

Additional Notes

Our Vision

Putting patients first while striving to deliver
the best quality healthcare.

The Royal Bournemouth Hospital,
Castle Lane East, Bournemouth,
Dorset, BH7 7DW

Author: **Kim Coles** Date: **June 2012**

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Website: www.rbch.nhs.uk ■ Tel: 01202 303626

Putting patients first

The Royal Bournemouth and
Christchurch Hospitals **NHS**
NHS Foundation Trust

Rotator Cuff Repair

Please bring this leaflet
into hospital with you

**This leaflet from the Orthopaedic Directorate
has been designed to answer any
questions you may have**

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Introduction

This booklet tells you about your rotator cuff repair surgery at the Royal Bournemouth Hospital. It is for people who have decided to have surgery after discussing the options, benefits and possible risks with their Consultant.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits so please bring it with you.

The booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist, nurse or therapist. Those instructions should take priority.

All members of the Orthopaedic team are committed to providing you with the highest standards of care and we look forward to helping you with your recovery.

What is this operation for?

This surgery aims to reduce your shoulder pain and help increase the stability of the shoulder joint. The rotator cuff is a group of muscles which hold the shoulder in the correct position while it moves. These muscles can become damaged due to wear and tear or following an accident such as a fall. The damage usually occurs on the tendon. This can cause reduced movement, loss of strength and pain.

If physiotherapy and exercises are not appropriate then an operation may be needed. The aim is to repair the torn tendon so that your pain is reduced, you can regain your strength and movement and so that you can return to normal activities.

What happens during the operation?

Anaesthetic

Your surgery is performed under a general anaesthetic. This means that you will be asleep throughout the operation. A nerve block may also be used. This is an injection that numbs your shoulder and arm providing good pain relief for the arm. It also results in a loss

When can I start driving again?

You should check with your consultant and physiotherapist about when it is safe to drive. As a guide you should be able to start driving at about six weeks after the operation. Additionally you must feel that you have the strength and comfort required to drive safely. You should check your insurance policy too as you may need to inform your insurance company of your operation.

When can I return to leisure activities?

This will depend on the size of the rotator cuff tear and the condition of the tendons. Your surgeon will discuss the operation findings with you. You should expect to have full movement in your arm at three months after your operation and good function at six months. For specific guidance regarding sport please speak to your physiotherapist.

If I have any questions who should I contact?

If you have any questions about returning to activities you can ask your surgeon or physiotherapist on the day of the operation.

If anything changes before the operation, or you have any enquiries about appointment dates you should telephone the admissions department on **01202 704919**

If you have any clinical questions concerning your orthopaedics operation, please telephone **01202 704693**.

If you have any problems following discharge then we advise you to telephone the ward which you returned to after your surgery.

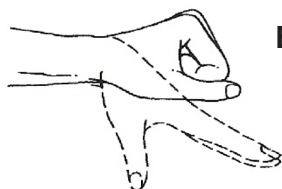
Sandbourne Day Cases	01202 726104
Ward 9	01202 704724
Ward 12	01202 704770

Exercise pictures copied from Tools RG PhysioTools

You will be shown these exercises by the physiotherapist when you are in hospital.

Exercise 1. Elbow flexion/extension

You should take your arm out of the sling every hour to bend and straighten your elbow fully 10 times. This will stop it from becoming stiff whilst you wear the sling.

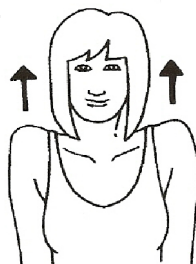


Exercise 2. Wrist and hand

Make a fist with your fingers and then open up your hand. Repeat 10 times every hour. Keep your wrist moving also.

Exercise 3. Shoulder shrugs

Gently bring both shoulders up towards your ears then slowly return them back to their relaxed position. Repeat this 10 times.



What happens when I go home?

Rest

It is important that you have a balance between exercise and rest. You will be expected to complete your exercises 3 to 4 times a day. However you will need to ensure that you spend some of the day resting your shoulder.

