

# Patient information

## Rotator Cuff Repair

You will be admitted for surgery for a repair of your rotator cuff muscles around your shoulder

The rotator cuff is a group of four muscles and their tendons which connect the shoulder blade (scapula) to the top of the bone in the upper arm (humerus). Together these muscles and tendons form a cuff around the top of the humerus which both holds the shoulder joint in its socket and performs certain movements. Due to its anatomy, repetitive use and its poor blood supply the cuff is particularly vulnerable to being torn.

Tears can occur in a number of ways – injury, overuse, gradual weakening (degeneration) and poor blood supply. Tears are noticed by patients due to pain in the shoulder and stiffness due to pain.

Surgery is usually advised when the cuff has torn all the way through (known as a ‘full thickness’ or ‘complete’ tear) following an injury, or a partly damaged cuff that isn’t improving with other treatments. The aim of surgery is to restore shoulder function as closely as possible to how it was before the injury, and to allow the patient to be free of pain. While it is often perceived as a quick and easy fix, in reality there is a long period of physiotherapy postoperatively and certain risks associated with the procedure itself. It should be noted that massive cuff tears may not be repairable by surgery.

### Surgery

Surgery is performed either under general anaesthetic or under sedation along with a nerve block of the area. Your anaesthetist will advise you about the most appropriate anaesthetic.

Surgery is normally performed as a keyhole procedure (arthroscopic). The keyhole procedure involves making between 3-5 stab wounds around the shoulder. The long term outcome following either procedure is similar with regard to relief of symptoms.

Occasionally it may be appropriate to change from a keyhole procedure to an open procedure during the operation. The open procedure involves making a 6-10cm cut over the front of the shoulder. This would be where a large muscle tear is encountered.

## **Post-operative Care**

Most patients are discharged home on the day of surgery.

If surgery has been performed using a nerve block, the operated area is usually numb for 12-18 hours after surgery.

After the operation your arm will be immobilised in a sling for comfort. You will need to wear your sling for 6 weeks following surgery. During the night-time you may find it comfortable to wear the sling with a tee-shirt over the operated shoulder. You should only remove your sling for exercises and bathing.

As this is a keyhole procedure, dissolvable sutures are used to close the wounds. These sutures do not require removal. The wounds will close up within 6-8 days of the operation. Where an open procedure has been performed the wound is closed with a suture which needs to be removed after 10-12 days.

Occasionally the dissolvable suture is prominent in the wound. If this is the case you or your partner may cut the prominent suture with a sharp pair of clean scissors or you can have the suture trimmed by your practice nurse. In most cases the prominent suture will fall out itself once the deeper suture has dissolved.

## **Rehabilitation and advice**

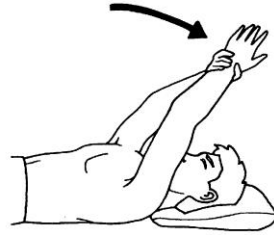
Once you have muscle control of your arm and shoulder and the nerve block has worn off (if you have had one), you should start to gently move your arm and shoulder according to the following exercises.

The exercises should be practiced 3-4 times a day.



Bend elbow towards shoulder and straighten out fully. Repeat 10 times.

Use your hand and wrist normally – move forwards and backwards, and in a circular motion to prevent stiffness.



Lying on your back with elbows straight. Use the un-operated arm to lift the operated up, keeping it as close to the ear as possible. Repeat 10 times.



Sit or stand.  
Roll your shoulders in both directions.  
Repeat 10 times.

You will be referred for outpatient physiotherapy at your local hospital or clinic.

**Advice:**

You will need to take care not to stress the repair following the operation. You should wear your sling for 6 weeks, but it may be removed for washing, dressing and exercises. You may find it comfortable to rest your elbow and forearm on a pillow when lying or sitting.

Do not use your arm away from your side unless assisted by the other arm.  
Do not take your arm behind your back.

You will not be able to drive for at least 8 weeks. This is to protect the surgical repair of the muscles.

If you have any questions about the exercises, please speak to your physiotherapist or the West Suffolk Hospital Physiotherapy Department on 01284 713300.

## **Outcome**

In general 30-40% of patients experience improvements to their symptoms at three months following surgery and between 80-90% have full symptomatic recovery within twelve months of surgery.

You may continue to experience discomfort from your shoulder during certain activities (such as reaching behind you or reaching above shoulder height). This discomfort may continue for three to six months following surgery but in the majority of cases it will settle down completely.

## **Orthopaedic Follow Up**

Prior to the surgery we will have assessed your shoulder function with the Oxford Shoulder Score. Six weeks, three months and six months after surgery we will send you scoring sheets and stamped addressed envelopes for you to complete. Please send these sheets back to the hospital so that we can monitor your progress.

In order to follow your progression, we will ask you to come back for a clinical assessment at 2 weeks, and 3 months. We will also monitor your recovery with the Oxford shoulder score via the questionnaires. However, do contact us if you experience problems with the shoulder and likewise we will contact you if the shoulder scores reveal slower progress than expected.

If you should have any worries with regard to your progress, or other matters in connection with your surgery, our Nurse Practitioner will be happy to discuss this with you over the telephone or to arrange an outpatient appointment to see our team in the outpatient clinic.

Please contact Nurse Practitioner, Donna Taylor, on telephone 01284 713924. This phone is normally answered during day-time hours, 8.00am to 5.00pm, or you can leave a message on the answering machine and your phone call will be returned on the same day or if after hours, the following morning.

## **Complications**

**Wound seepage:** At the keyhole procedure a large amount of water is used to wash through the shoulder joint during the procedure. As a result of this seepage from the

wounds may be seen for the first 2-3 days following surgery. This is to be expected and should not cause any worries.

The dressings over the shoulder should be left intact for 2-3 days. If the wounds are dry by then one can have a bath or shower. Occasionally an occlusive waterproof dressing is used over the stab wounds in which case you can have a bath or shower immediately post-operatively.

**Infections:** Infections are very rarely seen following surgery. As stated above a leakage of the wound is very common but it is very rare that an infection occurs. If the wound should become tender, red, swollen or leaking pus, you should contact your GP or the surgical ward for advice.

**Post operative bleeding:** Occasionally a small bleed may be seen following surgery. This is rare and normally can be treated by applying pressure to the bandage covering the wound. If the bleed should continue you should contact your GP or the surgical department.

**Pain:** The keyhole procedure and the open procedure will both be associated with some post-operative discomfort. You should take painkillers as prescribed by your surgeon. If pain and discomfort is still felt you can apply an ice bag to your shoulder. If further pain relief is required, you should contact your General Practitioner or the surgical department.

## **Further information**

If you require further information, you can contact your surgeon's secretary via the main hospital telephone number on 01284 713000, or the Physiotherapy Department on 01284 713300.

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:*  
<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>