Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Rotator Cuff Repair Surgery v7

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Rotator Cuff Repair Surgery

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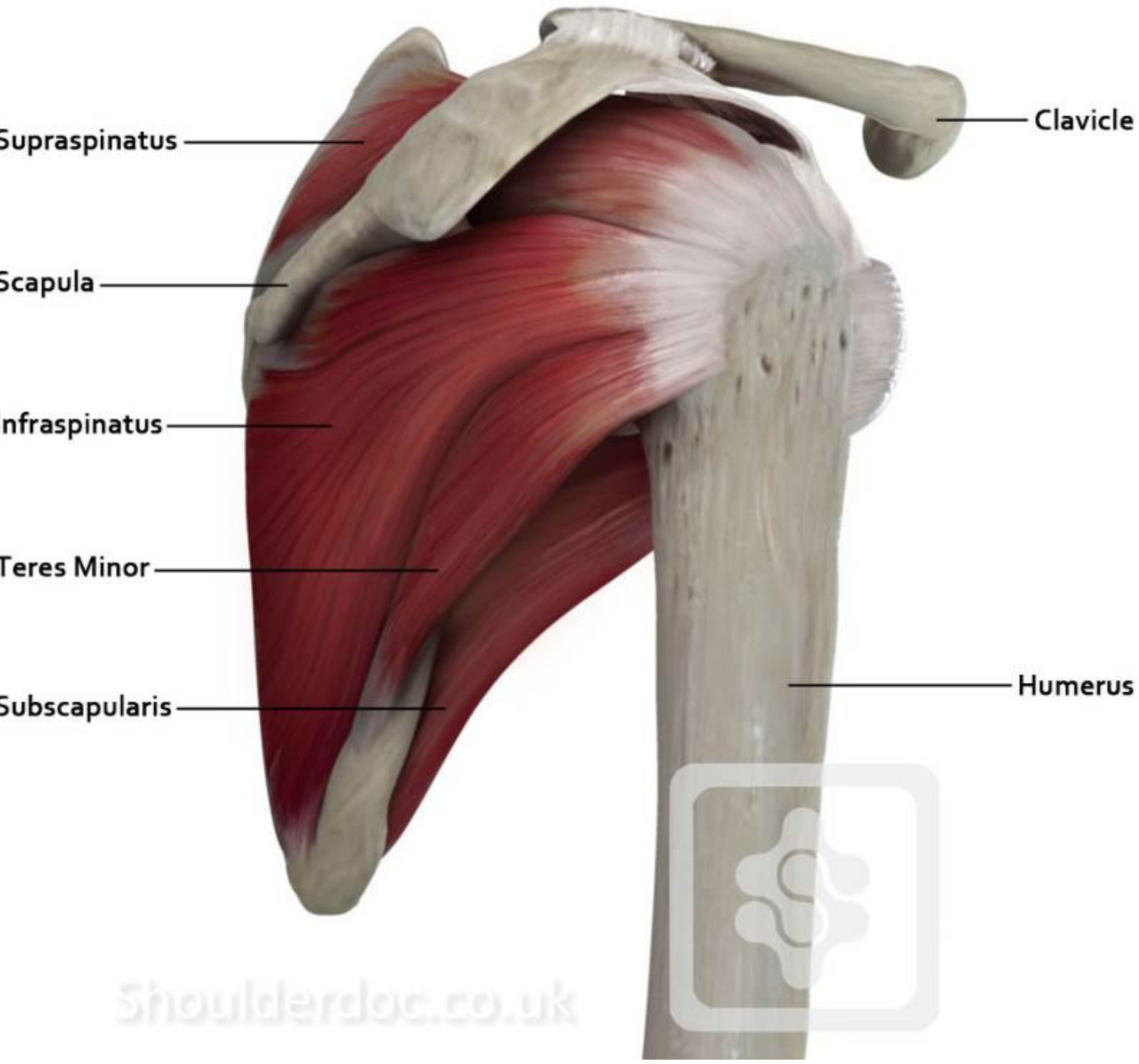
Rotator Cuff Repair Surgery

This leaflet aims to help you understand and gain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at the WWL NHS Trust. Each person's operation is individual, and you may be given specific instructions that are not contained in this leaflet.

What is the Rotator Cuff?

The shoulder is a ball and socket joint. The rotator cuff is a group of muscles closely wrapped around the shoulder. These muscles help keep the ball centred in the socket and help to control shoulder movements. These muscles attach on the shoulder blade and onto the top of the arm bone.

The muscles can be torn through general wear and tear or after an accident/fall. The damage usually occurs in the tendon, the area where the muscle joins the bone of the ball. If one or more of these muscle tendons are torn, movement is no longer smoothly controlled, and the shoulder becomes weak and painful.

