

Arthroscopic rotator cuff repair – surgery

Information for patients

The aim of this leaflet is to answer some of the questions you may have about having an arthroscopic rotator cuff repair. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

If you have any questions or concerns, please speak to the doctor or nurse caring for you.

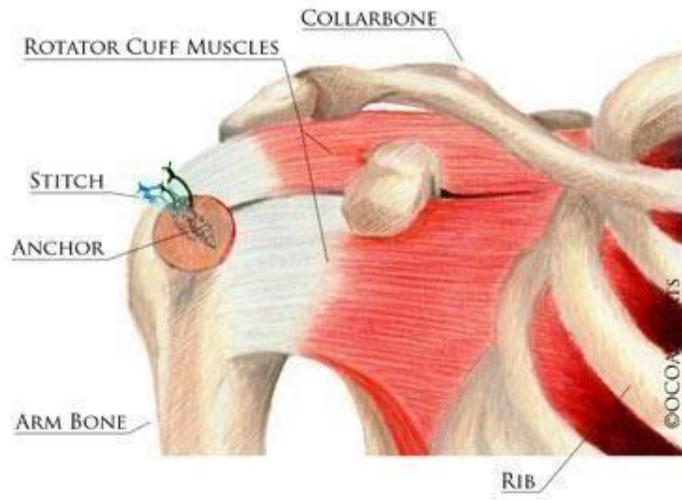
What is an arthroscopic rotator cuff repair?

The rotator cuff is the name of a group of four tendons in your shoulder that allow different types of movement to occur, including elevation and rotation. Any of these tendons can tear, either due to acute injury/trauma or more commonly due to 'wear and tear', as part of the ageing process.

When a tendon tears, it can no longer function properly and often, can cause pain and weakness. As such, you may experience a reduction in your activity levels and functional abilities.



During an arthroscopic repair of the torn rotator cuff tendon, an arthroscope (camera) is inserted into the shoulder to allow the tendons to be seen. Fluid (saline) is passed into the shoulder to allow the surgeon to look at the structures within it. Very small anchors are then used to repair the torn tendon back into the bone.



Sutures (stitches) are also passed through the tendon to secure it.

What are the benefits – why should I have an arthroscopic rotator cuff repair?

Usually the primary reason for this surgery is pain relief. Repairing the tendon may also increase the strength and active range of movement at the shoulder joint. You should also find that there are fewer functional limitations and you are able to do more with your arm.

What are the risks?

In general, the risks of any operation relate to the anaesthesia and the procedure itself.

In most cases you will have a general anaesthetic (which will put you into an induced sleep) combined with local anaesthetic, which may be injected in and around the shoulder, or around the nerves that supply the region. This is to provide pain relief after the procedure and the numbness can last for up to 18 hours.

You will be able to discuss this with the anaesthetist before your surgery and he/she will identify the best method for you.

Arthroscopic rotator cuff repair is routinely performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of the procedure outweigh any disadvantages. However, to make an informed decision and give your consent, you need to be aware of the possible side effects and risks/complications.

Complications include:

- infection (affects less than one out of every 100 patients treated)
- nerve injury (affects less than one out of every 100 patients treated)
- bleeding – this is rarely an issue as arthroscopic rotator cuff repair is a ‘keyhole’ procedure
- thrombosis/blood clot (affects less than one out of every 100 patients)
- re-tear (can occur in up to 40 out of every 100 patients treated, however this often does not cause recurrent symptoms)
- stiffness of the shoulder (affects one to two patients out of every 100 patients treated). This is rarely permanent and usually improves over a three to six month period.

Are there any alternatives?

Surgery is recognised to be a good treatment for this condition, but in some cases it can be managed with a course of physiotherapy and steroid injections into the joint. This does not heal the torn tendon but can provide some pain relief and allow for other muscles to strengthen and compensate for the dysfunction of the torn tendon.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. Before carrying out any procedure, staff will explain the procedure to you, along with the associated risks, benefits and alternatives. If you have any questions about your care, or any concerns, please do not hesitate to ask for more information.

If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

What happens during the rotator cuff repair?

On your day of admission you will be seen by a doctor from the surgical team who will mark the site of the surgery and ask you to confirm your previous signature and consent on the consent form. The anaesthetist will also review your fitness for surgery and finalise the planned anaesthetic regime. You will then be taken to the operating theatre to undergo the operation.

During your surgery you are generally sat up in a beach chair type position. The surgeon then introduces the camera into your shoulder through a small incision and watches the images on a TV screen. Photos are generally taken of the findings.

The surgery involves looking at the tendon tear via the arthroscope and using sutures to repair it (special bone anchors are used to stitch the tendon back to the bone). The extent of repair required is directly related to the size of the original tear. The length of the operation will depend on the number of tendons involved. During the procedure it may become necessary to convert to open surgery in order to facilitate the repair. In a very small number of cases the rotator cuff tendons may not be repairable.

Will I feel any pain?

Your arm will feel numb because of the nerve block/local anaesthetic used during your operation but this should wear off during the first 24 hours after the

operation. Post-operative pain is normal and you will receive a combination of painkillers to help minimise this pain.

What happens after the procedure?

Following the operation you will be taken to the recovery department. This is where you are monitored for the initial post-operative period. You will then either be transferred to the orthopaedic ward or the day surgery unit.

When you go home depends on your individual circumstances and the time of your procedure – you may be able to go home on the day of surgery or may need to stay overnight on the ward. This will be discussed with you before your operation.

You may be seen by an orthopaedic physiotherapist who will teach you some basic exercises and how to put on and take off your sling. He/she will also provide advice on general functional adaptations after your surgery and organise your out-patient physiotherapy referral at your local hospital.

What do I need to do after I go home?

Your arm maybe resting in a sling for four to six weeks. This is essential to minimise any movement at your shoulder joint and protect the repair work that has been carried out. Moving your shoulder inappropriately during this healing phase will minimise the potential benefits of the surgery. If your surgeon feels you can use the shoulder sooner, you will be told by the therapist before you are discharged from the ward.

You should leave the dressing intact until your follow-up appointment, about two weeks after your surgery.

It is essential that you continue to take painkillers as advised after your surgery. Your pharmacist and nurse will discuss with you the management of your painkillers before you go home.

Depending on the nature of your employment, you may be signed off from working from one to twelve weeks. Please ensure you ask for a medical certificate before you are discharged.

What should I do if I have a problem?

Please contact your GP or attend your nearest A&E department if you experience any of the following:

- increasing pain
- increasing redness, swelling or oozing around the wound site fever (temperature higher than 37.5°C).

Will I have a follow-up appointment?

Two weeks following your surgery, you will be asked to attend the out-patients department for a review, wound check and removal of stitches. Your dressings will be changed and reduced as appropriate.

Contact details

If you have any concerns about your operation or want to talk to us again, we would be happy to see you. Please contact the following (Monday-Friday, 9am-5pm):

- Medical Secretary to Verona Beckles: Carla McLoughlin
- Tel: 0207 496 3563
- Email: beckles.admin@sportsortho.co.uk

Please contact your GP or attend your local A&E department if you have any urgent medical concerns outside of these hours.



London Sports Orthopaedics
31 Old Broad Street
(by Tower 42)
London
EC2N 1HT

Tel: 020 7496 3597

Fax: 020 7496 3596

london@sportsortho.co.uk

www.sportsortho.co.uk