

Rotator cuff repair



Information for patients

Orthopaedics - Upper Limb



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



Introduction

The Upper Limb Unit team would like you and your family to understand as much as possible about the operation you are going to have.

This booklet explains about your surgery, and gives advice on your recovery and rehabilitation.

Please feel free to ask any questions you may have at your next clinic appointment. There is space at the back of this booklet in case you want to write down questions.

What is the rotator cuff?

Your shoulder is the most mobile joint in your body and is therefore dependent on strong muscles to allow movement and provide stability.

The most important of these muscles are your rotator cuff muscles. These are four muscles which originate from your shoulder blade (scapula) and combine together to form a hood covering the ball of your shoulder joint.

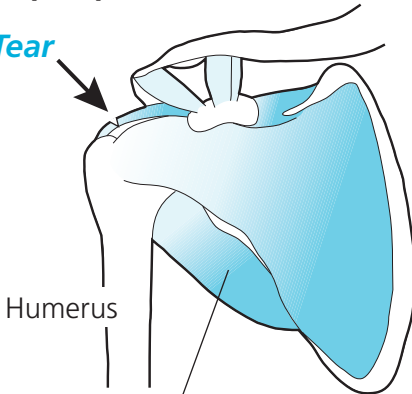
These four rotator cuff muscles are individually called Supraspinatus, Infraspinatus, Teres Minor and Subscapularis.

The tendons of these muscles can become damaged in two ways; either due to an accident such as a fall onto your arm, or due to weakening over time.

Front view of the shoulder joint

Supraspinatus

Tear



Humerus

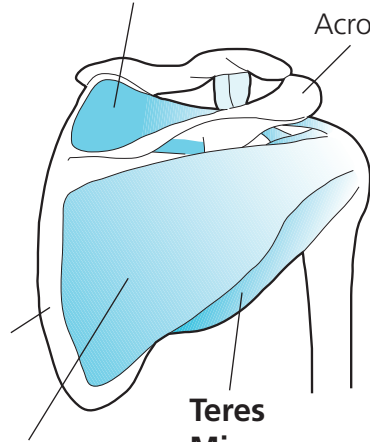
**Infraspinatus
and Teres Minor**

Shoulder
blade

Back view

Supraspinatus

Acromion



Infraspinatus

**Teres
Minor**

All four muscles make up the rotator cuff

What happens during a rotator cuff repair?

During a rotator cuff repair, your surgeon will examine your shoulder to find any tears in the muscles or tendons and then fasten them back into place again. The bone on the underside of the acromion may also be smoothed out. The acromion is the arch of bone at the end of your shoulder blade, which acts as a bony roof over the rotator cuff.

How is the operation carried out?

The operation is carried out under a general anaesthetic, usually as a day case. This means you will go home on the day of your operation. Some patients who have other medical conditions may require an overnight stay in hospital.

It may be done as either open surgery or by keyhole (arthroscopic) surgery.

The **open procedure** involves an incision along the front of your shoulder and will leave a scar about 4 - 7cm in length. This is usually along the bra or vest strap line, or over the top of your shoulder.

An arthroscopy is an operation using a specially designed small telescope linked to a TV camera which allows your surgeon to look inside your shoulder joint. This allows the surgeon to examine the shoulder joint and then use very small instruments to repair any tears.

Arthroscopic surgery will leave you with 2 to 4 small scars on the back, side and front of your shoulder.

What are the benefits?

A rotator cuff repair may be offered to you if the tear in your muscle/tendon is causing pain in your shoulder. You may also be finding it difficult to move your arm and be struggling with lack of strength.

It is normal to feel discomfort following the operation, but a rotator cuff repair can relieve a lot of the pain previously experienced. Following rehabilitation after the surgery you should also begin to see improved movement of your shoulder, and eventually an increase in strength.

It can take up to three months for the repair to the muscles and tendons to heal, and you may still be seeing improvements in your shoulder up to 18 months after your surgery.

Are there any risks?

As with most types of surgery, there are risks involved and complications can occur unrelated to the rotator cuff repair.

These include:

- Anaesthetic risks
- Chest infections
- Blood clots in the legs (deep vein thrombosis)
- Blood clots in the lungs (pulmonary embolus)

Some other complications, which can occur specifically following a rotator cuff repair, are:

1. Infection
2. Re-tearing of the rotator cuff
3. Ongoing pain and stiffness in the shoulder

These risks are very small but if any occur, further treatment or an operation may be necessary.

1) **Infection** can be a serious complication. Some infections show up immediately whilst you are still in hospital, others are not apparent until you have gone home. If you are at particular risk your surgeon may recommend that you take antibiotics.

