

ROTATOR CUFF REPAIR



Patient Information



What you need to know about your operation ...

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Advice and exercises for patients following shoulder surgery

Rotator Cuff Repair

Introduction

This information booklet has been produced to help answer any questions you may have about your operation, and about how you should progress following surgery.

It includes the following information:

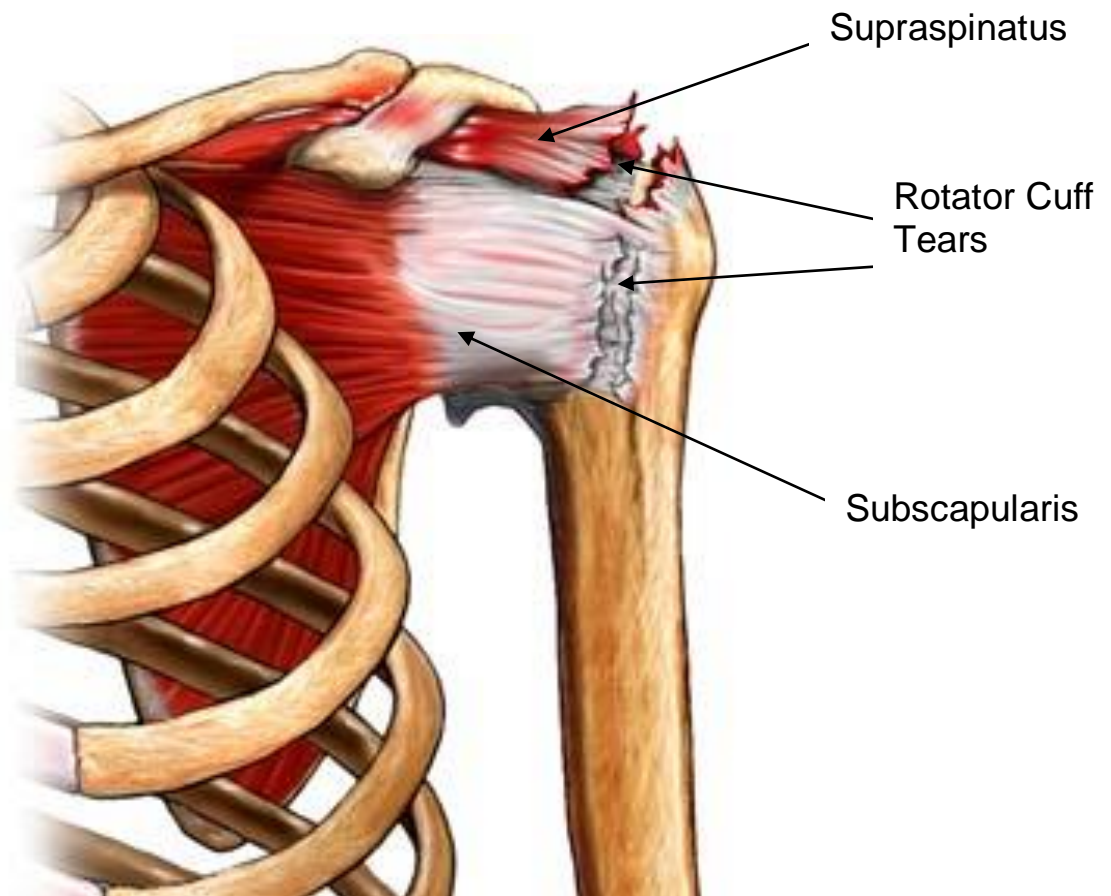
- The muscles of the rotator cuff
- About your condition
- The operation
- What are the risks?
- What to do following your operation
- Exercises

This booklet is designed to be used in conjunction with the professional care you will receive at your hospital. Individual variations requiring specific instructions not mentioned here may be necessary. Your doctor and physiotherapist will be able to advise you appropriately.

The information in this booklet has been developed in association with Mr Nick Fernandez (Consultant Orthopaedic Surgeon) Tracey Atwell (Specialist Physiotherapist) Gemma Birt (Physiotherapist) and Dr Matthew Hough (Anaesthetist).

