

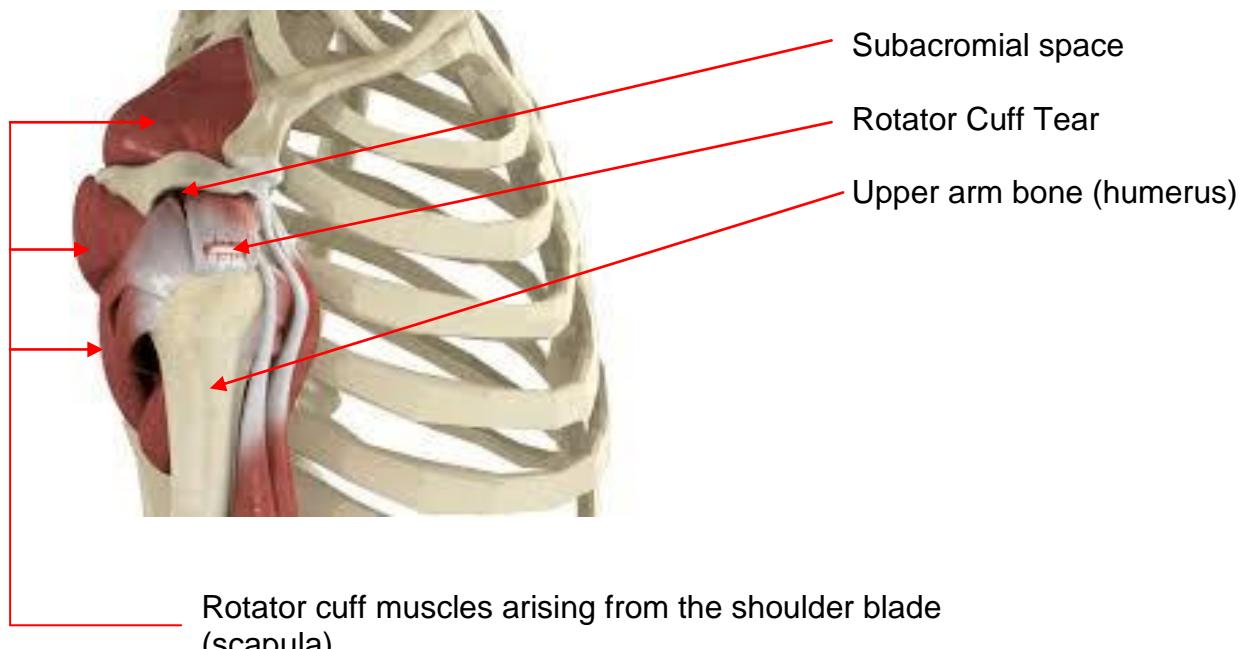
## ARTHROSCOPIC ROTATOR CUFF REPAIR

The aim of this leaflet is to give you some advice and understanding on arthroscopic rotator cuff repair surgery.

### About your shoulder

The shoulder joint is a complex joint. It consists of a large ball at the top of the arm bone (the 'humerus') which is joined to a small shallow socket which is part of the shoulder blade. Sitting above the ball is a roof, formed by a bony part of the shoulder blade at the back (the 'acromion') and a ligament at the front. The space in between the ball and the roof is called the **sub acromial space**, see picture.

The rotator cuff consists of four muscles which help to move the arm and keep the ball sitting in the correct position on the socket. The tendons of the rotator cuff pass through the sub acromial space. The rotator cuff tendons are subject to wear and tear changes which can be considered a normal part of the aging process. Sometimes one or more tendons can be torn as a result of this, or as a result of trauma such as a fall or wrenching the arm. Tears in the rotator cuff may result in pain, weakness or both.



## What problems do patients with rotator cuff tears have?

Rotator cuff tears are not always symptomatic, but pain and weakness of the shoulder can be present. Pain tends to be at the front and side of the shoulder and can radiate to the upper arm (deltoid region). Weakness ranges from mild weakness and pain when lifting objects away from the body to an inability to raise the arm at all in massive tears.

