

**Tips to Survive the Abduction Pillow Sling
After Rotator Cuff Surgery
By Patients for Patients**



Written By:
Elizabeth Winslow
Claudette Wolfe
Billy Franklin

Approved by WZ (Buz) Burkhead, Jr, MD
WB Carrell Memorial Clinic
Dallas, Texas

The authors and Dr. Burkhead thank Karen Lozano for her assistance with this booklet.

So, you're about to have rotator cuff surgery and will need to be in an abduction pillow sling for many weeks afterwards. How do you survive? Here are our tips. These tips are most useful if you will need an abduction pillow sling but they also should help patients who have ordinary slings. First, briefly, our stories.

Our stories:

Elizabeth Winslow: I tore my rotator cuff tendons (dominant hand) diving from the low board to impress my grandkids. The tears were large. I probably had degenerative changes before that fateful dive!

Unfortunately, 6 weeks before my shoulder surgery, I fell playing pickleball and fractured my left wrist. I knew "slingdom" (living in a sling) would be challenging, but I wanted to be healed enough from both injuries to play golf, tennis, and other sports in the summer. I am a nurse, but I knew little about rotator cuff injuries and treatment.

Claudette Wolfe: I had rotator cuff surgeries on both of my shoulders. I am left handed. I didn't have too much trouble doing most things



(except handwriting) with my right hand after surgery on my left shoulder. Although the surgeries were years apart, both were caused by injuries sustained in falls while exercise walking outdoors in the dark. I used to get up at 4:30 AM each day to exercise before heading for my job as a first grade teacher. I now walk on a treadmill in a gym and hold on for dear life!

Billy Franklin: I am a rancher and cattleman. I am on horseback almost every day, usually at sunup. My shoulder became painful, seemed to be getting weaker, and it kept getting worse. It was my non-dominant side and initially didn't interfere too much with my life. But soon, I could no longer sleep on that side, or, more importantly, get my ranch chores done. I finally had my shoulder evaluated and had rotator cuff surgery using a cadaver graft. I regret that I didn't get this taken care of sooner.

Some pluses and minuses:

This slingdom is much easier if your non-dominant side is having surgery and much harder if your dominant side is having surgery. No matter which side it is, if you are naturally left handed or ambidextrous, you will handle slingdom better because you are used to adapting to our right-handed world. If your surgery is in the winter, it will be a little more challenging because of all the clothes you need to wear. The sling does help to keep you warm though. The summer surgery folks can just throw on a shirt and shorts, but the sling will tend to make you feel hot.

Now here are some tips that worked for us and may be helpful to you. We will start before surgery. The underlined items are things you may want to purchase if you don't have them. These also are listed at the end of this booklet. Also, if advised by your doctor, attend Shoulder School and get/read the Shoulder School Packet.

Before surgery:

Get your house in order to make it easier for you after surgery. Clean the house, put frequently used items on low shelves, get jar opener helpers (so you can more easily open jars

with one hand), loosen the tops of medication bottles (if no children are around), freeze some dinners, and purchase smaller sized foods and drinks (½ gallon instead of a full gallon).

Get your abduction pillow sling before surgery and have the orthopedic staff show you how to put it on.



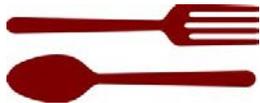
Take a photo of yourself with it on correctly, from the front, side, and the back, so if you have any questions later you can check your photos. The photos in the Shoulder School Packet also should be helpful.

Take your pillow sling home. This is called your “reality check!” Practice putting it on and taking it off with whoever will be helping you at home and while maintaining your arm in abduction. At first it seems really complicated, but after you and your helper have put it on and taken it off several times, you should be able to do it with confidence. And, after a while, you should be able to put it on and take it off with little or no assistance.

Note that the word *abduction* means movement of a limb, in this case your arm, away from your body's midline.

So while you are in this abduction sling, your arm will be positioned away from the body's midline to facilitate healing. Yes, in case you are wondering, even during showering unless your doctor tells you otherwise.