The rotator cuff

The rotator cuff is a term given to a group of four muscles (Supraspinatus, Infraspinatus, Subscapularis and Teres Minor) and their tendons, that work together to stabilise the shoulder and create movement at the shoulder joint.



About your condition

A tear in the rotator cuff can lead to pain and restrictions in movement and function.

The tear can arise from a traumatic injury or due to 'wear and tear' which is often associated with repetitive over arm movements.

What is involved in this operation?

The operation is performed with an incision approximately 4 inches long.

It involves the surgeon identifying the tear, removing any scar tissue and stitching the tendon back to the bone using bone anchors. Occasionally a graft is used. If this is to be the case, the surgeon will discuss this with you before the operation.

What are the risks?

The outcome of rotator cuff repair is usually good. Less satisfactory outcomes are however seen in larger tears, longstanding tears and older patients.

As with any operation there are risks involved. Your doctor will have discussed these risks with you prior to the operation. They include infection, stiffness and failure of the repair.

There may also be risks associated with the anaesthetic. These will be explained by the anaesthetist, who should see you before the operation. This is usually on the day of surgery.

The most common anaesthetic is a general anaesthetic (further information is available via a separate information booklet "your anaesthetic info"). Occasionally you may be offered an alternative anaesthetic, which will again be explained to you by the anaesthetist.

What to do following the operation?

Pain control

This procedure can be painful. You will be given painkillers (either as tablets, injections or nerve blocks) whilst you are in hospital. A prescription for continued pain medication will be given to you for your discharge home. Please contact your General Practitioner (GP) if you require further medication after that.

You may also find ice packs over the area helpful. Ice is a natural anaesthetic and helps to relieve pain. To ice the shoulder use a bag of frozen peas or a plastic bag filled with ice cubes. Wrap the ice bag in a small towel to protect your skin. Place this over your shoulder for 10-15 minutes; you can repeat this several times a day.

Wearing the sling

The sling is to be worn for 6 weeks to protect the tear. It is only removed for exercise, washing and dressing. The physiotherapist on the ward will go through this with you.

After 6 weeks you will gradually begin to wean yourself off the sling with the guidance of your outpatient physiotherapist.

Wound care

You will have your wound checked at 1 week post operation. This is usually performed at your GP surgery and will be arranged prior to discharge. You may have stitches that will need to be removed at this appointment. Often stitches are under the skin and dissolve without removal.

Keep the wounds dry until they have healed which is normally 5-7 days.

You can wash or shower and use icepacks but protect the wounds with cling film or a plastic bag.

Avoid using spray deodorant, talcum powder or perfumes near or on the scar until it has healed.

Will I have a follow up appointment?

This is usually at about 6 to 8 weeks after your operation to check on your progress with your consultant or a member of their team. Please discuss any queries or worries you may have when you are at the clinic. Further clinic appointments depend on your progress and usually continue for 3 months.

Are there any activities I should avoid?

Due to the delicate nature of your operation movement is initially very restricted. You will not be using your arm, other than when doing exercises instructed by the physiotherapist, for 6 weeks. Following this you will be able to move your arm freely, but will not be able to load it (i.e. lifting/pushing/pulling) until 12 weeks after the operation. This is very important to give your tendons the best opportunity to heal and prevent future loss of function.

How will I progress?

The discomfort from the operation will gradually lesson over the next few weeks. You will be guided in your progression by your outpatient physiotherapist. Once you start actively moving your shoulder at 6 weeks you will start to regain normal function. Improvement continues for as long as 1 year.

Returning to work

This will depend on the type of work you do and the extent of your surgery. Due to the fact that you are immobilised for 6 weeks most people will need to have this period off work.

Once you regain movement in your arm you will be able to return to work. On average, people return to work 3 months after the operation. Please discuss this further with the doctor and physiotherapist if you feel unsure or if your job requires a lot of physical activity with the shoulder.