## What are the treatment options?

Treatment options vary on an individual basis based on the type, size and length of time a tear has been present, as well as the level of symptoms a patient experiences. The treatment options are either with or without surgery.

### Non-surgical options:

**Physiotherapy** – aims to strengthen other muscles around the shoulder to “compensate” for the torn tendon.

**Injections** – help settle the pain in the shoulder and allow patients to undergo a period of physiotherapy. We don't recommend repeated injections if you are considering surgery as this can have a negative impact on healing.

### Surgical options

**Arthroscopic (keyhole) debridement and subacromial decompression** – aims to make a tear asymptomatic by reducing pain in the shoulder and allowing patients to strengthen the other muscles around the shoulder.

**Arthroscopic (keyhole) rotator cuff repair** – fixes the tendon back to the bone from where it has torn off. This is achieved by placing anchors, with stitches (suture anchors), into the bone and stitching the tendon back to the bone.

## What are the benefits of arthroscopic rotator cuff repair?

Pain is relieved and function improved by repairing the damaged tendon. If not repaired, some tears can get bigger and cause some people to develop a specific type of arthritis (rotator cuff arthropathy).

## Are there any alternatives?

- Steroid injections into the shoulder
- Taking regular pain killers and/or anti-inflammatory tablets
- Seeking advice from a shoulder physiotherapist

## What are the risks?

Risks of the operation are:

**Wound infection** - rare and usually involves the skin. Occasionally a deep infection can occur, the risk is less than 1%.

**Stiffness** – shoulders can become stiff after shoulder surgery. About 20% of patients experience some stiffness and/or pain after surgery. Around 5% develop a painful stiffness that improves with physiotherapy over time.

**Re-tear** – the risk of a tendon re-tear depends on a number of factors, though further surgery is rarely needed.

**Nerve injury** – there is a very small risk to nerves around the shoulder. The risk is less than 1%.

### **Risks of the anaesthetic:**

Your anaesthetist will talk to you about this. There is some information about anaesthetics below and there is additional patient information from the Royal College of Anaesthetists available.

### **What anaesthetic will be used?**

You will meet the anaesthetist before your operation and will have a chance to ask any questions you might have about your anaesthetic. Most patients will have a general anaesthetic and possibly a supplementary nerve “block” (regional anaesthetic) that provides pain relief in the immediate post-operative period. The block numbs your arm and you will not be able to move the arm until the block wears off (usually 12-18 hours). Your arm will be in a sling. It is important to take some painkillers before the block wears off, generally before you go to bed the day you have had surgery, to reduce the risk of developing pain.

### **Jewellery**

All jewellery needs to be removed from the arm that is to be operated on before surgery.

### **Blood clot prevention**

Risk of blood clot in the arm (deep vein thrombosis or DVT) is rare following shoulder surgery. Prevention is by physical means of stockings and pumps in theatre and early mobilisation after surgery (walking). Keeping well hydrated after surgery is also advised (drinking water).

### **Consent**

You will be asked to give your consent to this treatment following further discussion with medical or nursing staff. It is important that you understand what is involved and you will have an opportunity then to ask any questions that you might have.

### **Plan ahead for discharge home**

If you think you may have any difficulties, please discuss these at your pre-operative assessment appointment.

You will need someone at home for at least the first night after surgery.

Normally there are no stiches, your wounds should be covered until dry, but you can shower with waterproof dressings within a few days of surgery.

## Contact your GP if:

- You have severe pain
- You develop a fever
- Your wound appears red and lumpy or starts to leak fluid
- You develop arm/leg pain and swelling, or if your arm/leg becomes warmer than usual, or reddish / purplish in colour.
- You develop unexplained shortness of breath, chest pain and / or coughing up blood

## After the operation

Your arm will be supported in a sling to protect the repaired tendons. It is essential that you wear the sling day and night for a period of 3-6 weeks, your surgeon and physiotherapist will advise you on this. The amount of time is dependent upon the size of the rotator cuff repair. You can remove the sling to carry out your exercises and for washing and dressing only.