Besides practicing donning the sling, also practice the techniques described below before your surgery, and practice eating with your nonsurgical hand.



Review our tips for managing the sling and obtain the aids we suggest before surgery (for example, the wedge pillow and inflatable beach ball).

Be sure to bring your sling back to the hospital on the day of surgery if you took it home for practice.

Decide what top you are going to wear home after surgery, and ask the OR staff to put it on you right after surgery so you don't have to do it.

Follow the preoperative orders you will be given. Also, follow the instructions you will be given for dressing changes, suture removal, and Steri-Strip removal. These will not be addressed here. Nor will we

address physical therapy. We will focus on living in a sling!

After surgery:

Your tendon (or tendons) has (have) been reattached to your bone. This repair is delicate (think Limoges china!) and needs time and protection to heal. To assist healing you will need to keep your shoulder as still as possible for several weeks and keep the weight of your arm off the tendon by using a sling. By the way, your arm weighs about 5% of your total weight, so if you weigh 100 pounds, your arm weighs about 5 pounds. If you weigh 150 pounds, your arm weighs about 8 pounds. The sling helps support this weight while your tendon heals.



5% of total body weight!

Getting home, managing pain and discomforts, using cooling:

Managing pain and nausea: Have a bag in the car to vomit in if you get sick on the way home. Have some extra pillows in the car to position

yourself as comfortably as possible. Sit in the back seat with your surgical arm away from the door.

You probably will sleep a lot when you get home because of the narcotic pain pills and the anesthesia. Stay on top of your pain...don't let it get out of hand. Your pain should be well controlled with the narcotic pain pills. Take them as you think is best for you and as guided by your doctor/pharmacist. If you have had general anesthesia, be sure to get and take the antiemetic (anti vomiting) pill if you feel sick to your stomach.

While you are taking the narcotic pain pills, you may feel "loopy" and/or dizzy, light headed, and a little sick to your stomach especially during the first few days. These side effects should disappear as you reduce the frequency of the pain pills. Be sure not to let your pain pills expire while you still have pain. You should not drink any alcohol while you are taking narcotic pain pills.



Sit up, keeping your surgical shoulder up. This position reduces the swelling and the pain. (See our wedge pillow and chair advice below.)



It is helpful (and reassuring) to have something like a whistle handy to call your helper in case of need. This is especially necessary during your first few days after surgery.

Using cooling: You probably will be given a couple of ice packs, about 10 x 11 inches in size. Use these frequently...for about 20 minutes several times a day. The ice helps reduce pain and swelling. The ice sounds unappealing but it really works. Even many weeks after your surgery, use it whenever your shoulder starts to throb, for example, when going to sleep.

One of us used an electric continuous cooling system and would highly recommend this. Cooling systems pump cooled water through a tube to a shoulder pad secured to your shoulder with Velcro straps. This system enables you to keep your

shoulder cooled for six or more hours at a time whereas the ice packs need to be changed every hour or so. Whatever method you use, do not put the cold pack directly on your skin. Have a shirt or towel or something similar between your skin and the cold surface.

Managing constipation:



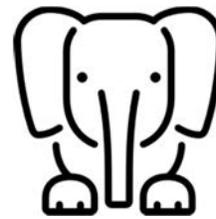
Narcotic pain pills control the pain but also usually slow down your intestinal motility so many patients get constipation. Believe us...it is likely to happen! Over-the-counter medications worked nicely for us. Some of us took a stimulant laxative every night after surgery while taking the pain pills. A stool softener often helps too. If you feel log jammed, a suppository usually works. Once you reduce the pain pills or stop taking them, the constipation should not be a problem.

Our pain was well-controlled with the narcotic pain pills and later with less powerful pain medications like acetaminophen, as well as with cooling and positioning. The pain was not a big issue for us. Being one-

handed and in the abduction pillow sling was more challenging.

