

Sleep, Pain and Recovery



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Poor sleep is one of the most common – and most underestimated – parts of recovering from upper-limb surgery. Pain, an arm you can't get comfortable, and a sling all work against a good night. The reassuring part is that it is temporary, it follows a fairly predictable pattern, and there is a lot you can do to help it.

What to expect

Sleep often gets a little worse before it gets better, and the timing depends on your operation.

- **After rotator cuff repair**, sleep is frequently at its worst around the two-week mark, when the shoulder is most tender. Most patients are back past their pre-surgery sleep by about six weeks, and the disturbance has largely settled by three months.
- **After shoulder replacement**, it helps to know that most patients slept badly *before* surgery too – disturbed sleep affects the large majority of people with an arthritic shoulder. Improvement is real but gradual: expect little change in the first six weeks, then steady gains.
- **After carpal tunnel release**, sleep is usually one of the first things to improve. The classic night-time waking with a numb, painful hand often eases within the first week or two – for many people it is the most noticeable benefit of the operation.
- **After hand and smaller procedures**, throbbing for the first few nights is normal and usually settles quickly as the wound heals.

Whatever your operation, the broad pattern is the same: hardest in the first week or two, clearly improving by six weeks.

Why sleep is harder after surgery

A few things stack up:

- **Lying down raises the pressure** in a freshly operated limb, so aching and throbbing are often worse at night than during the day.

- **You can't get into your usual position.** Sleeping on the operated side is uncomfortable or not allowed, and side-sleepers in particular take time to adapt.
- **The sling** keeps the arm safe but makes rolling over and settling awkward.
- **Pain wakes you, and poor sleep makes pain feel worse** the next day. It is easy to fall into a cycle – breaking it is what the steps below are for.

What helps

Position

- After shoulder surgery, many patients sleep far better propped up – a recliner, or a wedge of pillows behind the back and head, for the first couple of weeks. Lying flat often makes shoulder ache worse.
- Support the operated arm on a pillow so it isn't dragging or dangling.
- Wear your sling at night exactly as instructed (see [Wearing a sling](#)). It protects the repair and stops you rolling onto it.

Settle the pain before bed

- Take your regular painkillers on schedule so they are working *before* you lie down – not after the pain wakes you (see [Managing pain after surgery](#)).
- A single breakthrough tablet before bed is often all that is needed in the first week or two.
- Ice and elevation in the evening reduce swelling and night ache (see [Heat vs ice](#)).

Sleep habits

- Keep a regular bedtime and wake time, even while you are at home and less active.
- Cut caffeine after lunch and screens in the hour before bed.
- A dark, cool, quiet room and a short wind-down routine genuinely help.

Medications and sleep

Most sleep disturbance is best treated by controlling pain rather than by sleeping tablets. We try to avoid regular sedatives, which lose their effect quickly and don't mix well with strong painkillers.

For some shoulder patients we may suggest **melatonin** for the first couple of weeks – there is reasonable evidence it improves early sleep after keyhole rotator cuff surgery, and it is gentle. Ask us if you think it might help you.

If you are struggling badly with sleep despite these measures, tell us rather than reaching for over-the-counter sleeping pills – we would rather review your pain control first.

If you have sleep apnoea

If you use a CPAP machine or have been diagnosed with obstructive sleep apnoea, let us and the anaesthetist know before your operation, and bring your machine to hospital. Patients with sleep apnoea have a slightly higher rate of short-term medical complications after shoulder replacement, though the long-term result of the joint itself is no different. Good management around the time of surgery is the key.

When to call us

- Pain that is getting worse rather than better after the first few days, or that your medications aren't controlling
- New severe pain that came on suddenly
- A wound that is increasingly red, hot, swollen or leaking
- Fever or feeling generally unwell
- Calf pain or swelling, chest pain or breathlessness – go to the emergency department