



I am having a Rotator Cuff Repair

A rotator cuff repair is surgery to repair a torn tendon in the shoulder. The rotator cuff is a group of muscles and tendons that form a cuff over the shoulder joint. The muscles and tendons hold the arm in its joint and help the shoulder joint to move. The tendons can be torn from overuse or injury. Tears range from a partial tear in one tendon to complete tears of one or more tendons.



The procedure can be done with a large (open) incision or with shoulder arthroscopy which uses small button hole size incisions or a combination of the two.

Reasons why rotator cuff repair may be done include:

- You have shoulder pain when you rest or at night, and it has not improved with physio over 6 to 12 months.
- You are active and use your shoulder for sports or work.
- You have weakness and are unable to do everyday activities.

Surgery is a good choice when:

- You have a large or a complete rotator cuff tear.
- A tear was caused by a recent injury
- The tendons of the rotator cuff were not already torn from chronic rotator cuff problems.

A partial tear may not require surgery. Instead, rest and physio are used to heal the shoulder. This approach is often best for people who don't place a lot of demand on their shoulder. Pain can be expected to improve. The tear may become larger over time.

Surgery to repair a torn rotator cuff is usually successful in relieving pain in the shoulder. The procedure may not always return strength to the shoulder. Rotator cuff repair can require a long recovery period, especially if the tear was large.

When you can return to work or play sports depends on the surgery that was done. Expect at least 6 months to resume your regular activities.

Some rotator cuff tears may not fully heal. Stiffness, weakness, and chronic pain may still be present.

These poorer results are more likely when the following are present:

- The rotator cuff was already torn or weak before the injury
- Larger tears
- After-surgery exercises and instructions are not followed
- Older patients (over 65)



- Smoking

What happens before my surgery?

Planning ahead is the key to having less stress and achieving the best outcome from your surgery. Recovering from shoulder arthroscopic surgery can take up to 3 months. You can take steps before surgery that will help make your recovery easier and faster. Having a positive attitude and looking forward to getting back a good quality of life is an important part of the recovery process. As you will be in a sling for up to 6 weeks you will need to organise a support person to drive you home and take care of your day to day activities.

Before your surgery, many people will be asking about your insurance coverage, medical history, and legal arrangements. You may feel that you are answering the same questions over and over again. If you have everything written down, you can reduce your frustration and speed the process.

You should be in the best possible health before your surgery. The physical preparations you can make, can affect both the outcome of the surgery, and your recovery time. Eat well and start some light exercise. If you are diabetic make sure you have clear instruction from your doctor about your medication. If you take **Blood Thinning** medication please let your surgeon know.

If you smoke, it is highly recommended that you quit or cut down, because smoking can change blood flow patterns and delay healing, resulting in a slow recovery. If you drink, limit the amount of alcohol for at least 48 hours before surgery. If you are more than a social drinker please let your surgeon know to reduce the incidence of withdrawals.

Day Surgery Admission Process

As your admission is planned and to ensure that it is quick and easy, you must first register your details with the Day Surgery or Hospital well in advance of your planned admission date, through the Admission Call Centre. Make sure you have all the relevant information at hand e.g. Medicare, Work Cover, Private Health Care provider. The Admission Call Centre will then contact you closer to the date of surgery to acknowledge your admission and confirm health fund details. You will then be contacted by an admission nurse to obtain your medical history and provide you with information about your impending procedure and offer you the opportunity to ask questions about what to expect during your stay and remove the fear of the unknown.

What happens the day before my surgery?

The days before coming into hospital for your surgery are usually busy. Use this check list to make sure you don't forget anything.



- **Bring your Orthopaedics Toowoomba surgical folder as it contains your Consent Form completed by you and your surgeon.**
- **All X Rays and Scans**
- Your Medicare Card, Pension Card and Health Benefits Card.
- Your Pharmacy Benefits/Safety Net Card/Work Cover/ Third Party claim details/DVA Card.

The hospital will notify you with an admission time, where to arrive and a fasting time on this day. Fasting means no food or fluids after the time given. If you are required to take medication, take with a sip of water only.

- ❖ Shower prior to coming into hospital. Do not wear talcum powder, deodorant, perfumes or nail polish.
- ❖ Wear comfortable clothes that are easy to remove
- ❖ Do not wear jewellery or bring valuables with you to hospital.
- ❖ Bring aids you usually require e.g. glasses, hearing aids, or walking aids – in good working order.

