



SPORTS SURGERY CLINIC

*Specialists in Joint Replacement, Spinal Surgery,
Orthopaedics and Sport Injuries*



Arthroscopic Rotator Cuff Repair

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Consultant Orthopaedic Surgeon

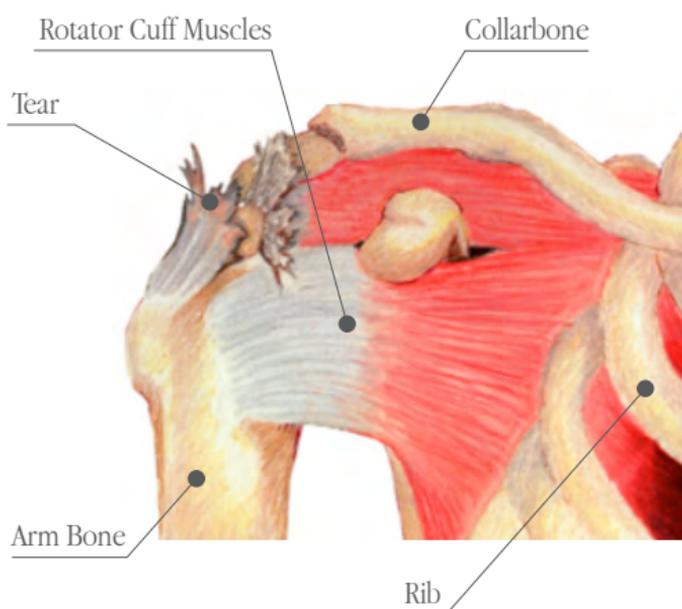


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INTRODUCTION

This leaflet provides general guidelines, but each patient's shoulder condition is unique and Ms. Delaney will discuss with you the specific details relevant to your case.

The rotator cuff is a group of four muscles whose tendons surround the shoulder joint and insert onto the humerus, or the 'ball' of the ball and socket joint of the shoulder. The function of the rotator cuff muscles is to help keep the ball in the socket as well as to initiate and contribute to certain shoulder movements.



Rotator Cuff Tears

The rotator cuff tendons commonly degenerate over time, which is often associated with inflammation and tendinitis. In addition, the bony prominence at the top of the shoulder, called the acromion, or the joint between this and the collarbone, may have a bony spur that can narrow the space available below them for the tendons to travel through. Eventually, with repeated minor tears or ongoing degeneration of the tendons, a full thickness tear may occur and this can often be painful. A full thickness tear may be associated with weakness or difficulty using the arm.

In some patients, full thickness rotator cuff tears can occur with a distinct traumatic episode, such as a fall. This can happen in patients whose tendons have not

undergone any prior degeneration and who may be relatively young.

The options for treatment of rotator cuff tears include symptomatic management with injections and physiotherapy, as well as in some cases surgery to repair the tear. Ms. Delaney will advise you on the option most suited to your tear and your individual situation.

The chances of a successful repair are influenced by factors such as the size of the tear, the quality of the tendon tissue, and whether any muscle wasting has occurred in the muscles of the rotator cuff. In addition, smoking has been shown to negatively affect the healing of a rotator cuff repair.

Rotator Cuff Repair

Surgery to repair the rotator cuff tendons is performed under general anaesthesia and is typically done arthroscopically (“key-hole”) via small incisions of approx. 5mm length. The tendons are repaired by stitching them back down to the bony surface where they normally attach, using suture anchors inserted into the bone. The arm is kept in a sling for 4-6 weeks after surgery, depending on the size of the tear and the quality of the repair. It is important to note that rehabilitation after rotator cuff repair involves months of physiotherapy and progress is gradual. It often takes 6-12 months to derive the full benefit from the surgery.

Risks

There is a small risk (<1%) of damage to nerves or blood vessels or infection. You will receive antibiotics from the anaesthetist at the beginning of surgery to minimise the risk of infection. A small percentage of patients develop stiffness of the shoulder after surgery (<5%). Most rotator cuff tears have occurred because the tendon was degenerative and these tendons cannot be expected to heal as a normal tendon. Failure to heal or repeat tearing can occur in a minority of cases. Overall, the surgery is successful in about 80% of patients. As with any surgical procedure, a small proportion of patients may fail to derive benefit from the surgery or may require further procedures.

Post-operative Care

Pain Control

It is normal to have swelling around the shoulder and some discomfort or pain after surgery. As the fluid used during surgery to expand the shoulder joint is gradually reabsorbed by your body, the swelling will decrease over 2-3 days after surgery. The post-operative pain should be controlled by pain medicine and ice. Apply ice, in the form of ice packs or crushed ice/frozen peas wrapped in a damp cloth, to the shoulder frequently (approximately 20 mins at a time, at least 2-3 times a day).



Avoid anti-inflammatory medication (Neurofen, Difene etc.) for the first 30 days after surgery.

Sling

You will be placed in a sling at the end of your surgery in order to protect the repair and allow the tendons to heal. The sling is to be worn at all times, including during sleep, for a period of 4 – 6 weeks, depending on the size of the tear and the quality of the tendon tissue repaired. The physiotherapist will instruct you on managing with the sling while protecting your repair. Elbow, wrist and hand motion are allowed and encouraged.

Wounds

There will typically be a number of small incisions about the shoulder, covered by waterproof dressings. Leave the waterproof dressings in place for 10 days to allow wound healing. You may shower 72 hours (3 days) after surgery, but do not soak the shoulder in the bath or go into a pool until after cleared to do so at your follow up appointment with Ms. Delaney. Skin stitches are absorbable and do not need to be removed.

Follow up Appointments

An appointment will be made for you to see Ms. Delaney approximately 2 weeks after surgery.

Ring the office at 01-5262335 to confirm this appointment.

Rehabilitation

At your first post-operative visit, Ms. Delaney will give you a prescription for physiotherapy and a detailed post-operative protocol for you and your physiotherapist to follow. In general, for the first 6 weeks after surgery, all movements with the shoulder will be passive. Active movements will begin as your transition out of the sling. The focus will then be on regaining your shoulder motion gradually. No strengthening will be allowed until 12 weeks typically.

Driving



You must not drive while in the sling or while taking narcotic pain medication. Ms. Delaney will advise when you may begin driving, depending on the amount of time you have to spend in the sling.

Return to Work

Return to work depends on the size of the tear, the quality of the repair, and the nature of your occupation. You need to discuss this with Ms. Delaney.

Return to Leisure Activities

Return to leisure activities or sports will depend on the size of your tear, the quality of the repair, and your progress with physiotherapy. Ms. Delaney and your physiotherapist will advise you on the timing of your return to leisure activities.



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