the LONDON SHOULDER PARTNERSHIP

Patient Information

SHOULDER ARTHROSCOPY
&
ROTATOR CUFF REPAIR

Mr. T.D.Tennent FRCS(Orth), Mr E.O.Pearse FRCS(Orth)

This information booklet has been produced to help you obtain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at the orthopaedic clinic. Individual variations requiring specific instructions not mentioned here may be required.

If your wound changes appearance, weeps fluid or pus, or you feel unwell with a high temperature, during office hours please contact our PA. Alternatively contact the hospital where you had your operation in the first instance.

Who to contact if you are worried or require further information.
Main switchboard: 0203 318 5775
Mr Tennent's PA: 07702 641031
Mr Pearse's PA: 0207 881 4134

We would like to thank the Nuffield Orthopaedic Centre (Upper Limb Clinic) for allowing us to reproduce some of the information contained in this booklet

What happens in a rotator cuff tear

The symptoms of rotator cuff tear are pain felt over the outside of the arm which is worse on elevation of the arm above horizontal, there may be associated weakness. The symptoms are very similar to those of impingement syndrome and usually a scan is required to confirm the diagnosis.

Rotator cuff tears increase in frequency with age and can be present in the opposite shoulder even if there is no pain. The true incidence of rotator cuff tears in the general population is hard to determine because 5 percent to 40 percent of people without shoulder pain may have a torn rotator cuff. Importantly a tear of the rotator cuff is compatible with a painless, normal functioning shoulder.

40 percent of patients with a rotator cuff tear showed enlargement of the tear over a five-year period and 80 percent of patients whose tear enlarges will develop symptoms. This means that a tear left untreated has approximately a 1 in 3 chance of becoming symptomatic over the next 5 years.

Treatment Options

The initial treatment is conservative. The doctor may suggest that you rest and avoid overhead activities. Approximately 50% of patients benefit from 1 or 2 injections of local anaesthetic and a cortisone preparation to the affected area or from a period of physiotherapy. Treatment may take several weeks to months. Many patients experience a gradual improvement and return to function.

Surgical management is indicated for a rotator cuff tear that does not respond to non-operative management and is associated with weakness, loss of function and limited motion. Because there is no evidence of better results in early versus delayed repairs, many surgeons consider a trial of non-operative management to be appropriate.

Tears that are associated with profound weakness, are caused by acute trauma, and/or are very large (greater than 3cm) on initial evaluation may also be considered for early operative repair.

After rotator cuff repair, 80 percent to 95 percent of patients achieve a satisfactory result, defined as adequate pain relief, restoration or improvement of function, improvement in range of motion, and patient satisfaction with the procedure.

The major disadvantage of the operation is the prolonged period of immobilization following surgery (1 month in a sling) and prolonged rehabilitation (6 to 9 months).

Purpose of the operation

Operative treatment of a torn rotator is designed to repair the tendon back to the humeral head (ball of joint) from where it is torn.

The aim is primarily to relieve pain. Whilst strength often improves patients with larger tears often find they do not regain significant strength for overhead activities.

The procedure

The operation requires a general anaesthetic

An injection into the side of the neck called a scalene block is usually done to help with postoperative pain. This has risks associated with it which the anaesthetist will explain to you.

4 incisions will be made in the shoulder, one at the back, one at the front and two at the side. Each is less than 1cm long. Occasionally it is necessary to make additional small incisions. The gleno-humeral (shoulder) joint will be inspected first followed by the subacromial bursa and the rotator cuff. A soft tissue shaving device will be used to clear any scar tissue away. A bone-shaving device will be used to shape the underside of the acromion (the bone at the top of the shoulder) and remove any excess bone.

The edges of the cuff tear are tidied with the soft tissue shaver and sutures passed through the edge. The sutures are attached to small anchors (screws) in the bone and the cuff is reattached to the bone using these anchors.

The incisions will be closed with paper stitches “Steristrips” with a small dressing over the top. A nappy (Pampers, Huggies) will be applied over the top to soak up excess fluid from the surgery (arthroscopy uses a lot of water to irrigate the joint during the procedure).

A special sling will be applied before you wake up.

for up to six hours after surgery. This is entirely normal and most people go home with the arm still numb as it makes travel easier.

As soon as you feel any pain you should start the painkillers you have been prescribed.

Risks

All surgical procedures have some element of risk attached. The risks outlined below are the most common or most significant that have been reported.

Continued pain: 5%

Usually all the pain is removed. Some patients experience mild pain on overhead activities. Rarely is the pain not improved by surgery.

Infection: less than 0.1%

If an infection does occur it is usually superficial in the wounds and is easily treated with antibiotics

Rarely the infection can be deep inside the joint and this requires surgery to wash the joint out.

Nerve damage: less than 0.1%

The axillary nerve runs close to the bottom of the joint and, if damaged causes weakness of the deltoid muscle and difficulty in raising the arm.

Stiffness: 1%

The shoulder will often become stiff after surgery and this usually settles with physiotherapy. Rarely the shoulder can become very stiff and require manipulation or arthroscopic release surgery.

Tendon re-tear : 6%

Tearing of the rotator cuff following repair does happen. The risks are increased with larger tears and older patients. Tendon re-tear does not guarantee a poor result, return of pain, or poor function but often does mean a loss of strength.

What is going to happen?

The day of surgery

You will be asked not to eat or drink anything for 6 hours prior to surgery.
You will be admitted to the hospital a couple of hours before the operation and the nurse will ensure that you are fit and prepared. The surgeon will go over the operation again with you and ask you to sign a consent form (see above for consent). The arm to be operated on will then be marked with an indelible marker.
The anaesthetist will then come and discuss the anaesthetic. When it is time for surgery you will be taken on the trolley round to the operating theatre.
After the surgery you will be taken to a recovery ward where the nurses will observe you while you wake up from the anaesthetic. Once you are fully awake you will be taken back to the ward. As soon as you feel comfortable you may go home. You will need to have an adult with you at home as you will still be slightly under the effect of the anesthetic even if you feel fine.

1st Postop week
Leave the dressings alone
You may shower but do not soak the dressings
The sling must remain on at all times apart from
- Washing: use a rolled up towel to keep the arm off the body
- Dressing: lean to the operated side to get a shirt on, you will need help
- Exercises (as per the sheet)

Start the exercises as described on the separate sheet

You will be seen in the clinic at 2 weeks post-op.
The wounds will be checked and the sling assessed
You will be referred for physiotherapy, to start at 4 weeks post operatively when you may remove the sling.

Frequently asked Questions

When can Ishower?

Immediately after the surgery

When will I be seen in clinic after the operation?

You will be seen at 2 and 8 weeks post surgery. Later appointments will be determined by your progress

For how long do I have to wear the sling?

The sling must be worn all the time for 4 weeks

Can I take the sling off at night? No

Can I take the sling of to wash and dress?

Yes but care should be taken not to use the muscles of the shoulder to lift the arm. The arm should be allowed to “dangle”

When can Idrive?

As soon as you feel comfortable. This is usually 6-8 weeks

When can I return to work?

Is the job physical?

Does the job require the operated arm?

Do I drive to get to work?

As a general rule if you can get to work you can resume a sedentary job within the week. Physical jobs will require at least 3-6 months.

How will I know if the operation has worked?

It takes a long time to get the benefit from the operation

Month 1: The arm is in a sling

Months 2&3: The passive range of motion is being regained

Months 4&5: some strength is returning

Months 6-9: Strength is returning to useful function Many patients are frustrated in the first few months because the shoulder is still sore and weak. It takes many months for the full benefit to be gained and physiotherapy is an important part of the recovery.