2) **Re-tearing of the cuff** is possible following surgery before the rotator cuff has fully healed. This is why it is important to wear your sling as directed. Your therapist will instruct you carefully about exercises to minimise this risk.

3) **Ongoing pain and stiffness** of your shoulder is possible, especially if you do not continue with your individual home exercise plan. To minimise this risk you will be given exercises by the therapists before you leave hospital. If your shoulder is particularly stiff the physiotherapists

may need to see you before surgery to help you gently stretch your shoulder.

Are there any alternatives to surgery?

The alternative is physiotherapy to try and restore mobility and improve muscle strength around the shoulder.

What happens if I agree to have a rotator cuff repair?

If you and your surgeon agree that a rotator cuff repair is necessary, you will be asked to attend a pre-operative assessment clinic a few weeks before your surgery to ensure you are fit for the operation and to record some baseline information. This will include your current functional ability and the range of movement of your shoulder.

At the pre-operative assessment clinic, the nurse will assess your state of health and will organise all the necessary tests. This may include blood tests, urine tests, an ECG (heart tracings) and x-rays.

Our aim is to start discharge planning at this appointment. We will ask you questions about your home situation. It is important for you to ask for any extra help that you feel you may need when you go home, so that plans can be set in place as soon as possible. This will help to avoid any unnecessary delays in you going home.

A physiotherapist may also see you, and you will be examined by your consultant or a senior member of his/her team.

If you feel that you may need extra support or help at home following your operation, please mention it at this clinic appointment.

Another purpose of this clinic is for you to ask any questions about the forthcoming surgery.

Consent

We must seek your consent for any procedure or treatment beforehand. Staff will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

When will I know the date of my operation?

You may be given a provisional date at Pre-Assessment Clinic and this will be confirmed by letter.

How long will I be in hospital for?

This operation is generally carried out as a day case procedure unless you have any other medical conditions which may require you to stay overnight.

If you are having your operation as day surgery, you will need to have someone to collect you from the hospital and stay with you overnight to check that you are okay.

After your rotator cuff repair

Will I have any stitches?

Your shoulder wounds will have dressings on them and, if you have had stitches, they can be removed at your GP's surgery, usually 10 days after the operation.

An arthroscopic wound does not usually need stitches, only small sticking plasters over the wounds.

It is normal for your shoulder to appear swollen after surgery and you may also find that your shoulder leaks a watery blood stained fluid, this usually settles after 24 - 48 hours.

Keep all wounds dry until well healed.

Will I have to wear a sling?

Your arm will be supported in a sling straight after your operation. This is to protect the repair to your muscle. You must wear the sling all the time for the next 4 - 6 weeks.

The length of time the sling must be worn for is determined by the size of the tear found during the operation. The surgeons or therapists will advise you as to when it is safe to stop wearing the sling.

What clothes should I wear with the sling?

Most people find it difficult to manage ordinary clothes immediately after surgery, due to limitation of shoulder movements; therefore you are advised to wear a loose fitting button through shirt or blouse, and comfortable trousers/skirt.

A bra may be uncomfortable in the early days so it would be advisable to bring an underslip or loose fitting underwear to hospital.

How will I sleep?

You **must** sleep in your sling until directed not to by your surgeon or therapist.

Sleeping can be a little uncomfortable.

We recommend that you lie on your back or the opposite side, as you prefer. Ordinary pillows can be used to give you comfort and support. (Feather pillows are easier to mould than foam ones). We do not recommend trying to sleep in a sitting position.

Is there anything to look out for when I go home?

It is important you seek medical advice if you experience any of the following:

- A marked increase in pain
- A dramatic reduction in shoulder movement
- Redness or swelling around the wound
- An increase in wound leakage/discharge
- Flu like symptoms such as a high temperature and feeling unwell

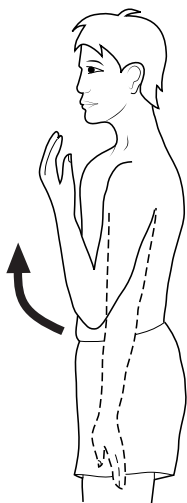
Who should I contact if I have any concerns?

If you are worried and require further information, please contact your GP or the hospital on one of the numbers on page 13.

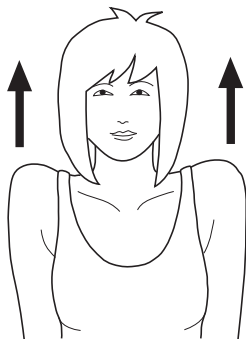
Will I have to come for physiotherapy?

