

Arthroscopic Rotator Cuff Repair

The procedure

The rotator cuff is a group of tendons that wrap around the top of the upper arm bone (humerus). They help keep the shoulder “in joint” and control shoulder movements. If the tendons are torn shoulder movements may not be smooth and patients may experience pain and weakness.

Rotator cuff surgery can be performed through open or keyhole (arthroscopic) techniques. Arthroscopic surgery is performed through a number of small cuts around the shoulder. This allows a camera to assess the whole of the shoulder joint and allows the surgeon to repair the tendon tear back to the bone, using anchors with stitches attached (suture anchors).

What are the reasons for doing this?

Rotator cuff repair improves the pain and function of your shoulder if non-surgical treatments have not worked for you.

Are there any alternatives?

Most people who have a cuff tear modify their lives in order to live with the pain and/or weakness. For some people this will be enough; however other alternatives you can try include:

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

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%.

Patient and Carer Information

Arthroscopic Rotator Cuff Repair

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 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.

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Plan ahead for discharge home

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

The procedure is performed as a day case and you will be in a shoulder sling for 3-4 weeks after surgery; this will be removed for physiotherapy and hygiene purposes only.

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

All stiches are usually dissolvable, your wounds should be covered until dry, but you can shower with waterproof dressings within a few days of surgery.

Contact your GP or the Hospital if

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

Physiotherapy

Total rehabilitation time can be up to nine months.

You will see a physiotherapist on the ward before your operation and physiotherapy will start within a week of surgery (when you see the therapist).

Your physiotherapist will explain what you can and can't do with your arm and shoulder and will show you how to do the exercises you need. Your exercise plan may be different to other patients who have had similar operations. This is because each operation is slightly different and so the exercises needed are also different.

Your physiotherapist will have instructions for your exercises.

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Milestones (a guide):

Driving	6-8 Weeks	
Swimming	Breaststroke:	6 weeks
	Freestyle:	3 months
Golf	3 Months	
Lifting	3 Months (Then guided by the strength of the individual patient)	
Return to work	Sedentary job:	3 weeks
	Manual job:	Guided by Surgeon

Further Information

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

Ward phone number