## Will I feel any pain?

Your arm will feel numb because of the nerve block/local anaesthetic used during your operation but this should wear off within 24 hours. Pain after the operation is normal and you will receive a combination of painkillers to help limit this. It is important that you control your pain to allow you to do your exercises, this will help to prevent your shoulder from becoming stiff.

Because of the minimally invasive (keyhole) nature of this surgery some people experience very little pain after the operation, allowing for greater use of the arm than is recommended. Even if there is minimal pain it is essential to protect the surgical repair and follow your surgeons and physiotherapists instructions.

## What are my precautions regarding movements and positions after surgery? What positions are allowed and what should I avoid?

- Do not actively move your arm away from your body for three to six weeks following surgery (you will be informed by your physiotherapist as to exactly how long). In addition, do not lift any object even if you are just bending your elbow.
- When lying on your back we recommend you put a towel roll under your elbow to support arm.
- Many patients find that lying on an incline in bed is more comfortable than lying flat, so you can try propping yourself up on some pillows. Some patients find sleeping in a recliner more comfortable during the first few weeks after surgery.
- To start with after surgery you should not reach behind your back with your operated arm.

## **May I use my operated arm for dressing, bathing, driving and other normal daily activities?**

- Driving: 6-8 weeks post op if comfortable, safe and good ROM and strength. You must notify insurance company.
- You may use your wrist, hand, and elbow for daily activities. This includes eating and shaving, as long as you do not move your operated arm away from your body and it does not increase your pain.
- Do not use your arm to push up/off the bed or chair for six weeks after your surgery.
- When showering, you may wash under the involved arm pit by bending forward to let the involved arm hang freely and reaching under with the opposite arm.
- Do not actively move your arm away from your body until instructed to do so.
- When using your keyboard and mouse, do not move your arm away from your body.

## **When will I begin physiotherapy and how often will I need to go?**

You should begin physiotherapy in the week following your surgery and will typically have one appointment per week, though this can vary. It is essential that you begin your therapy within this timeframe and if you do not have an appointment booked please contact us as soon as possible (phone 01423 553472). It is essential for the success of your surgery that you comply with your physiotherapy exercises.

## **When can I start strengthening exercises?**

Typically you will begin strengthening exercises at 6-8 weeks post-op.

## **When can I return to sport?**

- Return to sports and recreational activities are specific to the particular activity, but generally it is no sooner than four to six months.
- Always seek permission from your surgeon and therapist prior to starting any sports related activity.

## **Will I progress the same as my friend who had a rotator cuff repair?**

There are many patient specific variables that impact everyone differently. Hence, your recovery is individually based not only on tear size and your tissue quality but also on relief of pain, and recovery of power. Typically it will be at least 6 months before you feel significant improvement and you are ready to return to pre injury/surgery activities. Some individuals take up to 1 year before they fully recover.

## **Milestones**

- Dressings removed 7-10 days post op
- Sling for 3 weeks (unless otherwise stated in op notes)
- Driving: approximately 6-8 weeks
- Swimming: Breaststroke 6 weeks      Freestyle 3 months
- Golf: 3-6 months guided by surgeon
- Lifting: 3 months
- Work: sedentary 3-4 weeks      manual: guided by surgeon

## **Further Information**

If you require further information or advice please contact the ward you have been on

## Exercises

You can begin to exercise the arm with the following exercises as soon as the anaesthetic block has worn off.

### 1. Neck Rolling



- Stand/Sit with arms relaxed
- Make Backward Circles with your shoulders
- Relax and Repeat
- Repetition: 10 Frequency: 4 times a day

### 2. Table Slide Flexion



- Start sitting or standing with hands supported on table top
- Slowly slide arms in front in a comfortable range
- DO NOT push into resistance
- Use a towel under hands to reduce friction
- Repetition: 10 Frequency: 4 times a day

### 3. Assisted Movement - Shoulder Rotation



- Resting Elbow at 20 degrees abduction away from side. Hold a stick in your hands and push operated hand outwards.
- Only move as far as post-operative restrictions allow
- DO NOT push into resistance
- Repetition: 10 Frequency: 4 times a day