Physiotherapy is very important following a rotator cuff repair if you are to get the most out of your shoulder following your operation. The main aim of physiotherapy during the initial sling wearing stage is to prevent your shoulder joint stiffening up. A physiotherapist on the ward will begin gentle shoulder movements after the operation. These exercises will be supported so as to limit the tension on your newly repaired muscles.

You will also be given an appointment to attend your nearest outpatient physiotherapy department within one week from your discharge from the ward in order to progress your exercises. Whilst waiting for your physiotherapy appointment, it is important to keep your elbow and hand moving, and also to make sure your neck muscles don't stiffen up. Try the exercises on the following page:



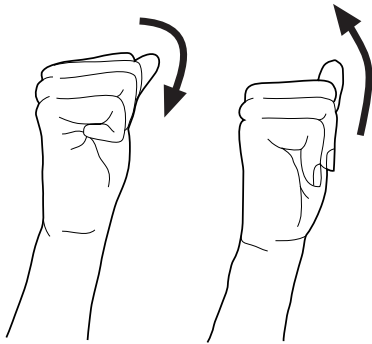
Take your arm out of your sling and gently bend and straighten your elbow to prevent your elbow getting stiff.



With your arm in your sling, gently practise shrugging your shoulders up and down.



With your arm in your sling, stretch your neck from side to side to gently stretch the muscles down the side of your neck.



In your sling, practise making a fist and then straightening your fingers out to make sure your hand doesn't stiffen.

Your physiotherapist or surgeon will advise you when to remove the sling. Following this there will be a gradual emphasis on strengthening the muscles in your shoulder and increasing your movement further.

Depending on your progress, you may also be referred to our occupational therapists for additional rehabilitation.

How often will I have to come to physiotherapy?

Initially you should expect to have physiotherapy once a week. As you improve, this may reduce to once a fortnight.

Is that the end of my treatment?

You will be seen in orthopaedic clinic at approximately 2 weeks and at 6 weeks following your operation by a member of your surgeon's team. This may be your surgeon's specialist physiotherapist or occupational therapist who will check that your rehabilitation is going to plan.

Your surgeon may see you at about 3 months after your operation.

When can I resume my normal activities?

This depends upon your symptoms. Most people are comfortable by between 6 to 12 weeks after surgery. However, it may take 12 to 18 months to feel the full benefit of the operation, particularly if you do heavy work.

Driving is a potentially hazardous activity and people will vary as to how soon they are able to perform this task safely. We would advise you not to drive until you have enough movement and strength in your arm to control the car safely.

It is wise to discuss this with your insurance company before you return to driving. We would not recommend driving before 3 months in the case of a large tear, as your muscles may not have fully healed.

Returning to work:

- **Light work** 6 weeks onwards
(no lifting)
- **Medium work** 12 weeks onwards
(light lifting below shoulder level)
- **Heavy work** 3 - 6 months
(above the shoulder level)

If you feel that your work or leisure activities come into the 'heavy' category, please discuss this with the physiotherapists and occupational therapists, so that they can plan the best rehabilitation for you.

Useful telephone numbers:

Mr Thyagarajan's secretary

- **0114 271 4025**

Mr Potter's secretary

- **0114 226 6381**

Mr Booker's secretary

- **0114 226 6381**

Mr Ali's secretary

- **0114 271 4025**

Mr Kankanalu's secretary

- **0114 305 2081**

Physiotherapy Department

- **0114 271 4857**

Occupational Therapy Department

- **0114 271 4189**

Pre-assessment Clinic

- **0114 226 6333**

Sheffield Elective Orthopaedic Centre

- **0114 226 1332**

Who do I contact if I have any comments, concerns or complaints?

Should you have any comments, concerns or complaints regarding your care whilst in hospital please discuss these with the nurse looking after you or the ward manager.

Alternatively you can contact the Patient Services Team:

Patient Services Team
Patient Partnership Department
Royal Hallamshire Hospital
Glossop Road
Sheffield S10 2JF

- **0114 271 2400**

Or you can provide your feedback online at:

- **www.sth.nhs.uk/patients/tell-us-what-you-think**

Or you can email:

- **sth.pals@nhs.net**

Use this space to make a note of any questions you may want to ask:



**Sheffield
Hospitals
Charity**

To help support your local hospitals visit
sheffieldhospitalscharity.org.uk

Registered Charity No. 1165762



Yes I donate
ORGAN DONATION

For alternative formats please see
www.sth.nhs.uk/patients/patient-information

© Sheffield Teaching Hospitals NHS Foundation Trust 2024

Re-use of all or any part of this document is governed by copyright and the "Re-use of Public Sector Information Regulations 2005"
SI 2005 No.1515. Information on re-use can be obtained from the Information Governance Department, Sheffield Teaching Hospitals.
Email sth.infogov@nhs.net