

Patient Information

Rotator Cuff Repair

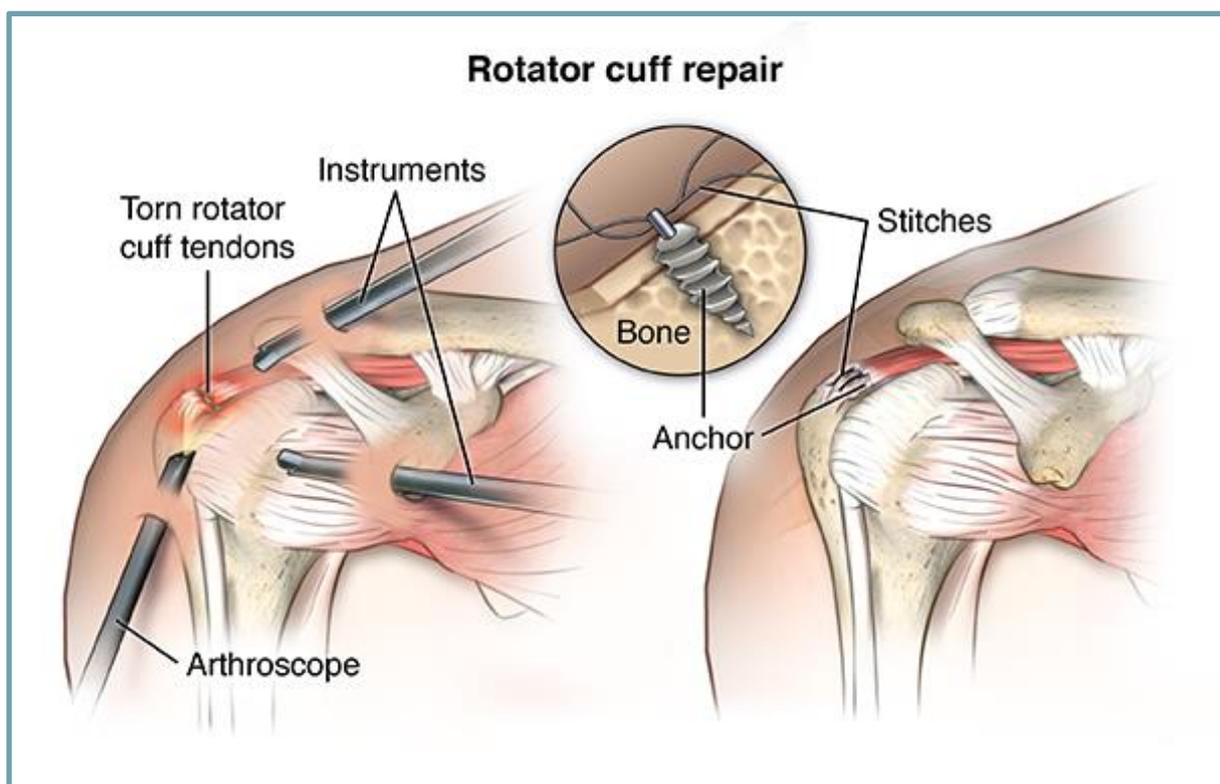
KEY POINTS

- This is a good operation for pain relief but it is less reliable at improving movement and will not restore normal strength to the arm
- Nearly all are done as day case surgery (home the same day)
- You will have a general anaesthetic (you will be asleep)
- You will be in a sling for up to 6 weeks
- You will not be driving for at least 6 weeks
- Up to 3 months before returning to work (if a manual worker) but much sooner if not a manual worker
- You can return to sport in a progressive fashion but not competitively for 3 months
- Your shoulder will continue to improve for 12 months
- This is a safe, reliable and effective operation for 90% of people

The operation aims to re-attach the tendon(s) to the bone. Sometimes the tear is too big and/or the tendon is too fragile for this to be possible and only a partial repair can be achieved.

About the operation

The repair involves sewing the torn tendon back onto the bone. This operation is usually done by keyhole surgery ('arthroscopy'). Occasionally it may be necessary to perform the operation through a cut on the front of the shoulder. You will have a full general anaesthetic, i.e. you will be asleep. Several 5mm puncture wounds are made around the shoulder to allow entry of the arthroscopic instruments. One of the instruments is a camera which allows the surgeon to thoroughly inspect the inside of the shoulder joint. The tendon is repaired using special bone anchors. These anchors are like small screws which are placed into the bone. Attached to the screw are a number of stitches which can be weaved through the torn tendon which allows the tendon to be firmly reattached back to bone.



