

# Patient information leaflet - Rotator cuff repairs

For background to rotator cuff problems please see our website. You can find this section under services, shoulder and then rotator cuff tears.

Your operation aims to re-attach the rotator cuff tendon(s) to the bone. Depending on the size and amount of retraction of the tendon, this can be performed through either keyhole surgery (arthroscopically) or through a small incision (an open repair). Using pre-operative imaging we can usually predict whether or not an open repair will be required but frequently this decision needs to be made "on table". The procedure is usually done under a general anaesthetic and can usually be completed as a day case. Where larger tears are involved an overnight stay may be required. Because of this you may be given more or less restrictions during rehab than detailed below. The following is intended as a guideline only.

The repair involves freshening the tendon end and its bony attachment to promote healing. The tendon is then attached back to the bone, usually using anchors. In addition, we usually shave away some bone from underneath the arch shoulder (subacromial decompression). This is thought to give the repaired muscle more space in which to move and release healing factors from the bone. The strength and size of the repair varies. Because of this you may be given more or less restrictions during rehab than detailed below. The following is intended as a guideline only.

## Risks

All operations involve an element of risk and you should be aware of the risks before and after your operation. These include:

1. Complications relating to the anaesthetic such as sickness, nausea or rarely heart or lung problems including chest infections and heart attack. There is also a very small risk of stroke. Where a nerve block is used, there is the potential for nerve injury or infection around the nerve.
2. Infection. These are usually superficial wound problems requiring only antibiotics but occasionally deep infection may occur (<1%) and this may require revision surgery.
3. Post-operative pain. An element of pain is unavoidable but we do our best to minimise this with a combination of local anaesthetic and strong pain-killers. Varying degrees of ongoing pain are reported in 10–20% of people. Usually with time the majority of this is overcome but in some cases it can persist.
4. Sometimes it is impossible to repair the muscle because it is too badly torn. We will discuss other options with you post operatively if this is found to be the case.
5. Damage to nerves and blood vessels around the shoulder.
6. A need to redo the surgery. Rarely the muscle can re-tear or not heal properly.
7. The risk of a deep vein thrombosis or pulmonary embolism (DVT or PE blood clot) is very low following shoulder surgery. Anticoagulants to prevent these are rarely required. This will be assessed based on any other risk factors you might have.

## Will it be painful?

Although the operation is performed to relieve pain, it may be several weeks until you begin to feel the benefit. Our anaesthetic team may offer you a pre operative nerve block. This does help with post op pain control and your anaesthetist will discuss the risk/benefit of it with you. Where a block is administered, post-operative pain control is usually good but the duration will be limited so it is important that you take your pain medication before the block wears off. Pre loading your systemic pain control in this way will prevent you from getting sudden onset of severe post-operative pain when the block wears off.

A prescription will be given on discharge but if you require further medication, please visit your General Practitioner. In addition cryotherapy (ice packs) is useful. In general the more simple the better. If a cryotherapy device is complex for you to put on, you are less likely to use it! Often a simple bag of frozen peas is as good as any. Be careful to protect your skin with a towel or similar as direct application of cold packs may damage your skin. Leave the pack on for 10 to 15 minutes and you can repeat this several times a day.

## **PLEASE LET US KNOW OF ANY ALLERGIES OR MEDICATION INTOLERANCES IN ADVANCE OF SURGERY**

## Do I need to wear a sling?

Your arm will be immobilised in a sling. 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 by a nurse or physiotherapist prior to discharge. You will need to wear the sling for 6 weeks. It can be removed carefully for washing and to perform your exercises. A dry pad may help to absorb moisture if you find your armpit becomes uncomfortable. If you are lying on your back to sleep, you may find placing a small towel or pillow under your upper arm will be more comfortable. If your tear was very big or the repair tight then your sling may have a pillow built into it.

## Do I need to do exercises?

Yes, 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. Physiotherapy is an essential part of shoulder surgery. It is important you engage fully with a physio program post operatively. In general you will be seen by a physiotherapist before discharge from hospital but you should seek to see a physio comfortable with managing shoulder problems in a unit convenient to you within the first week or two post operatively. We would advise you make such arrangements prior to your operation. You will be given a physio information sheet on discharge. Further guidance is available on our website.

Use pain-killers and /or ice packs to reduce the pain before you exercise. It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. Especially early on exercising in short, frequent sessions (e.g. 5–10 minutes, 4 times a day) rather than one long session is wise. If you experience intense and lasting pain (e.g. more than 30 minutes), reduce the exercises by doing them less forcefully, or less often. If this does not help, discuss the problem with your physiotherapist. Certain exercises may be changed or added for your particular shoulder. Do not be tempted to “borrow” a program designed for someone else's shoulder!

