

Guidelines for patients following rotator cuff repair

Introduction

The rotator cuff consists of four muscles and their tendons which surround the ball (humeral head) of the shoulder joint. The muscles fine tune the movements of the shoulder and help keep the ball of the shoulder joint in its socket.

The tendon of the rotator cuff passes through a narrow space between the top of the arm bone and a prominent bone on the shoulder blade (the acromion). The tendon is very vulnerable to being pinched here when the arm is moved especially above the head. Over time this pinching can lead to tears of the tendon, the chances of this increases as we get older.

When repeated tearing occurs, the fabric of the tendon becomes weakened and finally, like the cloth at the knees of old trousers, splits. This leads to pain, which can be severe. Weakness of the shoulder can occur and often clicking and crunching on movement.

Other forms of treatment such as injection and physiotherapy are available but sometimes it is necessary to repair the tendon. How well this does will depend upon the size of the tear. If we think about the trousers again, the bigger the split in the cloth, the more difficult is the repair and the more likely the repair is to tear. Your consultant will have discussed this with you.

The Operation

This is carried out under a general anaesthetic. Either an incision is made over the top of the shoulder, or if suitable the operation is performed through the keyhole. The tendon is repaired by stitching it to the bone. The arm is then placed in a sling.

General guidelines

Pain:

A nerve block is usually used during the surgery. This means that immediately after the operation the shoulder and arm often feel completely numb. This may last for a few hours. After this the shoulder may well be sore and you will be given painkillers to help this whilst in hospital. These can be continued after you are discharged home. Ice packs may also help reduce pain. Wrap crushed ice or frozen peas in a damp, cold cloth and place on the shoulder for up to 15 minutes.

Wearing a Sling:

You will return from theatre wearing a sling. The surgeon/physiotherapist will advise you on how long you are to continue wearing the sling. This is usually for between 3 and 6 weeks depending upon the size of the tear. You will be expected to remove the sling for exercises only. Your physiotherapist will advise you of these.

The Wound:

Open repair: there is an incision at the top of the shoulder. The stitch is dissolvable but is usually removed at 3 weeks. Keep the wound dry until it is well healed.

Arthroscopic (keyhole) repair: This keyhole operation usually done through two or three 5mm puncture wounds. There will be no stitches only small sticking plaster strips over the wounds. These should be kept dry until healed. This usually takes 5 to 7 days.

Driving:

You will not be able to drive for a minimum of 8 weeks. Your surgeon will confirm when you may begin.

Returning to work:

This will depend upon the size of your tear and your occupation. You will need to discuss this with your surgeon.

Leisure activities:

This will depend upon the size of the tear. Your physiotherapist and surgeon will advise you when it is safe to resume your leisure activities.

Follow up appointments:

An appointment will be made for you to see a physiotherapist after your discharge and you will be seen at the clinic at 3 weeks. You will be monitored by a physiotherapist throughout your rehabilitation

Exercises:

You may well be expected to perform the following exercises. Your physiotherapist will teach you the following exercises before you leave hospital, if appropriate:

- 1) With your arm **in** the sling move your hand up and down at the wrist.
- 2) With your arm **out** of the sling bend and straighten the elbow
- 3) With your arm **in** the sling and the elbow bent at your side, turn the hand to face the ceiling and then the ground.

Repeat these exercises four times per day. The number you should perform at each session will be recorded for you by your physiotherapist. Continue these exercises until otherwise advised by your physiotherapist.

If your wound changes in appearance, weeps fluid or pus or you feel unwell with a high temperature, contact your GP.

If you have a query concerning your exercises contact the physiotherapy department where you are receiving treatment.