### 4. Assisted Movement - Shoulder Abduction



- Start sitting or standing with operated arm supported on table
- Slowly Slide arm out to the side in a comfortable range
- DO NOT push into resistance
- Slowly return to the start position and repeat
- Repetition: 10 Frequency: 4 times a day

## 5. Elbow Movement - Flexion



- Sit on a chair with your arm straight along the side
- Bend your elbow keeping the palm of your hand facing upwards
- Use your other hand to support your elbow.
- Repetition: 4 Frequency: 4 times a day

## 6. Neck Movement - Rotation



- Stand or sit tall
- Slowly turn your head to bring chin over your shoulder and look over your shoulder
- Return to start position and repeat on other side
- Repetition: 4 Frequency: 4 times a day

## 7. Neck Movement – Flexion



- Stand or sit tall
- Slowly bend chin to chest to look down at floor
- Return to start position and repeat
- Repetition: 4 Frequency: 4 times a day

## 8. Finger Flexion

- Clench a tight fist then straighten fingers
- Repetition: 20 Frequency: 4 times a day

These exercises are intended as a guide; if you have any difficulties please contact your physiotherapist. Regular exercise is the best way to optimise the outcome of your operation, however, only perform exercises that you have been instructed to do.

## Living with a shoulder sling



**NOTE:** It is essential that you regularly loosen or release the sling to exercise and move your elbow, wrist and hand to prevent stiffness of these joints. This should be done at least 4 times per day.

**1. GETTING WASHED:** For the first **3 weeks** you may need assistance to wash your **un-operated** arm, as you will not be able to use your **operated** arm for this. It may be possible to use either a cubicle shower, or an over-bath shower. Please remember to keep the surgical wounds dry and protected whilst washing. Waterproof dressings may be provided by the hospital to wear when you are washing, alternatively these can be bought from a chemist.

To dry yourself, it may be easier to put a towelling bathrobe on, which will help to dry your un-operated arm.

**2. GETTING DRESSED:** You will find it easier to wear front opening clothes. Always dress your operated arm first. Sit on the edge of a chair or stand with your arm 'hanging' by your side. Slide your **operated** arm into the garment first using your **un-operated** arm. Do not assist with your operated arm, just let it hang loose. Once this arm is fully in the sleeve bring the garment around your back and put the other arm in. Any fasteners must be fastened only with your un-operated arm. Once you have dressed your upper body, place your arm back in the sling.



By **6 weeks** after your operation you be able to have returned to dressing 'normally'.

**3. FEEDING:** For the first 3 weeks after your operation, you will feed yourself with your un-operated hand only. After this time you may return to feeding yourself 'normally' using both hands.



**4. TRANSFERRING:** This means getting in and out of your chair, bed and bath and getting on and off your toilet. For the first 6 weeks you must only push up from the bed, chair, toilet and bath using your un-operated arm. After 6 weeks you may return to using both arms as pain allows.

**5. SLEEPING:** For the first 3-6 weeks your sling should be kept on while you are in bed. You may find it more comfortable to sleep on your back initially, with a pillow under your operated arm for support. You may also find it more comfortable to sleep in a semi-sitting position.



**6. KITCHEN ACTIVITIES:** This includes making meals, snacks and drinks for yourself. For the first 3- 6 weeks you must use your un-operated arm for kitchen activities. After this time you may return to using both arms. AVOID LIFTING ANYTHING HEAVY FOR 3 MONTHS. At 6 weeks after surgery you may lift light items.



**7. HOUSEWORK:** Light housework may resume after 6 weeks. More strenuous housework should be avoided until 3 months after your operation.

**8. STAIRS:** When climbing/descending the stairs, hold the banister with your un-operated arm. This may mean that a second banister is required. After 6 weeks you may hold the banister with either arm.

**NB ALL THE ABOVE ARE GUIDELINES ONLY. IF YOU HAVE ANY CONCERNS OR ADDITIONAL QUERIES PLEASE CONTACT YOUR CONSULTANT.**

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.