## What do I do about the wound and the stitches?

Keep the wound(s) dry until healed. This normally takes 10 to 14 days. You should see your GP at the 2 week post op mark for removal of sutures. Please arrange this with your family doctor preoperatively so as to avoid late removal of sutures which can be uncomfortable. You can shower/wash and use ice packs but protect the wounds. Dressings should be changed at 5 days. Avoid using spray deodorants, talcum powder or perfumes near or on the scar. Where there are concerns regarding your wounds please contact my office and we will arrange an early review if necessary

## Are there things that I should avoid doing?

For at least 6 weeks do not try to use the arm for everyday activities, especially those taking your elbow away from your body. Keep it in the sling, except when you are doing your exercises. Avoid lifting any weight for 8–12 weeks (e.g. a kettle). This is to avoid stressing the repaired muscle. Heavier lifting (e.g. digging the garden, manual work) should be avoided for 4–6 months.

Do not let your elbow move or stretch across the front of your body. This can happen at night when you are lying on your unoperated side. Once you stop using the sling, place your arm on pillows in front of you. Try to avoid lying on your operated side. There may be other movements that are restricted for you. Your physio will guide you as to how your rehab is progressing and what function your shoulder can tolerate.

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) is an indication to reduce that particular activity or exercise. In addition, avoid sudden, forceful movements involving weight.

## How am I likely to progress?

This can be divided into three phases. Phases 1 and 2 is the most frustrating period as simple tasks will not be possible and the shoulder remains stiff and sore for the majority of patients. It takes about 3 months to complete. Phase 3 is more rewarding and progressive:

### Phase 1. PASSIVE MOVEMENT (6 weeks). Sling on, no movement except for exercises

You will basically be one-handed, immediately after the operation and for the first 6 weeks. This will affect your ability to do everyday activities, especially if the surgical arm is your dominant arm. Activities that are affected include dressing, bathing, hair care, shopping, eating and preparing meals.

### Phase 2. ACTIVE ASSISTED MOVEMENT. (6 weeks to 12 weeks)

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. The opposite arm is used to help lift the affected arm and special techniques can assist in overcoming gravity.

### Phase 3. ACTIVE MOVEMENT (after 12 weeks)

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.

You are likely to see the most progress in the first 6 months. At times it can feel like a lot of hard work for little in return. Set small, achievable goals and try and keep a positive attitude. You will continue to see improvement in the use of your arm and shoulder for at least a year and sometimes up to 2 years following the operation.

## When can I return to work?

If wearing a sling precludes you from doing your job then obviously the above time frames related to the sling requirement will dictate your return to work. Likewise inability to drive may dictate this also. For most desk jobs 2 weeks should suffice to allow for pain control and early mobility. For heavy manual work you will be out of work for 4-6 months. Please be conscious of this and make plans for help to be available for the postoperative period. No matter how well the surgery goes, if you challenge the soft tissues too severely in the post operative period you may disrupt the repair prior to healing having been completed. Adhering to the post operative physio plan and doing enough but not too much rehab is key to a successful outcome in the end.

## When can I drive?

You may be able to drive an automatic after 2 weeks but usually it will take 6 weeks until you can drive. If you have a manual, return to driving for any procedure will take 6 weeks minimum. It is important you advise your insurer of your surgery and that you are sensible about returning to driving. We would advise that you try driving in a safe environment first before returning to the road. Check you can manage all the controls. It is advisable to start with short journeys. The seat-belt may be uncomfortable initially but your shoulder will not be harmed by it.

## **DO NOT DRIVE OR OPERATE MACHINERY OR POWER TOOLS IF TAKING NARCOTIC PAIN MEDICATIONS**

## When can I participate in leisure activities?

Your ability to start these will be dependent on the pain, range of movement and strength that you have in your shoulder following the operation. This will be a minimum of 3 months even for low demand sports. For cuff repair, range may be slow to return and loading the cuff is usually only possible after 12-15 weeks. Building strength only happens after that. Comfort in lifting may take several months. Make sure you have the necessary range of motion and strength for your chosen sport prior to returning to play. Your physio will guide you on this. Please discuss activities you may be interested in with us pre operatively so we can help you to have realistic expectations about return to play. When you do get back start with short sessions, involving little effort and gradually increase demand. The following might guide your goals.

**Gentle swimming – after 6–8 weeks**

**Gardening (light tasks e.g. weeding) – after 12 weeks**

**Bowls, Golf – after 16 weeks (4 months)**

**Tennis, Squash, Badminton – after 6 months**

If you have any specific concerns, please ask either in the clinic or at the time of consent pre- operatively. It may be helpful to write any questions you may have down prior to your consultation or when we review you on the morning of surgery. You may wish to educate yourself regarding your shoulder condition. In addition to our own website [www.dmorthopaedics.ie](http://www.dmorthopaedics.ie) we recommend the website [www.shoulderdoc.co.uk](http://www.shoulderdoc.co.uk) and the BESS website for this purpose.

For further information please consult our website. You can also call us during office hours on 089-4004995 or email us on [info@dmorthopaedics.ie](mailto:info@dmorthopaedics.ie). In case of emergency there will always be a member of the orthopaedic team on call in Tallaght hospital so you may attend the A/E there and look to be seen by orthopaedics on call. In addition there are A/E facilities in the Blackrock Clinic which may be able to help you and who will liaise with us as necessary. If you are based outside of Dublin and have an emergency please contact your GP out of hours service or your local A/E.