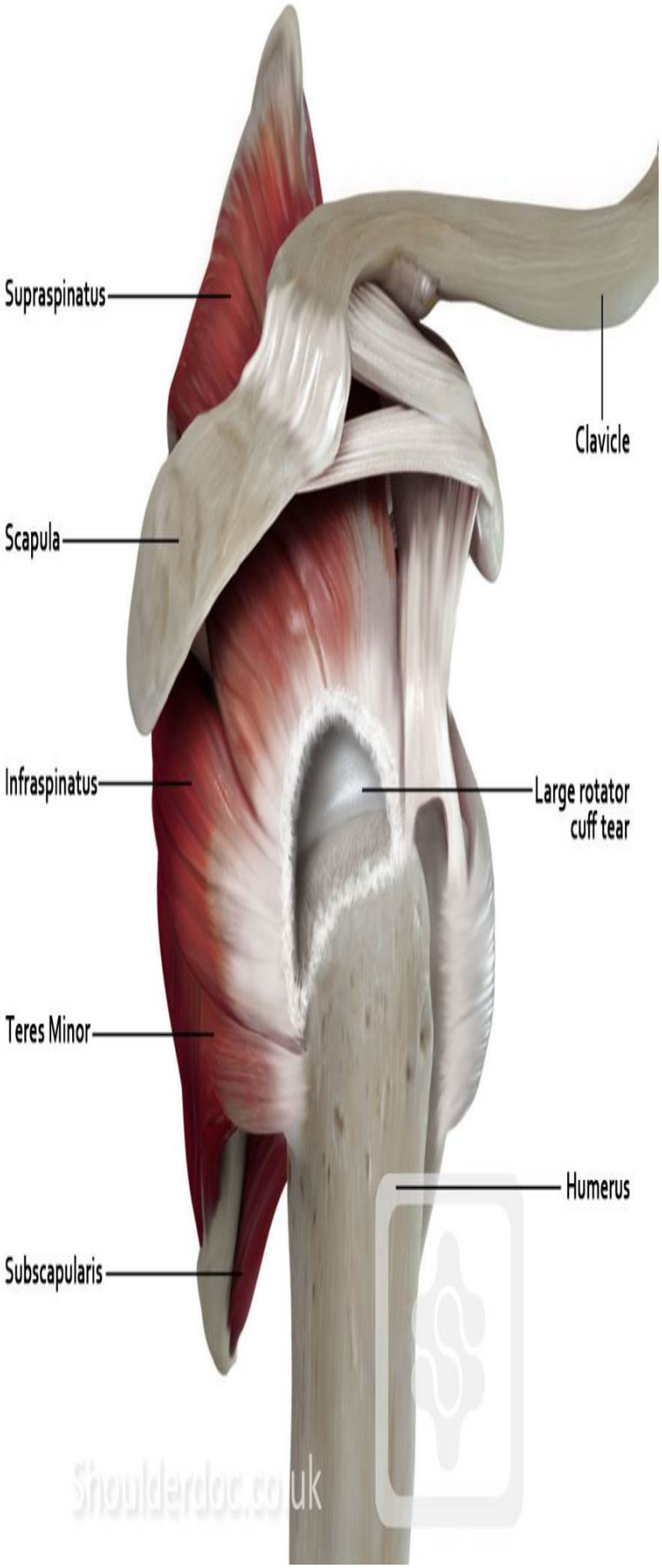


What is the Rotator Cuff Repair Operation?

The operation aims to re-attach the torn tendon(s) back to the bone. A ligament is often also released, and a bone prominence is often cut away to give the repaired muscle more space in which to move. This is called a subacromial decompression.

During your operation, the Surgeon may identify further damage within your shoulder, which requires addressing. This may require debridement (clean up), tendon repair or tendon release. If a tendon release is performed this may change the appearance of your arm muscle called a “popeye sign”. Sometimes the tear is too big and/or the tendon is too fragile for the repair to be possible and only a partial repair can be achieved.

As the strength and size of the repair can vary, we can only give you general rehabilitation guidelines in this leaflet. The Surgeon and Physiotherapists will be able to discuss your individual surgery after the operation. Please ask.


Supraspinatus
Clavicle
Scapula
Infraspinatus
Large rotator cuff tear
Teres Minor
Humerus
Subscapularis
Shoulderdoc.co.uk

Complications

Decisions regarding surgical treatment are best taken jointly between the surgeon and an informed patient. In addition to the surgeon explaining the procedure, you must take the opportunity to ask and clarify, what concerns you the most, no matter how trivial you feel your concern may be!

