

Rotator Cuff Repair

Information for Patients

This leaflet will provide you with general information about rotator cuff surgical repair. It will briefly explain the operation procedure and provide guidance on the recovery process, including rehabilitation expectations.

Background Information

The rotator cuff is a group of muscles that originate from the shoulder blade and wrap around the shoulder joint. These muscles help to maintain alignment of the ball in the socket during use of the shoulder.

The muscles can be torn through trauma or general wear and tear, through the natural aging process. In some people a tear in the rotator cuff muscle can cause pain in the shoulder. The most commonly torn and repaired rotator cuff muscle is the supraspinatus tendon. Larger tears may involve more than one tendon.

Surgery is required to repair the torn muscle. A keyhole (arthroscopic) or open procedure will be performed:

Arthroscopic: A small telescope and instruments are used to help to avoid a big wound and complications associated with this. Two to three small cuts are made around the shoulder where the instruments and telescope with the camera enter the joint to perform the procedure. This allows thorough evaluation of all the internal structures of your shoulder joint. If abnormalities are found the surgeon may elect to treat these at the same time as your rotator cuff. The most common extra procedures are acromioplasty (re-shaping of the bony roof of your shoulder to minimise risk of recurrence of tear) and biceps tenotomy (cutting the tendon off the bone) or biceps tenodesis (re-attaching the tendon lower down on the humerus bone). Your surgeon will advise you if these are likely.

Open: If the surgeon is unable to reach the area with the telescope they may need to make a slightly larger cut to access more of the area. If a biceps tenodesis is required then this is usually performed through a small incision in your upper arm.

Long term benefits of rotator cuff repair

- Pain relief
- Improved shoulder stability
- Improved range of movement and strength
- Increased ability to perform functional activities

Recovery may take up to 6–9 months for full benefit. You should start to notice the vast majority of recovery within 6-12 weeks. These timings are approximate, if your tear is very large your recovery may take longer; your surgeon will advise you of this.

What should I bring with me for my operation?

The hospital admissions team will provide you with reporting instructions for the day of surgery. They will also advise you of the latest time before surgery that you may eat or drink something. The surgery is normally performed as a day case procedure; unless you have been informed otherwise.

You will need to arrange for someone to escort you home on the day of surgery. Bring loose clothing and we would recommend button-up or zip-up tops, and avoid bottoms with complicated belts or zips to make it easier to get dressed after the operation.

Consenting to the operation

A member of the surgical team will have explained the risks, benefits and alternatives to surgery in the outpatient clinic. This leaflet will allow you to further reflect on this discussion. You may change your mind about surgery at any time and should contact the admissions team to inform them if this is the case. On the day of surgery, you will be seen by the surgeon (or member of his team) who will re-iterate the risks, benefits and alternatives to surgery. It is important that you understand why you are having surgery and all the risks associated with it. As recommended by the

World Health Organisation, an ink marking will be made on your arm so that final checks on correct site surgery can be made whilst you are asleep. This may remain visible on your skin for a few days after surgery. You will be asked to sign a form consenting to the surgery.

Anaesthetic

You will be seen by an anaesthetist before your operation who will discuss different forms of anaesthesia. The operation is usually performed under general anaesthesia (fully asleep) and is supplemented with local anaesthetic to help with pain relief afterwards. Different methods of local anaesthetic administration are available and the anaesthetist will discuss the risks of benefits of each with you so that you can make a preferred choice.

What are the risks of having a rotator cuff repair?

All operations have risks both from the anaesthetic and the procedure itself. However, most of these complications are relatively minor and easily treatable, but may mean you need to stay in hospital longer.

Risks	Information
Pain	The procedure involves moving soft tissues and removal of bone, which may be uncomfortable for up to 6 months afterwards.
Bleeding	A small amount of bleeding is inevitable with this operation. You may develop significant bruising.
Infection	Rarely a wound can become infected and show signs of inflammation (i.e. red, hot, itchy). This will require treatment with antibiotics.
Scar	The operation will leave several small scars around the shoulder. Occasionally thickened scars may occur.
Frozen Shoulder	A general restricted range of movement in the shoulder sometimes occurs, slowing down your rehab. Physiotherapy, injections and sometimes further surgery can help.

Nerve damage	There are a number of important nerves in the tight area around the shoulder. Damage can cause symptoms of muscle weakness or numbness along the arm. This is an extremely rare occurrence.
Open procedure	If the surgeon is unable to reach the area with the telescope they may need to make a slightly larger cut. If you do not wish this to happen, you should discuss this with the surgeon.
Re-tear of rotator cuff	Due to a new injury or simply continued time related rotator cuff aging, the tendon can fully or partially re-tear in the future. Fortunately, this does not always require further operation. If you smoke then stopping this as soon as possible will improve your chance of healing.

After the Operation

After the operation you will be taken to one of the recovery rooms and may have several drips attached with nurse supervision. You will be wearing an oxygen mask.

Pain Control

The local anaesthetic will wear off after 24-48 hours and therefore it is important to start taking your prescribed pain killers to control the pain as soon as you get home. You should expect some pain to continue for several months, but this may not be bad enough to require painkillers.

Ice

When you go home you may want to use an icepack on your shoulder to try and reduce your pain and swelling; however, you **must not** use an icepack if there is still numbness around your shoulder or you cannot feel any cold sensation. You should not use this for more than 10-15 minutes at a time. It is important that your wound does not get wet so make sure any icepacks you use are well wrapped up, i.e. with a tea towel.

Wound Care and Washing

Your wound must remain dry until it has healed; reducing the risk infection. Your wound should heal within 10-14 days. You may take a shower and use an icepack as long as you keep the wound covered and dry with a waterproof dressing. Avoid the use of spray deodorants and powder near the scar. The nurses will discuss wound care with you prior to your discharge. The wounds are either closed with steristrips or stitches that require removing 10-14 days post operatively.