Pain Relief

As the nerve block wears off and the feeling returns to your arm and shoulder, it may feel uncomfortable therefore you should take painkillers as advised by the nursing staff. This will allow you to move your arm comfortably and complete the exercises.

Will I have a sling?

You should wear your sling for as long as your consultant and physiotherapist instruct you to. This is usually for approximately

6 weeks. When you are wearing the sling ensure your forearm is well supported and do not allow your hand to be lower than your elbow. You may take it off for washing and dressing and to do your exercises. The sling will support the weight of your arm and prevent you from moving your shoulder too much. When your arm is out of the sling, ensure it remains by your side.

Sleeping

Lying on your back or on the opposite side will be most comfortable. A pillow can be used for additional support. You should wear your sling at night time also.

Dressings and stitches

You will have stitches to close the wounds on your shoulder and these will be covered by waterproof dressings. This means that you can have a shower but you should not use soap or rub over the area. This will cause the dressing to peel off.

District Nurse

You may be contacted by the district nurse after your operation. They can check the sensation in your arm, your wound and your pain control. Two weeks after your operation you will need to see the practice nurse. They will remove the stitches and check the wound.

Outpatient physiotherapy

We will arrange your outpatient physiotherapy appointment at the hospital closest to where you live. The physiotherapist will progress your exercises and assist you in your recovery. You will be required to attend a few physiotherapy appointments and continue your exercises regularly between these sessions. Your first appointment is likely to be around 2 weeks after surgery.

Clinic review

You will also receive an appointment through the post for a review with your consultant or a member of their team. This will be for about 6 weeks after your operation. They will be able to monitor your progress and answer any questions you may have.

Managing everyday activities

Depending on the type of surgery, you may have restricted movement in your shoulder. You will also have a sling for the first few days. Before you come into hospital think about and practice how you will manage everyday tasks when you return home after your operation. Examples of activities which you may find difficult are:

Mobility: If you currently depend on a walking aid which requires you to use your operated shoulder you need to consider whether you could use your walking aid in the other hand. However if you cannot, an alternative walking aid may be required. You may need to discuss this with the physiotherapist on your admission.

You will need to be able to stand up from a chair without using your operated arm. You may need to place an extra cushion on the chair, to sit on. This may make it easier to stand up.

Personal Care: Getting washed and dressed needs to be done carefully. Sitting down is usually best as you can support your arm on a pillow while it is out of the sling. Loose clothing with front fastenings is usually easiest to put on. When getting dressed, dress your operated arm first. When getting undressed this arm comes out last.

Food preparation and cooking: Freezing some meals or stocking up on ready meals is a good idea as food preparation and cooking will be difficult following your operation.

Returning to activities

It is important to consider that the tendon repair needs to be protected. It is particularly vulnerable for the first two to six weeks. You should be very careful about the combined movements of lifting your arm out to the side and behind you.

When can I return to work?

Returning to work depends upon the nature of your job. Manual workers may not be able to return to lifting duties for 26 weeks. Please ask the physiotherapist or your surgeon if you are unsure when you can start.

of sensation and movement in the arm. This will gradually wear off over the next 24 to 48 hours.

Surgical Procedure

This operation can either be performed arthroscopically (this is another word for 'key hole' surgery, where two or three very small incisions are made to access the shoulder joint) or by using a short incision through the skin over the shoulder. If the tendon can be repaired the surgeon will stitch it back together. Sometimes a small piece of bone is also removed from the shoulder to prevent further damage to the rotator cuff tendons.

Closure and Dressing

The small incisions will be closed with stitches. These will be covered with dressings. When you wake up from the anaesthetic your arm will normally be in a sling.

What happens after the operation ? (While I am in hospital)

How long will I stay in hospital for?

We hope that you will be able to go home on the same day as your procedure, however depending on your recovery or home situation you may be required to stay overnight.

Nurses

You may feel tired after the operation. You can rest in bed for the first few hours and also have something to eat. If you are uncomfortable, the nursing staff will provide you with painkillers; please do not be afraid to ask for them if you are in pain.

Physiotherapy

The next page shows the exercises you should complete. These should be started immediately after your operation. You should complete all of the exercises three times each day until you attend for your outpatient physiotherapy appointment.