All surgical procedures are associated with a degree of risk. Your surgical team will do everything possible to minimise the risks and complications. Below is a list of some risks and complications associated with common shoulder surgical operations, but these may differ depending on the exact type of surgery you are having.

- **Pain** levels felt after surgery vary depending on the type of surgery, individual pain thresholds, nature of the problem for which surgery was done and various other factors. Pain during the night is particularly common following rotator cuff repair.

- **Stiffness** after shoulder surgery is not uncommon and occurs as a result of pre-existing conditions, surgical scarring and prolonged post-operative protection in a sling. It is very uncommon to see significant stiffness at 1 year after arthroscopic (keyhole) shoulder surgery.

- **Bleeding** during or after surgery. It is common to have oozing from the key-hole incisions after surgery.

- **Infection** of the wound is rare with arthroscopic surgery (less than 0.2%). Early diagnosis of post-operative infection has a significantly better outcome. After your operation you should contact the ward and your GP immediately if you get a temperature, notice pus in your wound, feel unwell, or if your wound becomes red, sore, or painful.

- **Unsightly scarring** of the skin (less than 1%). Most surgical scars have disappeared to a thin pale line by one year after surgery. If you are concerned about your scar, you must discuss it with your surgeon or therapist, as there are many treatments to improve scar healing.

- **Nerve injury** is rare (less than 0.5%), with most shoulder operations, but some larger operations have a higher risk and this will be discussed with you by your surgeon.

- **Vascular injury** is again very rare at less than 0.5%.

- **Anaesthetic** related complications such as sickness and nausea are relatively common. Heart, lung, or neurological problems are much rarer at less than 1 person in 1,000.

- **Rotator cuff re-tears** despite the patient satisfaction rate of over 95%, approximately 15 to 20% of repaired tendons do not fully heal or re-tear. This is more likely in older people with older tears.

- **Revision (Repeat) surgery**: Following revision surgery the outcomes and results are in general less favourable compared to primary surgery. Similarly complication rates and risks are usually higher in revision surgery.

Alternatives to surgery

The decision to proceed with an operation is an individual choice between every patient and their Surgeon. You will only be offered an operation if your Surgeon believes that this will help improve your symptoms. Very few operations are essential, and all have a degree of risk. Some patients can learn to manage their symptoms with painkillers and improve function with muscle strengthening and physiotherapy.

Frequently asked questions

Will it be painful?

Although you will only have small scars, this procedure can be painful due to the surgery performed inside your shoulder.

The following pain control methods may be used to ensure you have as little discomfort as possible:

- A local nerve block, known as an interscalene block
- Pain killers and anti-inflammatory medications, taken regularly on discharge from the hospital

Interscalene block

You will generally have a nerve block for the surgery, known as an interscalene block. The Anaesthetist will discuss this in detail with you before the surgery.

An interscalene block is a nerve block in the neck used to provide a heavy numbness in the shoulder and arm (in a same way that a dentist can numb a tooth) so that the shoulder surgery can be carried with excellent pain relief.

The benefits of an interscalene block are:

- Reduced risk of nausea and vomiting and sedation
- Earlier to leave hospital
- Early intake of food and drink
- Excellent pain control
- Lighter general anaesthetic with speedier recovery from the anaesthetic
- Less chance of an overnight stay at the hospital

The Anaesthetist, Surgeon and you need to decide jointly whether you are suitable for an interscalene block.

Painkillers

You will be given painkillers (either as tablets or injections) to help reduce the discomfort whilst you are in hospital. A one week prescription for continued pain medication will be given to you for your discharge home. Keep the pain under control by using medication regularly at first. It is important to keep the pain to a minimum, as this will enable you to move the shoulder joint and begin the exercises you will be given by the Physiotherapist.

If you require further medication after these are finished, please visit your General Practitioner (GP).

Will I need to wear a sling?

Your arm will be immobilised in a sling for several weeks. This protects the repair during the early phases of healing and makes your arm more comfortable. A Nurse or Physiotherapist will show you how to take the sling on and off safely. You will be told post-operatively how long you will need to wear the sling for. The sling will then gradually be used less as the repair heals and the muscles regain their strength.



If you are lying on your back to sleep, a pillow under your upper arm/elbow can make it more comfortable. You may find placing a thin pillow or rolled towel under your elbow helpful.





Do I need to do exercises?

Yes. At first, you will only be moving the joint for specific exercises that the Physiotherapist will show you. You will be referred for continued physiotherapy as an outpatient. You will need to get into the habit of doing regular daily exercises at home for several months. You will also need to commit to attending physiotherapy regularly from 2 weeks post operation. This will enable you to gain maximum benefit from your operation.

What do I do about the wound?