Living in your pillow sling:

Unless your doctor tells you otherwise, you will be wearing the pillow sling 24 hours a day/7 days a week. You will be wearing it while walking, resting, sleeping, bathing, everything. You might feel like you are living with an elephant attached to you – and you are! You will adapt and get attached to your elephant.



Keeping your arm in the sling should enhance healing and also reduce pain from movement. Some people tend to slump while in the pillow sling. Strive to have good posture despite the sling. Keeping active and getting outside just about every day helped us maintain positive attitudes.



Everything you do while living in a pillow sling will take longer than you are used to. Bathing, dressing, undressing, eating, everything will take 2-4 times more time than you are used to. No more 2 minute showers and dress and out the door. Plan on everything taking longer and accept it. Once you are healed you can return to the speed world but not now.



Resting and sleeping:

Wedge pillow: The wedge pillow was key for us. We suggest getting a good wedge pillow. You can purchase one at Brookstone, Relax a Back, or other stores. Get a wedge pillow with at least 2 positions, upright and gradual slant. Put this on your bed. During the first several days, you probably will have it in the upright position all the time to help

reduce swelling and pain. In this upright wedge pillow position, your arm and sling are in almost the same position as when you are standing. As you heal, you may find you can lower the wedge pillow position and sleep with a gradual slant instead of upright. One of us also used a large pillow under the knees for comfort.



Easy chair or recliner: Some patients find it most comfortable to spend most of their time in an easy chair with an ottoman or in a recliner chair. One of us slept sidewise in an easy chair with the surgical arm up.



Whether in bed with a wedge pillow or in a chair, you will need to sleep on your back or on your nonsurgical side. Many patients find it difficult to sleep in these positions, and it is. But, you should gradually adapt.

Bathing, shampooing, keeping bandage dry, brushing/flossing teeth and toileting:

You probably will need to bathe, shampoo, and blow dry your hair all while maintaining abduction, i.e., position of arm in pillow sling. The below strategies helped us.

Bathing, shampooing, blow drying hair:

We all found that showering each evening was a highlight of the day. Get an inflatable beach ball, about 25-50 inches in circumference, and have it partially deflated. (Note: One of us used a little froggie ball with a smiley face...made you smile as you entered the shower.) Or, if necessary, you can use a 2 or 3 liter plastic bottle although the partially deflated beach ball is easier to manage. The ball won't slip out as easily.



Place the partially deflated ball or the plastic bottle under your surgical arm and leave it there as you shower. This works great and allows you to shower while maintaining the abducted position. We suggest the following steps:

1. Sit on a chair or stool in your bathroom.
2. Remove the pillow sling and passively place your surgical arm on the sink/counter.
3. Carefully undress. Undress your nonsurgical arm first, then your surgical arm.
4. Place the beach ball or plastic bottle under your surgical arm. Keep the beach ball/plastic bottle under your arm as you are showering.
5. Avoid having the shower spray right on your surgical shoulder...it is sensitive and will be for a while.

It is ideal to have a shower with a movable shower head but a stationary one works too.

It's best to have large, new bars of soap to use rather than small, used ones. If you prefer body wash, you might place it in an open container and dip your washcloth or hand into it. A sponge with a handle helps to reach hard to access areas. You can purchase this type of sponge in the kitchen section of a grocery store or in a pharmacy that has medical supplies.

To shampoo your hair, upend the shampoo bottle over your head with your nonsurgical hand, squeeze...you might get too much but it will still work. Or place some in an open container and just scoop out what you need.

A shower chair may be helpful to some patients. It allows you to sit and relax in the shower as you are bathing yourself. You can purchase one online or at large pharmacies.



After showering, dry yourself with several small towels. Large bath towels are cumbersome to use with one hand. Hand towels, about 30 x 17 inches in size, work nicely. The people at the car wash know a thing or two...they use lots of little towels when they dry cars! Thin, worn towels are easier to handle than new fluffy towels. To bathe under your surgical arm, remove the beach ball while your arm is in abduction on the sink, and clean it with a wash cloth or baby wipes.



