises at home, respect the limits of each stage and report what you feel.

If you do your physical therapy at another center

Give this guide to your physical therapist and ask them to coordinate with our team. They need to know which tendons were repaired, how large the tear was and what time frames the surgeon set.

Rules that apply at every stage

- The exercises at home count as much as the sessions.
- Mild discomfort during exercise is expected. Intense pain, or pain that lasts for hours, is a reason to stop and ask.
- Time frames are moved forward or back only on the surgeon's instruction.
- Do your exercises every day, even if only for a few minutes.

Signs of good progress

- Night pain decreases week by week.
- Motion improves gradually, although there can be periods without progress.
- You regain simple tasks: dressing, combing your hair, reaching for a glass.

Each person's pace is different. Your point of comparison is your own progress from one visit to the next.

Work, driving and sport

Driving

You return to driving when you no longer wear the immobilizer, you have the motion and strength to control the steering wheel, and the team authorizes it. Driving with the arm immobilized is not safe. Do not drive while you are taking medications that cause drowsiness either.

Work

- **Office work or low physical demand.** Many people return within a few weeks, with the arm protected, depending on their pain and their approved time off.
- **Lifting or physical effort.** Jobs that require strength, carrying weight or working with the arms overhead are usually resumed between the fourth and sixth month, and in some cases take longer.

Sport

- Walking, from the first days.
- Stationary bike and gentle jogging, when the surgeon authorizes it.
- Racket sports, throwing, swimming and weights, between the fourth and sixth month, progressively.
- Contact and high-demand sports, according to your injury and your progress.

WHAT THE STUDIES SHOW

- Most people return to work after surgery. Return is more frequent in jobs with lower physical demand [28].
- Most recreational athletes return to their sport at the same level [29].
- Improvement in pain, motion and strength continues until about one year [26].

Your time off work and your return dates are defined by the surgeon at the follow-up visits, according to your job and your progress.

When to contact the team

Complications after this surgery are uncommon. Knowing these signs lets you act in time and with peace of mind.

MESSAGE OR CALL THE TEAM THE SAME DAY IF YOU NOTICE

- Fever above 38 °C (100.4 °F).
- A red, warm, more swollen or draining wound.
- Pain that increases instead of decreasing, or that does not ease with the prescribed medications.
- Numbness in the hand that lasts beyond the time your anesthesiologist expected.
- Nausea or vomiting that keeps you from taking your medications.

GO TO AN EMERGENCY DEPARTMENT IF YOU HAVE

- Difficulty breathing or chest pain.
- A cold, pale or bluish hand.
- Heavy bleeding that does not stop with pressure.
- Swelling or pain in a calf, for a medical evaluation that same day.

How to reach us

Team WhatsApp (written messages) and phone: +56 9 6684 7103. Describe what you notice, since when and, if it is about the wound, send a photo.

Outside office hours, go to the nearest emergency department and tell them you had shoulder surgery. In an emergency, do not wait for a reply on WhatsApp.

What is expected and does not need a call

- Swelling of the shoulder and bruising that travels down toward the arm or chest during the first weeks.
- Pain that is more noticeable at night.
- Lightly stained dressings in the first days.
- Tiredness and disturbed sleep in the first weeks.

Frequently asked questions

Is this guide useful if another team operates on me?
Yes, to understand the process and prepare your questions. Time frames and care can be different: follow your surgeon's instructions.

Why did someone else use the immobilizer longer than I did?
Because every repair is different and every team defines its time frames. Both paths can be right.

When will I be able to sleep lying flat?
When it feels comfortable and pain-free. It usually comes gradually over the first weeks.

Does it hurt to have the stitches removed?
It is a brief discomfort. The incisions are small and removal takes a few minutes.

Will I need a follow-up MRI?
Usually not. Follow-up is based on your pain, your motion and your strength. The surgeon orders imaging when your progress calls for it.

Can I have an MRI with the anchors?
The anchors used today are, in general, compatible with MRI. Always tell the imaging center that you have implants in your shoulder, so they can confirm compatibility.

What do I do if I fall or make a sudden movement?
Keep the immobilizer on, apply cold and let the team know that same day to decide whether you need to be seen.

What if my shoulder feels stiffer and stiffer?
Mention it at your visit or message the team. Stiffness is common and usually improves by adjusting the exercises.

When will I see the final result?
Most of the recovery happens in the first six months and improvement continues until about one year [26].

Where can I find more information?
At drmorenocastillo.com you will find the pages on preparation and recovery, and at drmorenocastillo.com/en/store, the team's other guides.

My surgery: a sheet to fill in

Date of surgery _____

Clinic _____

Arrival time _____

Shoulder to be operated on _____

Fasting from _____

Medications I must adjust, and from when _____

_____

Medications I do take on the morning of surgery _____

My support person and their phone number _____

After surgery

First wound check _____

Stitches out _____

Start of physical therapy _____

Physical therapist _____

Follow-up with the surgeon _____

Time in the immobilizer _____

Exercises allowed from day one _____

Special restrictions set by my surgeon _____

My questions

_____

_____

_____

_____

Checklists to print

The week before

- ☐ Tests done and handed in.
- ☐ Medications reviewed with the team.
- ☐ Insurance paperwork and consent signed.
- ☐ Home prepared and support person confirmed.

The night before

- ☐ Light dinner within the time given.
- ☐ Shower with soap and water.
- ☐ No nail polish, jewelry or piercings.
- ☐ Bag packed with documents, tests and MRI.
- ☐ Departure time agreed with your support person.

The morning of surgery

- ☐ Fasting completed.
- ☐ Authorized medications taken with a sip of water.
- ☐ Clothing that opens at the front.
- ☐ Arrival at the clinic at the time given.

Back home

- ☐ Message to Pamela Yáñez to arrange the wound check.
- ☐ Pain medication on schedule, starting before the block wears off.
- ☐ Immobilizer on, except to wash and to do your exercises.
- ☐ Hand, elbow and pendulum exercises, as you were taught.
- ☐ Place to sleep semi-reclined ready.
- ☐ Team phone number at hand: +56 9 6684 7103.



PART 7 · SAFETY AND WRAP-UP

About this guide

Dr. Carlos Moreno Castillo is an orthopedic surgeon specializing in shoulder and elbow surgery. He works with his nursing, anesthesia and physical therapy team in Los Ángeles and Angol, in south-central Chile.

This guide is written especially for patients and their families. It describes how our team works and the scientific evidence available as of November 2026. If you are treated in another country or by other professionals, some procedures, time frames and recommendations may be different. Always follow the instructions of your treating team.

More guides

This guide is part of a series. The others are at drmorenocastillo.com/en/store: some are free, like this one, and others are paid. They all aim for the same thing: to explain in plain words what is happening with your shoulder or your elbow.

Second edition, November 2026. Photographs: Dr. Carlos Moreno Castillo's archive. The images on pages 21, 24, 25 and 27 are illustrative scenes created for this guide.

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