Rotator cuff repair surgery

Exceptional healthcare, personally delivered
Rotator Cuff Repair Surgery

This leaflet aims to help you gain the maximum benefit from your operation. It is **not a substitute** for professional medical care and should be used in association with treatment at Southmead Hospital Bristol. Each person’s operation is individual and you may be given specific instructions that are not contained in this leaflet.

What is the Rotator Cuff?

The rotator cuff is a group of muscles closely wrapped around the shoulder. These muscles help keep the joint in the correct position and control shoulder movements. They attach from the shoulder blade onto the top of the arm bone. The muscles can be torn through general wear and tear or after an accident/fall. The damage usually occurs in the tendon, the area where the muscle joins the bone. If one or more of these muscle tendons are torn, movement is no longer smoothly controlled and the shoulder becomes weak and painful. (See pictures over).
Left shoulder, viewed from the back, showing the rotator cuff muscles

Often it is this muscle (supraspinatus) that is injured.

Arm bone (Humerus).

Rotator cuff tendon

Arm bone
Shoulder blade

Rotator cuff tendon with tear

Please note; in your body, there are more muscles on top of these muscles and bones.
About Your Rotator Cuff Repair Operation?

The operation aims to re-attach the tendon(s) to the bone. The repair involves attaching the torn tendon into a groove on the bone. A ligament is also released and a bone prominence is cut away to give the repaired muscle more space in which to move. This is called a subacromial decompression.

Sometimes the tear is too big and/or the tendon is too fragile for this to be possible and only a partial repair can be achieved.

As the strength and size of the repair can vary, we can only give you general guidelines in this leaflet. The Consultant and therapists will be able to discuss your individual surgery after the operation. Please ask.
What are the risks?

All operations involve an element of risk. Risks for rotator cuff repair surgery include:

- Minor complications relating to the anaesthetic such as sickness and nausea are relatively common. Cardiac, respiratory or neurological problems are much rarer. (Less than 1 person in 1,000.)

- **Infection.** These are usually superficial wound problems. Occasionally deep infection may occur after the operation. (Less than 1 in 100 people.)

- Persistent pain and/or stiffness in and around the shoulder in 10-20 out of 100 people.

- Sometimes, it is impossible to repair the muscle because it is too badly torn. The sub-acromial decompression should improve pain, but movement and strength may be no better.

- Damage to the nerves and blood vessels around the shoulder. (Less than 1 person in 100).

- Sometimes the muscle can re-tear. This may result in a need to redo the surgery. This depends on the size of the tear and how well it heals.

Please discuss these issues with the doctors if you would like further information.
Frequently asked questions

Will it be painful?

Although you will only have small scars, this procedure can be painful due to the surgery performed inside your shoulder. Usually the Consultant will place local anaesthetic into the shoulder joint, so that the pain is eased when you wake up.

You will be given painkillers (either as tablets or injections) to help reduce the discomfort whilst you are in hospital. A 1-week prescription for continued pain medication will be given to you for your discharge home. Keep the pain under control by using medication regularly at first. It is important to keep the pain to a minimum, as this will enable you to move the shoulder joint and begin the exercises you will be given by the physiotherapist.

If you require further medication after these are finished, please visit your General Practitioner (GP).

You will probably have some bruising around the shoulder/upper arm and the arm may be swollen. This will gradually disappear over a period of a few weeks.

You may find ice packs over the area helpful. Use a packet of frozen peas, placing a damp towel between your skin and the ice pack (CSP 1998). Use a waterproof dressing until the wound is healed, to prevent it getting wet. Leave the ice pack on for up to 20 minutes and you can repeat this several times a day.

Do I need to wear a sling?

Yes, your arm will be in a sling initially: this protects the surgery during the early phases of healing and makes your arm more comfortable. The physiotherapist will advise you post operatively how long you will need to wear the sling for. The sling will then be gradually used less as the
repair heals and the muscles regain their strength. A nurse or physiotherapist will show you how to take the sling on and off.

You may find your armpit becomes uncomfortable whilst you are wearing the sling for long periods of time. Try using a dry pad or cloth to absorb the moisture.

**What position should I sleep in?**

If you are lying on your back to sleep, you may find placing a small towel or pillow under your upper arm/ elbow can make it more comfortable.

**Do I need to do exercises?**

Yes! At first, you will only be moving the joint for specific exercises that the physiotherapist will show you. You will be referred for continued physiotherapy as an out-patient.

You will need to get into the habit of doing regular daily exercises at home for several months. They will enable you to gain maximum benefit from your operation.

**What do I do about the wound?**

Your wound will have a showerproof dressing on when you are discharged. You may need to have the wound and dressing checked at your GP practice the day after your discharge, the nurses will discuss this with you if it is necessary. You may wash with the dressing in place, but do not shower or bath until you are able to remove the sling. Pat the area dry, do not rub. You can use icepacks while the dressing is in place, but cover the wound and dressing with cling film or a plastic bag. The stitches/ clips will need to be removed at your GP practice. The nursing staff will advise you when this can happen; it is usually between 10 – 14 days after your operation. Avoid using spray
deodorant, talcum powder or perfumes on or near the wound until it is fully healed. Please discuss any queries you may have with the nurses on the ward.

**When do I return to the outpatient clinic?**

This is usually arranged for approximately 6-12 weeks after you are discharged from hospital, to check on your progress. Please discuss any queries or worries you may have when you are at the clinic. Appointments are made after this as necessary.