After showering/bathing, assess your skin. It is not unusual to develop minor skin irritation from the sling rubbing against your body. Use moisturizing or cortisone cream or whatever you usually use for skin irritation.

Ladies, accept that it will be a long time before you can lift your surgical arm high enough to shave under it.

To blow dry your hair, rig the dryer to a high towel rack so it is pointing down. You can use your brush with

your nonsurgical hand as you position yourself under the dryer.

Bandage (dressing): Follow the doctor's instructions about your bandage. Do not get it wet. When you shower put a couple of sheets of a press and seal wrap over your bandage. The press and seal wrap works beautifully to keep your bandage dry as long as you don't have the shower spray directly on it. Or you can cover the bandage with a cling or press and seal wrap and then seal every edge with one inch waterproof tape. The waterproof tape should not allow any water to get in no matter what position the spray is in.

Brushing and flossing your teeth: Brushing and flossing can be challenging with one hand, especially if it is your non-dominant hand. Have a full tube of toothpaste (easier to push paste out). A regular toothbrush may be easier to handle than an electronic one. To floss, get "flossers." These are floss on a Y-shaped stick. Those with waxed floss are easiest to use.



Toileting: If you have any difficulty getting on and off "the throne" before having the sling, it is likely to be much more difficult in the sling. An elevated toilet seat that fits on top of the toilet makes sitting down and standing up while in a pillow sling much easier.



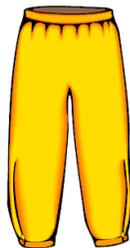
Clothes and undressing/dressing while in a pillow sling:

Shirts: Wear soft fabric shirts which button all the way up. It's best if they have large buttons and large button holes or snaps that are easy to use with your nonsurgical hand. It is ideal if the tops are one size larger than normal. Shirts that you have to put over your head are hard to manage. However, if you must wear a tee shirt, get some old, preferably large ones with V necks. You can cut them from under the surgical arm side to

halfway down the side. You also could cut them up the back from the bottom to the neckband without cutting the neckband. Then they can be placed more easily over your head.



Pants: Get pants with elastic tops, preferably ones that are large on you so you can easily pull them down and up with your nonsurgical hand while wearing your pillow buddy. It is ideal if the pants have pockets so you can carry stuff in your nonsurgical side pocket. Soft breathable fabrics are ideal. Gym shorts, sweat pants, and tennis warm ups work nicely.



Bra: We suggest that you not wear a bra with straps. The straps are painful over the surgical site and pull on the delicate repair. We suggest wearing a strapless bra, if necessary, or, better yet, no bra at all. Finally,

women who are not well endowed have an advantage! If you need a bra, a front closing one is easiest to put on. Or, for a back closing bra, swivel it around, then hook it, then swivel it back into place.

Pajamas: It is best to wear non-silky, non-slippery pajama bottoms because you will tend to slip down on the wedge pillow or on the chair with those. When you position yourself in bed with the wedge pillow, sit right at the bottom of it...start high because whatever you wear you will tend to slip down and then need to readjust yourself higher up. A pillow under your knees can help prevent sliding down. After showering, we sometimes just changed into the soft fabric clothes, especially the tops, we would wear the next day so we didn't have change from day clothes to night clothes to day clothes again. One of us went shopping in a pajama top with a jacket thrown over it...it was comfortable and no one seemed to notice anything unusual.

Coats: A poncho works great. Or you can throw a coat over yourself and the sling and attach the coat at the top with a large paper clipper or strong chip clip. However, it is hard to



put the clip on the coat with one hand. If there is no one at home to help you and you are going for a walk, people you see are usually happy to put the clip on your coat for you. One of us met lots of neighbors and lawn service workers that way! All were happy to assist when they saw the pillow sling. It is easy to take off the clip by yourself.

Or, you can take off the sling, put on the coat, and put the sling back on while carefully following the doctor's abduction position instructions. Sometimes, it's just easier to use the clip so you don't have to deal with removing and replacing the sling.

