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Having surgery to repair your rotator cuff in your shoulder

Department of Orthopaedics

Information for Patients

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Introduction

This leaflet is aimed at helping you understand your operation. Every operation is individual. Your surgeon or physiotherapist may give you more instructions after your surgery.

What is a rotator cuff repair?

The shoulder is a ball and socket joint. The rotator cuff is a group of muscles that wrap around the ball of the shoulder joint. They help keep the ball centred in the socket and control shoulder movements. A tear can occur from

- an accident or fall, or
- through general wear and tear.

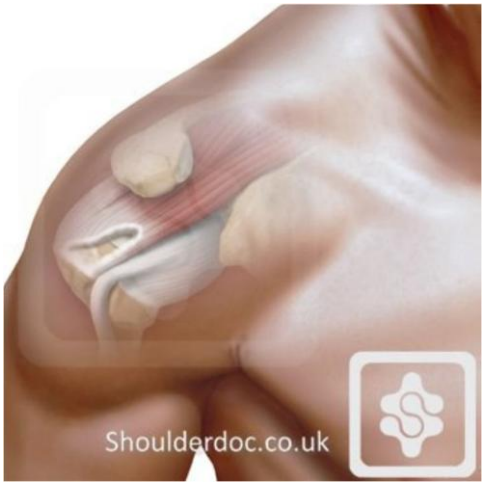
The damage usually happens where the muscle joins the bone. This is called the tendon. If these muscles are torn, the shoulder can become painful and weak mostly why you try and lift your arm.

How does a rotator cuff tear happen?

The edge of the rotator cuff tendons is pulled away from their normal attachment to the top of the arm bone (humeral head). This can result from

- a sudden force on the shoulder, such as a fall on the arm,
- or from wear and tear over time.

If the tear is form a sudden injury, early surgery may prevent the muscle and tendon from shrinking.



If the tear has been there for a long time or happened slowly exercises may help. If these exercises do not help, surgery may be needed. Surgery can smooth out the roughness from the tear or, repair the tendon if the tendon is strong enough.

How do we diagnose a rotator cuff tear?

If the tear is sudden there is usually an injury followed by weakness in the shoulder. If the injury has been there a long time, weakness gets worse slowly.

When your shoulder is examined it may grind when you move it. Teste may show weakness in the muscles when you lift your arm.

How can a rotator cuff tear be ‘seen’?

You will have either

- a shoulder ultrasound or
- MRI scan

These show a gap in the tendon and the quality of the remaining tissue.

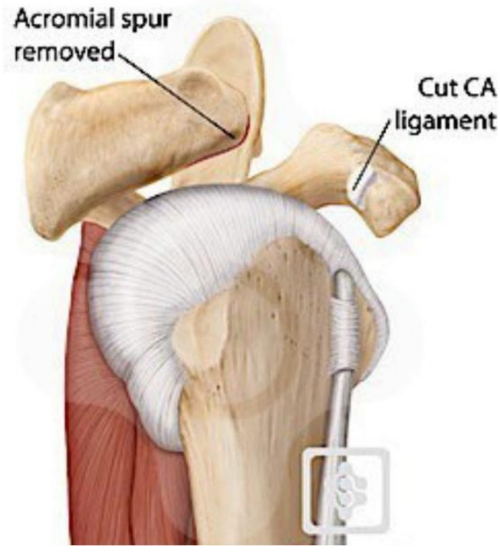
When can a cuff tear be repaired?

If you are healthy and do not smoke, a strong repair is often possible if there is a good tendon.

Over time the tissue gets weaker and pulls back leaving the bone exposed. This make the repair harder.

The aim of the surgery is to reattach the tendon to the bone.

How is a rotator cuff repaired?



Surgery can be done by

- keyhole (arthroscopically) or
- open surgery.

It depends on the type of tear and size.

The rotator cuff tendon freed from scar tissue and is moved back to its normal place on the the humerus.

A groove is made at this site.

Stitches (sutures) pull the tendon edge into the groove.

If the tear is too big or the tendon is too weak, sometimes only part of it may be repaired.

Often a ligament is released and a bony prominence is shaved away. This gives the repaired tendon more space in which to move. This is called a subacromial decompression.

What if the tissue does not allow a solid repair?

If the tissue is poor the repair may not last. In this case, your surgeon may decide to use a “patch” to close the gap in the tendon.

This “patch” is made from donated human skin (dermis). It has been treated to prevent allergic reaction. It has collagen fibers that have special building blocks to help the rotator cuff repair. These building blocks work much like the inside of a new building under construction. It becomes part of the rotator cuff tissue over time.

Who should think about surgery?

Surgery is advised when

- sudden weakness after a shoulder injury
- scans show a tear

It may also be advised if exercises do not help.

Scans and an exam can show if a repair is possible or if smoothing the tendon is better.

Who should probably not have surgery?

A repair is less likely to work if you have

- arthritis, severe shoulder stiffness, depression, obesity, diabetes, Parkinson’s disease
- many previous shoulder operations
- many medical problems

Patients who smoke or use narcotic medication are generally not candidates for this procedure.

What are the keys to success of a rotator cuff repair?

Success needs

- good quality tissue
- a healthy patient
- skilled surgery
- a strong commitment to rehab exercises

How do I prepare for surgery?