Sling

You will be given a sling to wear for 4 weeks. This must be worn 24 hours a day: excluding taking the arm out to eat, wash, dress and regularly exercise the arm as instructed by the physio. After 4 weeks you can wean out of the sling as comfort allows.

How do I get dressed?

It is easier to use front button shirts and pull-up trousers with an elastic waistband in the first few weeks. When dressing put the operated arm into sleeves first and when undressing take the un-operated arm out first, followed by the operated arm.

Armpit Hygiene

To wash under your arm lean forward slightly while your arm is out of the sling as if you were doing the elbow straightening exercise. Lean forwards slightly so that your arm hangs slightly away from your body. You should then be able to wash and apply deodorant.

Follow-up appointments

Week two – Nurse and surgeon appointment

Your wound will be checked and, if needed, stitches removed.

Week two to twelve – Outpatient physiotherapist

Seeing a physiotherapist after two weeks is very important. They will guide you through a rehab program that has been agreed with your surgeon. You may already have a relationship with a local physiotherapist, who you also wish to see post-operatively. Alternatively physiotherapy can be arranged in the hospital in which you have your operation.

Week twelve – Surgeon appointment

This is a review to ensure a good recovery has been made and no further treatment is needed.

If all goes well you will not need any further appointments. If your progress is slower than anticipated further appointments will be arranged to ensure your recovery is as good as it can be.

How will I progress and what should I avoid doing?

Note: If your tear is very large your rehab will be taken more slowly, this will be advised by your surgeon and physiotherapist

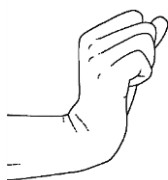
Day 1 until follow up at 4 weeks

- Sling: wear for 4 weeks only removing it to regularly exercise your arm and shoulder, and to shower, eat and dress. You may wear it in public as required but start weaning down the use gradually after 4 weeks.
- Exercise: start moving the joints around your shoulder as pain allows, and complete the below exercises.

It is important that you do not actively move your shoulder joint for up to 4 weeks to allow healing to take place. Your therapist will help to move your shoulder as required.

You may find that the joints around your arm become slightly swollen and stiff, particularly if you do not move it. To prevent this happening you should do the following exercises 10 times 3-4 times a day from day 1.

Avoid: Any painful movements. Exercise within the limits of pain



Hand & Wrist Exercises

Keep clenching your hand into a fist and then straightening your fingers
With fingers straight move them wide apart and then back together
Move your wrist round in circles



Elbow Exercises

With operated arm out of the sling, fully straighten and then bend your elbow. Use your other arm to help if necessary.
With you arm bent to 90° turn your forearm so that the palm of your hand faces up and then down.



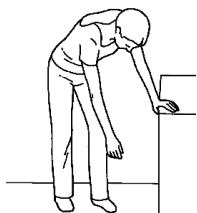
Shoulder Blade Squeezes

To prevent your shoulders becoming hunched post-op pull your shoulder blades together, hold for 5seconds and then relax.



Neck Exercises

Do not let your neck become stiff. Slowly turn your head from side to side and then tilt it each side.



Shoulder – Pendulum Exercises

While standing let your operated arm swing down by your side. Gently swing your arm in circles, side to side and then forwards and backwards.
Use this position to wash in your armpit.

4 – 6 weeks

Exercise: You will be given guidance by your therapist on starting to move your operated shoulder with the assistance of your healthy arm. They will start to teach you basic strengthening exercises in static positions, avoiding the use of the repaired rotator cuff muscle(s).

Avoid: Any painful movements and exercise within limits of pain

These movements may irritate the operated region and cause inflammation which can be painful and slow down your recovery

6 – 12 weeks

Exercise: You will be given guidance on increasing the movement in shoulder and restoring strength to your arm. Your therapist will guide you on strengthening your rotator cuff muscles in static, pain free positions

12 weeks onwards

You should be working on restoring;

- Functional movement, strength and stamina in the arm and shoulder
- Ability to perform the majority of function activities
- Gradually returning to strenuous work activities, sporting and recreational activities

Returning to work

The speed at which you can return to work is entirely dependent on the job you do. For rough guidance we advise:

- 2 weeks off for light/sedentary work; you can return as long as you can work wearing your sling.
- 3-6 months for manual occupations or as guided by your surgeon in follow up appointments

Driving

If you normally drive, you should feel ready to start driving again after six weeks dependent on pain levels, range of movement and strength in the arm and shoulder. You should not start driving until you feel you have enough movement in your arm to drive safely and once you have consulted with your insurance company.

Returning to sport

The following are rough guidelines and you should discuss with the physiotherapist at the 2 week follow up before undertaking any sport.

- Golf – 3 months
- Lifting – 3 months
- Swimming: Breaststroke – 6 weeks
Freestyle – 3 months
- Racquet sports – Competitive at 6 months
- Contact sport – 3 months providing adequate strength regained.

Useful addresses and telephone numbers

Please direct all enquires in normal working hours to Mr Ibrahim's secretary:

Thames Shoulder and Elbow

Secretary: 020 3761 5987

admin@thamesshoulderandelbow.co.uk

If your enquiry is **urgent** and needs to be made out of hours, or specific to your hospital admission, please contact the hospital in which you are having/had your surgery:

Hospital of St John and St Elizabeth

Switchboard: 020 7806 4000 (ask for the orthopaedic ward for urgent advice)

Admissions: 020 7078 3876

Clementine Churchill Hospital

Switchboard: 020 8872 3872 (ask for the orthopaedic ward for urgent advice)

Admissions: 020 8872 3807