Undressing and Dressing: You will need assistance at first. Again, follow the doctor's instructions for moving your affected arm. Also, the photos in the Shoulder School Packet should be helpful. We suggest the following:

1. Have all your clothes handy.

2. Sit down beside the sink or counter top.
3. Remove the sling and passively place the affected arm in an abducted position on a sink or counter top.
4. Undress the nonsurgical arm first, then the surgical arm. Dressing is just the opposite. Dress the surgical arm first, carefully feeding the sleeve over the arm that is in abduction. Then dress the nonsurgical arm, button up, and put on the pillow sling.
5. Once the pillow sling is on, put on your pants, socks, and shoes. It is easier to put on short socks, like tennis socks, than longer socks.

It will be hard to put on your shoes at first. Have a long shoe horn to assist you and wear slip-on shoes or shoes that are loosely tied that you can slip on. Of course, your helper can do this for you too!

Driving:

You may not drive while you are taking narcotic medications. Once you are no longer taking narcotics, it still will be difficult to drive especially if you have the pillow sling on your right arm. Discuss driving with your

doctor. Once the doctor gives you permission to drive, we suggest taking some practice drives to see if you feel comfortable and safe. We also recommend driving on side roads at non-busy times at first.



Pillow sling, love/hate relationship:

You probably will start out in the large “mother elephant” sling. Initially you will find it awkward and cumbersome. But, you will learn to relax into it. If you are switched, after about 3 weeks to the “baby elephant” sling, you will find that the smaller sling is easier to sleep with and also allows you more use of your hand on the affected side. The smaller sling provides less support than the larger sling. You might find yourself putting the larger sling back on every once in a while. Inconceivable!

Then when the doctor tells you, after several weeks, that you no longer even need to use the smaller sling, celebrate!

But, know that you again might find yourself putting the sling back on for a little while if your shoulder starts to ache. This weaning process is expected as you depart slingdom.

When you go out grocery shopping or to crowded places, you also may want to wear your sling as protection. You may feel vulnerable. This is expected and appropriate.

Once you are “released” from full time sling use, your shoulder may be stiff and sore. You still need to be gentle with it. Now, if instructed by your doctor, instead of keeping your arm continuously in abduction, you can dangle your surgical arm into clothes and you can more easily do many other activities. However, you probably will prefer button up shirts for a while. Getting clothes on over your head still can be difficult.

Soon you will begin passive range of motion exercises, then active range of motion exercises, and finally, strengthening exercises, as advised by your doctor. We will not address these exercises in this booklet.



Keep your eye on the prize!

When you first have surgery and realize you need to be in an abduction pillow sling for 6 or so weeks, it seems like it will take forever. But, in retrospect, it will seem like a blip on the radar.

Everyone is different and progresses at different rates. Some tangible signs of progress include: removal of sutures and dressing, reduced pain and pain pills, increased skill using nonsurgical hand, increased ability to sleep on the wedge pillow which can be in a lower position, development of many adaptations to facilitate managing in a sling, and finally permission to take off the sling, and then permission to start exercises. Also, you will learn to ask for and accept help from family and friends...an important skill.

Keep your eye on the prize! Once you have fully recovered, you should have less or no pain and be able to swim (if you could before!), serve overhand in tennis (again if you could before!), and resume other activities you enjoy. And, you will appreciate just

being able to do simple things with your affected arm such as getting a plate from a high shelf. We hope these tips help you survive and appreciate the abduction pillow sling!



Items to consider purchasing before rotator cuff surgery (underlined in text above):

- Whistle
- Cooling system
- Wedge pillow
- Inflatable beach ball
- Sponge with handle
- Shower chair
- Small towels
- Baby wipes
- Press and seal wrap
- Waterproof tape
- Dental flossers
- Elevated toilet seat
- Button up shirts
- Pants with elastic band
- Long handled shoe horn



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Approved 2017