Your wound will have a shower-proof dressing on when you are discharged. You will be given extra dressings to take home with you. You may shower or wash with the dressing in place, but do not run the shower directly over the operated shoulder or soak it in the bath. Pat the area dry, do not rub. You may have stitches/clips that will need to be removed/trimmed at your GP practice or your hospital follow up appointment. The nursing staff will advise you when this can happen; it is usually between 10 to 14 days after your operation. Avoid using spray deodorant, talcum powder or perfumes on or near the wound until it is fully healed. Please discuss any queries you may have with the Nurses on the ward.

When do I return to the outpatient clinic?

This is usually arranged for approximately 2 to 3 weeks after you are discharged from hospital, to check on your progress. Please discuss any queries or worries you may have when you are at the clinic. Appointments are made after this as necessary.

Are there things that I should avoid doing?

Although your tendon has been repaired by surgery it takes time to heal and then strengthen. During this time it is important to achieve a balance between protecting the repair and avoiding stiffness.

Avoid anything other than gentle everyday activities for the first 3 weeks, especially those taking your elbow away from your body. Keep it in the sling, except when you are doing your exercises. Continue with this until the Consultant, hospital Doctor or Physiotherapist tells you otherwise.

There may be other movements that are restricted for you. You will be told if this is the case by the Physiotherapist.

Do not lie on your operated side whilst still wearing the sling.

Do not let your elbow move or stretch across the front of your body. This can happen at night when you are lying on the side that has not been operated on. So once you stop using the sling; place your arm on pillows in front of you.

Within these general instructions be guided by pain. It is normal for you to feel discomfort, aching and stretching sensations when you start to use your arm. Intense and lasting pain (e.g. for 30 minutes) means that you should reduce that particular activity or exercise. Avoid sudden, forceful movements involving weight.

How I am likely to progress?

This can be divided into 3 stages and will depend on surgery

Stage 1 - Sling on, no movement of the shoulder except for exercises.

Immediately after the operation and for approximately the first 3 to 6 weeks you will basically be one-handed. This will affect your ability to do everyday activities, especially if your dominant hand is the side with the operation. Activities that are affected include dressing, bathing, hair care, shopping, eating and preparing meals.

Stage 2 - Regaining everyday movements

This starts once you are given the go-ahead by the team (generally after 3 to 6 weeks). You will continue outpatient physiotherapy and the exercises will be progressed to help regain movement and muscle control. The arm can now be used for daily activities. Initially, these will be possible at waist level but gradually you can return to light tasks with your arm away from your body.

Generally, once you are allowed to take your arm out of the sling, do not be frightened to start moving the arm as much as is comfortable. Gradually, the movements will become less painful.

Stage 3 - Regaining strength

After 6 to 12 weeks, you will be able to increase your activities, using your arm away from your body and for heavier tasks. The exercises now have an emphasis on regaining strength and getting maximum movement from your shoulder. There may still be some restrictions on lifting.

Guide to daily activities

Some difficulties are quite common, particularly in the early stages when you are wearing the sling and when you first start to take the sling off. Below are listed some common difficulties with guides which may help.

If you have any caring responsibilities for others you may need to make specific arrangements. Discuss your needs with your GP or hospital staff prior to your surgery.

Please discuss anything you are unsure about with the staff.

1. Getting on and off seats - raising the height can help e.g. extra cushion.

2. Hair care and washing yourself - long handled brushes and sponges can help.

3. Dressing - wear loose clothing that has front fasteners or which you can slip over your head. For ease, also remember to dress your operated arm first and undress your operated arm last.

4. Eating - a non-slip mat can help when one handed. Use your operated arm once it is out of the sling, as you feel able.

5. Household tasks/cooking - do not use your operated arm for activities involving weight (e.g. lifting kettle, iron, and saucepan) for 12 to 16 weeks. Light tasks can

be started once your arm is out of the sling. At first, you may find it more comfortable keeping your elbow into your side.

When can I participate in my leisure activities?

Your surgical team will advise you on exact timescales:

Work (light duties)	3 to 6 weeks
Work (manual work)	12 to 16 weeks
Swimming (breaststroke)	6 to 8 weeks
Swimming (freestyle)	12 to 16 weeks
Golf	12 to 16 weeks
Lifting	12 to 16 weeks
Gardening	12 to 16 weeks

When can I drive?

You cannot drive while you are wearing the sling. After that, the law states that you should be in complete control of your car at all times. It is your responsibility to ensure this and to inform your insurance company about your surgery.

Contact

Wrightington Inpatient Physiotherapy Team: 01257 256307 (answer machine available)

Wrightington Outpatient Physiotherapy Team: 01257 256305

Acknowledgement & further information

Help and feedback were given by people who have had rotator cuff surgery.

www.shoulderdoc.co.uk



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