

INFORMATION ON ROTATOR CUFF REPAIR: Dr Katherine Gordiev

INTRODUCTION

Rotator cuff repair refers to re-attachment of one or more of the rotator cuff tendons to the humerus. This can be done either through keyhole surgery (arthroscopy), or through a larger open incision.

ROTATOR CUFF TEARING

Rotator cuff tears become more common with increasing age. An injury may cause a tear or increase the size of a preexisting tear. Often a tear will occur without a history of an obvious injury.

INDICATIONS

A surgeon will usually recommend that an operation is appropriate when the patient had exhausted all non operative avenues of treatment, and is still experiencing significant pain and disability. Typical problems include significant night pain, and inability to perform basic activities of daily living or work without pain and weakness. The recommendation follows a thorough history and examination and investigation with X-rays, and sometimes other imaging investigations.

NON OPERATIVE TREATMENT

It is important to understand that not all rotator cuff tears require surgery, and that not all rotator cuff tears can be repaired. Many respond well to a combination of physiotherapy, activity modification, possibly an injection, and patience.

BENEFITS

The purposes of rotator cuff repair surgery are the relief of pain and the improvement of function. It is usually possible to improve the range of motion of the joint, although this may not be possible in all situations.

PREOPERATIVE PREPARATION

- Surgical consultation
- Discussion with GP, family, physiotherapist, and/ or to other patients who have had the operation
- Medical assessment by GP / Anaesthetist / Preadmission clinic / Blood tests
- It may be necessary to omit certain medications, eg Warfarin, Plavix
- Avoidance of cuts and scratches leading up to the surgery
- Consideration and discussion of Interscalene block
- Arrangements for time off work, off driving, home assistance as necessary

DAY OF SURGERY

Usually the patient is admitted to the hospital on the day of surgery, having fasted the night before.

SURGICAL PROCEDURE

Rotator cuff repair is performed either by arthroscopy or open. Several factors determine the choice of technique, and these will be discussed with you. At the same time as the rotator cuff repair is performed, other procedures may be performed. These include acromioplasty, bursectomy, biceps surgery and AC joint surgery.

POSTOPERATIVEMANAGEMENT

Typically the postoperative stay in hospital is one night. Sometimes it is possible to be discharged the same day. It is best to keep the wound dry until you are reviewed post operatively. A waterproof dressing will be applied before you leave hospital. A sling is typically worn for a period post operatively, but the duration of this will vary according to your individual circumstances

Pain management

This is supervised by your Anaesthetist, and may consist of a combination of:

- Interscalene block
- PCA pump (Patient controlled analgesia)
- Tablets
- Injections

PHYSIOTHERAPY

The day after surgery you will be seen by the physiotherapist to make sure that you fully understand the stretching exercises that are part of your post operative rehabilitation. It would be ideal for a family member, partner or friend who will be assisting you with these exercises to be present during this session.

Typically stretching exercises are commenced the day after the surgery. These consist of passive shoulder elevation, external rotation exercises, and pendulum exercises. The use of the word "passive" indicates that movement should be performed either by a physiotherapist, family member or friend who has been instructed in how to perform the stretching exercises correctly. Pulleys are sometimes used.

Rotator cuff strengthening will commence at between six and twelve weeks following the surgery, depending on the case. It is good to maintain overall fitness and strengthening of the legs and non-operative arm as soon as one has recovered from the surgery. Use of a stationary reclining bicycle is good for this purpose. Hydrotherapy can be extremely beneficial and is encouraged.

TIME OFF WORK

Seven to fourteen days off are recommended for a sedentary occupation or deskwork. If lifting, reaching, pushing or pulling is performed, at least three months off these duties may be required. A program of light duties can be outlined if this is applicable.

DRIVING

It is generally preferable to wait 6 weeks before driving an automatic car, and longer for a manual car, but individual circumstances may vary.

SPECIAL PRECAUTIONS

It may be permitted take the arm out of the sling for quiet periods during the day. It is usually permissible to stretch the elbow and use the hand, but it is important to keep the elbow tucked in at the side at all times other than when the shoulder stretching exercises are being performed. It may be permissible to use the arm whilst keeping the elbow by the side for activities such as eating, food preparation, personal care and some typing. The patient should not lift, reach, push or pull with the operated arm until it is indicated that it is safe to do so.

RISKS AND COMPLICATIONS

Every effort is made to anticipate and prevent complications, and to treat them promptly should they occur.

The following list of complications is not an exhaustive list of all reported complications of this surgical procedure. It is a guide to the common risks of the procedure. Certain behaviors, for example smoking, and many medical conditions, for example, diabetes, are known to increase the risk of both anaesthetic and surgical complications.

Local and general anaesthetic and their potential complications will be discussed in more detail with your Anaesthetist.

Operations have general complications including infection, bleeding, and nerve or vessel injury resulting in temporary or permanent paralysis. Other complications include, skin, bone, tendon, ligament and muscle healing problems, failure or recurrence of the problem, reflex sympathetic dystrophy, deep vein thrombosis and pulmonary embolism.

SUMMARY

Rotator cuff repair is performed when non-operative measures for this problem fail. Its aim is to provide pain relief and restoration of function, and to permit renewed participation in work and recreational activities.