**Are there things that I should avoid doing?**

**For the first 6 weeks:**

Do not try and use the arm for everyday activities, especially those taking your elbow away from your body. Keep it in the sling, except when you are doing your exercises. Continue with this until the consultant, hospital doctor or physiotherapist tells you otherwise.

There may be other movements that are restricted for you. You will be told if this is the case by the physiotherapist on the ward.

Do not lie on your operated side. After this time be guided by pain. **Avoid lifting any weight for the first 6 weeks (e.g. a kettle).** This is to avoid stressing the repaired muscle. **Heavier lifting (e.g. digging the garden, manual work) should be avoided for 4-6 months.**

Within these general instructions be guided by pain. It is normal for you to feel discomfort, aching and stretching sensations when you start to use your arm. Intense and lasting pain (e.g. for 30 minutes) means that you should reduce that particular activity or exercise. Avoid sudden, forceful movements involving weight.
Do not let your elbow move or stretch across the front of your body. This can happen at night when you are lying on your unoperated side. So, once you stop using the sling; place your arm on pillows in front of you. (See picture.)

Sleeping position when you stop wearing the sling.

How I am likely to progress?
This can be divided into 3 stages:

**Stage 1 Sling on, no movement of the shoulder except for exercises.**
Immediately after the operation and for approximately the first 4-6 weeks you will basically be one-handed. This will affect your ability to do everyday activities, especially if your dominant hand is the side with the operation. Activities that are affected include dressing, bathing, and hair care, shopping, eating and preparing meals. If you are having particular problems, an occupational therapist (OT) can suggest ways to help you. Before you are discharged from hospital, the staff will help you plan how you will manage when you leave. We may be able to organise or suggest ways of getting help once you are discharged from hospital.

**Stage 2 Regaining everyday movements**
This starts once you are given the go-ahead by the hospital doctors or physiotherapist (generally after 6 weeks). You will continue outpatient physiotherapy and the exercises
will be progressed to help regain movement and muscle control. The arm can now be used for daily activities. Initially, these will be possible at waist level but gradually you can return to light tasks with your arm away from your body.

Generally, once you are allowed to take your arm out of the sling, do not be frightened to start moving the arm as much as is comfortable. Gradually, the movements will become less painful.

**Stage 3 Regaining strength**

After 12 – 16 weeks, you will be able to increase your activities, using your arm away from your body and for heavier tasks. The exercises now have an emphasis on regaining strength and getting maximum movement from your shoulder. There are still some restrictions on lifting.

**When can I drive**

You cannot drive while you are wearing the sling after that time period, the law states that you should be in complete control of your car at all times. It is your responsibility to ensure this and to inform your insurance company about your surgery.

**When can I return to work?**

You will probably be off work approximately 6-8 weeks, depending on the type of job you have. If you are involved in lifting, overhead activities or manual work you are advised not to do these for at least 3-6 months. Please discuss any queries with the therapists or hospital doctor.
Guide to daily activities

Some difficulties are quite common, particularly in the early stages when you are wearing the sling and when you first start to take the sling off. If necessary, an OT can help and provide advice. Below are listed some common difficulties with guides which may help.

If you have any caring responsibilities for others you may need to make specific arrangements. Discuss your needs with your GP or hospital staff prior to your surgery.

Please discuss anything you are unsure about with the staff.

1. **Getting on and off seats.** Raising the height can help e.g. extra cushion.

2. **Hair care and washing yourself.** Long handled brushes and sponges can help.

3. **Dressing.** Wear loose clothing that has front fasteners or which you can slip over your head. For ease, also remember to dress your operated arm first and undress your operated arm last.

4. **Eating.** A non-slip mat can help when one handed. Use your operated arm once it is out of the sling as you feel able.

5. **Household tasks/cooking.** Do not use your operated arm for activities involving weight (e.g. lifting kettle, iron, and saucepan) for 12-16 weeks. Light tasks can be started once your arm is out of the sling. At first, you may find it more comfortable keeping your elbow into your side.
When can I participate in my leisure activities?

Your consultant or physiotherapist will advise you on exact timescales. The following are guidelines only:

Swimming 12 -16 weeks
Work (Light duties) 8 weeks
Work (Manual work) 12 - 16 weeks
Golf 12 - 16 weeks
Lifting 12 - 16 weeks
Gardening 12 - 16 weeks
References and Sources of Further Information

Guidelines for the management of soft tissue (musculoskeletal) injury with Protection, Rest, Ice, Compression and Elevation (PRICE) during the first 72 hours. **ACPSM, CSP 1998**

[www.theupperlimb.co.uk](http://www.theupperlimb.co.uk)
[www.Shoulderdoc.co.uk](http://www.Shoulderdoc.co.uk)
[www.noc.nhs.uk/shoulderandelbow](http://www.noc.nhs.uk/shoulderandelbow)

This is based upon information originally produced by Jane Moser (Clinical Physiotherapy Specialist) and Professor Andrew Carr (Consultant Orthopaedic Surgeon) for The Nuffield Orthopaedic Centre, Oxford.

Help and feedback was given from people who have had rotator cuff repair surgery.

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NHS Constitution. Information on your rights and responsibilities. Available at [www.nhs.uk/aboutnhs/constitution](http://www.nhs.uk/aboutnhs/constitution)
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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