Returning to driving

You can start driving once you have adequate movement in your shoulder and sufficient strength in the muscles to control the car. This may be 3 months following the operation. Your physiotherapist will be able to help guide you with when you are ready. Also remember to inform your insurance company of your operation to protect yourself and your policy.

Returning to leisure activities and sport

Your ability to start these activities will be dependant on the load they exert over the shoulder. This means that return to sport is not usually considered until at least 3 months following surgery. Contact sports are not recommended until 9 months following surgery. Light activities such as drawing, knitting, sewing and model making can be introduced from 6 weeks onwards as long as no lifting is involved. Be sensible and start gently with short session, gradually increasing the length of the time of the activity. Any doubts discuss with your physiotherapist.

Exercises

When in hospital you will be shown exercises to do with your elbow, wrist, hand and neck. You will also be shown how to wash and dress appropriately with out causing any harm to your shoulder.

You will be seen in Outpatient Physiotherapy at 1-2 weeks post operation where you will start passive exercises to regain range of movement, at 6 weeks these will then progress on to active assisted and active exercises to start

getting the muscles involved working again. After this time patient specific goals will be developed with the physiotherapist to enable you to return to your desired level of function.

The exercises should not increase your pain. It is normal to feel some aching, stretching or slight discomfort when doing the exercises. However, if you feel an exercise is causing you intense and lasting pain (e.g. for more than 30 minutes) change the exercise by doing it less forcefully or less often. The key is to do the exercises “little and often” – e.g. for 5-10 minutes, 4 times a day. You can use painkillers and/or an ice pack to reduce the pain before you exercise if necessary.

Below are the exercises you should start doing as soon as possible after you go home.

1. Posture

Poor posture can lead to problems with the shoulder joint, so ensuring your posture is correct is one of the most important things to achieve following shoulder surgery.



In standing or sitting. Keep your arms relaxed; make sure that your chin is not poking forward.

Roll your shoulder blades (scapulae) back and downwards. Hold this position for a few seconds. Do not arch your back.



2. Neck stretching

Some people feel pain and tension between their neck and shoulder. This can be helped by correcting your posture (as described above) and gently stretching your neck.



In the correct posture (as above).

Side flex your head to the left and hold for 10 – 20 seconds (or for as long as you feel comfortable), then go down to the right hold for 10-20 seconds (or for as long as comfortable)



In the correct posture (as above).

Rotate your head to the left and hold for 10 - 20 seconds (or for as long as you feel comfortable), then rotate round to the right and hold for 10 – 20 seconds (or for as long as comfortable)



In the correct posture (as above).

Take your chin to your chest and hold for 10 - 20 seconds (or for as long as you feel comfortable), then look up at the ceiling and hold for 10 – 20 seconds (or for as long as comfortable)

3. Shoulder rolls

The aim of this exercise is to keep the muscles around the shoulder girdle working gently and to help you with your posture.



Sitting up tall in a slow controlled movement gently elevate your shoulders then roll them back and down then forwards and up.

Repeat 10 times.

The exercises below are to ensure the other joints of your arm do not get stiff whilst you are in the sling.

4. Elbow



Detaching the shoulder strap of your sling slowly straighten your elbow hold this position for 5 seconds then bend the elbow up as far as it will go hold this position for 5 seconds.

Repeat these exercises 10 times.

5. Wrist



With the elbow supported on a table or pillow bend the wrist forwards then bend the wrist backwards

Repeat 10 times in both directions.



With the elbow supported on a table or pillow turn your hand over so it is palm up then turn over so it is palm down.

Repeat 10 times.

6. Hand



With the elbow supported on a table or pillow make a tight fist and then stretch your fingers out.

Repeat 10 times.

Further information and advice

If you experience pain not relieved by painkillers or heavy bleeding after your operation please contact your GP or go to the Emergency Department.

For further information and advice after surgery please contact the Day Surgery Unit on 01305 254501.

You can also contact NHS Direct 24 hours a day on 0845 46 47 or www.nhsdirect.nhs.uk

You can contact our Patient Advice and Liaison Service (PALS) on free phone 0800 7838058 or pals@dchft.nhs.uk

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