What happens while I am in hospital?

On the day of your surgery please arrive punctually at the allocated time. Inform the reception staff of your arrival and they will check your admission details and make sure that all documentation is signed and witnessed. An admission nurse will discuss your past medical history, known allergies and current medication/s regime.

You will be changed into surgical attire and your operative site prepared. You will then be taken to a waiting room where the anaesthetist will discuss with you your anaesthetic options and what to expect. At this time you will be asked the same questions over again by the theatre staff to check the side and site of surgery and if you have any allergies.

What happens during my surgery?

A Rotator Cuff Repair will take at least 40 minutes to 1 hour, depending on how much work your surgeon needs to do inside your shoulder.

Three common techniques used to repair a Rotator Cuff tear are:

- During open repair, a surgical incision is made and the large muscle (the deltoid) is gently moved out of the way to do the surgery. Open repair is done for a large or more complex tear.



- During arthroscopy, the arthroscope is inserted through a small incision. The scope is connected to a video monitor. This allows the surgeon to view the inside of the shoulder.
- During mini-open repair, any damaged tissue or bone spurs are removed or repaired using arthroscopic instruments. Then during the open part of the surgery, a 5 to 7.5 cm incision is made to repair the rotator cuff.

At the end of the surgery, the incisions are closed and a dressing is applied. If arthroscopy was performed, most surgeon's take pictures of the procedure from the video monitor to show you what they found.

Immediately after surgery you will be transferred to the recovery room where you will be monitored and given pain relief as required. When the anaesthetist and staff are happy with your post op recovery they will transfer you to the ward. Once you have returned to the ward the monitoring of your vital signs will continue. You will be given the ordered pain relief that is suited for you. Ice therapy will also commence to reduce swelling and enhance effectiveness of pain relief. You will be encouraged to deep breathe and cough. Your shoulder will have a dressing on it and your arm will be in a sling for immobilisation. The IV therapy will still be in your arm to enable you to receive antibiotics and pain relief; this will come out the next day if you are feeling well enough. You will be able to eat and drink if you desire. You may be in hospital for one to two nights.

all times, unless your surgeon advises you otherwise. DO NOT move your arm away from your body or over your head. When you sleep, raise your upper body on pillows. DO NOT lie flat. You can also try sleeping on a reclining chair.

- It is ok to straighten your arm below your elbow and move your wrist and hand. But try to move your arm as little as possible.
- Your arm should bend at a 90 degree angle at your elbow. The sling should support your wrist and hand so that they do not extend past the sling.
- Move your fingers, hand and wrist around 3 to 4 times during the day while they are in the sling.

Each time, do this 10 to 15 times.

Your surgeon will refer you to a physiotherapist to commence rehabilitation of your shoulder.

- You will start with passive exercises. These are exercises the therapist will do with your arm. They help get the full movement back in your shoulder.



- After that you will do exercises the therapist teaches you. These will help increase the strength in your shoulder and the muscles around your shoulder.

Consider making some changes around your home so it is easier for you to take care of yourself. Store everyday items you use in places you can reach easily. Keep things with you that you use a lot (such as your phone). You are unable to use the hand of the side of your surgery.

- Do not lift anything with this arm or hand.
- Do not lean on the arm or put any weight on it.
- Bring objects toward your stomach by pulling in with your operative arm and hand.
- Do not move or twist your elbow behind your body to reach for anything.

Your surgeon will give you a prescription for pain medicines. Get it filled when you go home so you have it when you need it. Take your pain medication regularly to have effective relief. Narcotic pain medicine can make you constipated. Drink plenty of fluids, eat high fibre fruits and vegetables to help keep your stools loose.

You will see your surgeon 10 to 14 days after your surgery to have suture/staples removed. Until then keep your dressing dry and clean.

Please contact your surgeon if the following occur:-

- Bleeding that soaks through your dressing and does not stop when you place pressure over the area.
- Pain that is not controlled by your pain medication.
- Swelling in your arm.
- Numbness or tingling in your fingers or hand.
- Your hand or fingers are darker in colour or feel cool to touch.
- Redness, pain, swelling or a yellowish discharge from any of the wounds.
- Temperature higher than 38.3 degrees.