What are the risks?

All operations involve an element of risk. The risks include:

- Pain and stiffness in (and around) the shoulder. About 20% of patients will still have some symptoms after the operation. About 5% of patients develop painful stiffness (frozen shoulder) which gradually improves with time and physiotherapy over several months
- Infection. These are usually superficial wound problems. Occasionally, deep infection may occur many months after the operation (rare; less than 1%).
- Failure to repair the muscle because it is too badly torn. Despite this the operation usually improves the pain but movement and strength may be no better
- Damage to the nerves and blood vessels around the shoulder (less than 1%).
- A need to re-do the surgery for a re-tear. Any tendon that has been torn once is at higher risk of tearing again in the future
- Weakness above shoulder height. Most people never recover completely normal strength above shoulder height
- Complications relating to the anaesthetic, such as sickness, nausea or rarely cardiac, respiratory or neurological (less than 1% each, i.e. less than one person out of one hundred).

What are the alternatives?

You have probably tried most of the alternative solutions for your shoulder pain before considering surgery. Not all these options are appropriate for all people.

They include:

- Modifying activity and sport to avoid the pain
- Taking painkillers and/or anti-inflammatory tablets
- Cortisone injections
- Physiotherapy and other allied specialties such as acupuncture and osteopathy
- Seeking the advice of a sports professional

Will it be painful?

During the operation local anaesthetic will be put into your shoulder to help reduce the pain. Be prepared to take tablets as soon as you start to feel pain. If needed take the tablets regularly for the first 2 weeks and after this time only as required. The careful use of ice packs (5 to 10 minutes per application) or heat may also help relieve pain in your shoulder.

Do I need to wear a sling?

Yes, it is extremely important to protect the tendon repair using a sling day and night following the operation. This also makes your arm more comfortable. You will be shown how to get your arm in and out of the sling by a nurse or physiotherapist. You will wear the sling for up to 6 weeks depending on the size of the repair/consultant's guidelines.

Do I need to do exercises?

Yes! To begin with you will be moving the elbow, wrist and hand joints only, using the specific exercises which the physiotherapist will show you. You will continue with these exercises at home for between 3 to 6 weeks depending on your particular operation.

What do I do about the wound?

It is unlikely you will have any stitches. A small sticking plaster will cover 2 or 3 small wounds. Keep the wounds dry until they are healed. This is normally 7 to 10 days.

How am I likely to progress?

It is important to recognise that improvement is slow and that this is not a quick fix operation. By 3 to 6 months after the operation, most people have noticed an improvement in their symptoms and are pleased with their progress. Everything continues to improve slowly for up to 18 months. At 9 to 12 months after the operation your shoulder should feel almost back to normal.

Progress can be divided into 3 phases:

Phase 1: Sling on. No movement except for exercises

You will basically be on-handed immediately after the operation for the first 3 weeks, or up to 6 weeks (depending on your operation). This will affect your ability to do everyday activities, especially if your dominant hand (right if you are right handed) is the side of the operation. Activities that are affected include dressing, shopping, eating, preparing meals and looking after small children.

Phase 2: Regaining everyday movements

This starts once you are given the go-ahead by your consultant or physiotherapist (between 3 to 6 weeks after your operation). You will have outpatient physiotherapy and start exercises to gain muscle control and movement. 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.

Phase 3: Regaining strength

After 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 are still some restrictions on lifting.

When can I drive?

It is illegal to drive while you are wearing your sling. You may start to drive once the sling has been discarded but not until you can safely control the vehicle. This is normally between 8 and 12 weeks after the operation. It is advisable to start with short journeys.

When can I return to work?

This will depend on the type of work you do and the extent of the surgery. If you have a job involving arm movements close to your body you may be able to return within 3 weeks. Most people return within 2 months of the operation. If you have a heavy lifting job or one with sustained overhead arm movement you may require 3 to 6 months off. Please discuss this further with the surgeon or physiotherapist if you feel unsure.

When can I participate in my leisure activities?

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your shoulder following the operation. It is best to start with short sessions involving little effort and then gradually increase the effort or time for the activity. However, be aware that sustained or powerful overhead movements (e.g. trimming a hedge, some DIY, racket sports etc) will put stress on the subacromial area and may take several months to become comfortable.

CONTACT US

Private Patients
Tel: 0203 897 0663

Email: brownlow.pa@med-services.co.uk

NHS Patients
Tel: 0118 922 0008

Email: tracey.sandland@circlereading.co.uk

www.berkshireshoulders.co.uk