



Rotator Cuff Repair

Patient information about the surgery and postoperative care

About your Rotator cuff operation

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. The repair involves sewing the torn tendon on the bone. This is done with the help of anchors inserted into the bone. In addition, a ligament is also released, and a prominence on a bone cut away to give the repaired muscle more space in which to move (decompression}. The repair can be performed entirely by a keyhole technique (arthroscopic surgery). Occasionally the tear is too big to be repaired by a keyhole surgery and it is necessary to perform open surgery. Some tears are irreparable.

As the strength and size of the repair can vary, so will the period spent in a sling and the type of exercises you receive.

What are the risks?

- a) **Anaesthetic** complications; such as sickness, nausea or rarely cardiac, respiratory or neurological complications. (Less than 1%)
- b) **Infection**. These are usually superficial wound problems. Deep infection may occur in Less than 1% of cases.
- c) Persistent **pain** and/or **stiffness** of the shoulder. 15–20% of patients will still have symptoms after the operation.
- d) **Nerves** and **blood vessels** damage around the shoulder. (Less than 1%)
- e) Sometimes it is impossible to repair the muscle because it is too badly torn. The sub-acromial decompression should improve pain, but movement and strength may be no better.
- f) A need to redo the surgery. Sometimes the muscle can re-tear. This depends on the size of the tear and how well it heals.

g) Rarely, one of the anchors used to repair the muscle can back out resulting in the need for further surgery.

H) Frequently the long head of the biceps is damaged. This can be a source of pain and need to be dealt with at the same time of repairing the rotator cuff. One quick way to get rid of this source of pain is to detach the tendon from its attachment to the top of the shoulder socket (Biceps tenotomy). This procedure carries a 35% chance of altering the external appearance of the biceps muscle (popeye sign).

Frequently asked questions

Is it be painful?

The operation is to relieve pain, however it may be several weeks until you begin to feel the benefit. During the operation you may be given a nerve block. While you are asleep, an injection of local anaesthetic is given around the nerves in your shoulder. This usually means that you will not have any feeling or movement in your arm when you awake from the anaesthetic. This may last several hours. When you begin to feel the sensation returning (often a 'pins and needles' feeling), you should take pain medication before full sensation returns. You should be taking pain killers regularly to keep the pain at bay.

Once the sensation has returned, you may find ice packs over the area helpful. Use a packet of frozen peas, placing a piece of paper towel between your skin and the ice pack. Until it is healed, also use a plastic bag to protect the wound from getting wet. Leave on for 10 to 15 minutes and you can repeat this several times a day.

Do I need to wear a sling?

Your arm will be immobilised in a sling or a brace. This is to protect the repair during the early phases of healing and to make your arm more comfortable. You will be shown how to get your arm in and out of the sling or brace by the physiotherapist.

You will wear the sling or brace for a minimum of 4 weeks. The sling will then gradually be used less as the repair heals and the muscles regain their strength.

During this time you may find your armpit becomes uncomfortable. Try using a dry pad or cloth to absorb the moisture.

If you are lying on your back to sleep, you may find placing a small towel or pillow under your upper arm to be comfortable.

What exercises do I need?

To begin with you will be moving the joint only for specific exercises, which the physiotherapist will show you. You will continue with these exercises at home.

It is important not forget to move the elbow, wrist and fingers as part of your shoulder rehabilitation.

Outpatient physiotherapy appointments will be organised to start at an appropriate time.

You will need to get into the habit of doing regular daily exercises at home for several months.

They will enable you to gain maximum benefit from your operation.

Surgical wound care?

Keep the wound dry until it is healed. This is normally for 14 days. You can shower/wash and use ice packs but protect the wound with cling film or a plastic bag.

Avoid using spray deodorants, talcum powder or perfumes near or on the scar.

Normally your stitches will be removed by the nurse at your GP surgery or by a district nurse 12 – 14 days.