You should be in the best health possible.

Any problems with heart, lung, kidney, bladder, teeth , or gums should be treated first.

Any infection or skin problem (acne, scratches, rashes, blisters, burns, etc) on the shoulder or arm should treated first.

Tell your surgeon about all health issues, including allergies as well as the non-prescription and prescription medications you take.

Some medicines like aspirin, warfarin and anti-inflammatory medication may need to be stopped or changed before surgery. They can affect how the blood clots.

What are the risks of the operation?

All surgery has risks. These include:

- sickness or nausea from the anaesthetic.
- Rarely heart, lung or neurological problems can occur (less than 1 in 1000)
- Infection – usually superficial wound problems, but very rarely a deep infection can occur (less than 1%)
- Persistent pain and / or stiffness in or around the shoulder (10 to 20%)
- Rarely the nerves and blood vessels around the shoulder can be damaged
- Sometimes the tendon cannot be repaired if it is too big a tear or too fragile. The subacromial decompression should help pain, but strength may be no better
- Sometimes the tendon can re-tear. This depends on the size of the tear and how it heals. Patients can still do very well, but in a small number of cases we may need to redo the surgery.
- Frozen shoulder - there is a risk of developing a condition that results in a stiff painful shoulder. You will have physiotherapy to reduce this risk but it can still occur

Please discuss these issues with your surgeon if you would like further information.

What happens after surgery?

- Pain is common after surgery especially for big tears.
- You will get up and out of bed soon after surgery and reduce pain medicines over time.
- Most people leave hospital in 1 to 2 days after surgery.
- You must not lift you arm by yourself for weeks or months after surgery. Your surgeon will let you know when you can.
- Wear a sling to protect your arm.
- Avoid lifting more than 1 pound, pushing and pulling for 6 weeks

Pain

Although the operation is to relieve pain, the surgery done can be painful. It may take several weeks before you feel the benefit. Let the nurses on the ward know your pain levels. We will give you painkillers to help. Keep the pain under control by using medication regularly at first. It is important to keep the pain under control so you can do the movements and exercises prescribed to you by the physiotherapists.

Ice packs over the area can also be helpful. Use a towel to protect your skin. Keep the wounds dry. Use for about 20 minutes to get the most benefit.

Sling

Your arm will be in a sling after the operation. This helps protect the repair during the early phases of healing. It also makes your arm more comfortable. It varies how long you will need to wear a sling. It depends on your surgery. It may up to 6 weeks.

The physiotherapists will show you how to get your arm in and out of your sling. They will show you any exercises you need to do.

You will need to keep your sling on to sleep. Putting a pillow under your arm / elbow can help to make you more comfortable at night. Sometimes a sling with a wedge to keep your arm out to the side slightly may be used.

Exercises

The physiotherapists will teach you the exercises you need to do. Your surgeon will tell you when it is safe to start doing the exercises.

You will keep doing exercises at home and in physiotherapy sessions. Doing them is very important to avoid pain and stiffness.

Progression

Stage 1: Wear your sling all the time. Do basic exercise only if that is what you have been advised to do.

Stage 2: regaining everyday movement. The physiotherapists will tell you when to remove your sling. They will you an exercise programme that is right for you. You will be start back to light tasks (usually around 6 weeks)

Stage 3: regaining strength. After about 10 to 12 weeks, or when you have recovered most of your movement, your exercises will have a focus on regaining strength and full movement from your shoulder. There will still be some restrictions on lifting until your strength is regained, which can take over 6 months. You should follow the specific instructions from your surgeon before returning to activities. The following is a guide only.

Do not drive for 8 eight weeks after surgery. You need to plan to have help with self-care, activities of daily living, shopping and driving for about 6 weeks after surgery. When will you get back to:

- Work (light duties) 2 to 3 months
- Work (heavier) 6 to 9 months
- Swimming 4 to 6 months
- Golf 5 months
- Lifting 6 to 9 months
- Gardening 4 months

What if a rotator cuff repair does not work?

If the about surgery to release scar tissue or a revision repair if there is enough good tissue left shoulder remains stiff and painful despite the patient’s best efforts, we may need to think

How many rotator cuff operations are done at the University Hospitals of Leicester?

We do about 120 each year.

What is the success rate of this operation?

- All the patients have a major improvement in symptoms from before surgery to 6 months after surgery. Symptoms continue to improve over 2 years. On average shoulder function improves by 80%.
- The majority say they felt 'much better'.
- Most return to the 'same' occupation/activities of daily living as before surgery.
- Nearly 1/3 of patients can have a retear in the tendon over 2 years but most feel much better than before. (Source: UKUFF trial results. NIHR)

Who to contact if any further questions?

Please contact your consultants secretary if you have any further questions about surgery or any other concerns before operation. You can also ask the surgeon at your preassessment.

Waiting list office: 0116 258 4265

Pre assessment clinic: 0116 258 8109

Orthopaedic office: 0116 258 4782

Leicester Shoulder and Elbow Unit: https://leicestershoulderunit.co.uk/

Acknowledgements

Thanks to shoulderdoc for use of images www.shoulderdoc.co.uk

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.

To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

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We are a research hospital and you may be asked to take part in research