



# Rotator Cuff Repair

## Patient Information Sheet

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### Background

#### What is the rotator cuff?

The rotator cuff is a group of muscles which help control and stabilise the shoulder joint.

There are four rotator cuff muscles:

- Supraspinatus
- Infraspinatus
- Teres minor
- Subscapularis

These muscles surround the shoulder joint, lying deep to the larger. Rotator cuff tears are one of the most common shoulder problems encountered by adults. They are especially common in active people and those over the age of 50.

#### How do these tears occur?

Tears occur due to trauma (acute injury) or attrition (wear and tear). Attrition-type tears are more common, and increase in frequency with age. When there is acute trauma, an injury causes separation of the rotator cuff tendon from its insertion to the bone (humerus). These tears may be associated with a dislocation of the shoulder. They are often larger than attrition-type tears, and may require surgical repair.

### Treatment

Smaller tears or tears that have been present for a long time can be managed conservatively to begin with. Treatment options include a combination of physiotherapy and injection to the shoulder. Conservative management does not heal the tear, but it can improve symptoms. Surgical treatment is usually reserved for larger tears, tears in athletes or tears that have not responded to conservative management. The torn tendons are surgically re-attached to the humerus, and a sling is used to immobilise the shoulder. Dr Radic prefers to utilise arthroscopic techniques ('keyhole surgery') for rotator cuff repair, where the surgery is performed using smaller incisions. Research demonstrates that arthroscopic techniques reduce post-operative pain and aid in faster recovery.



### Day of Surgery

You will be admitted to hospital on the day of surgery. The anaesthetist will see you prior to surgery, usually on the day of surgery itself, but they may contact you beforehand to discuss your medical history with you. If you have any specific questions you would like to discuss with the anaesthetist, please ask my assistant for their contact details. My team will inform you of your fasting details and admission times leading into surgery, however if you're unsure please don't hesitate to contact us.



### Inpatient Stay

Most patients are discharged from hospital after an overnight stay. During your inpatient stay, the focus will be on keeping you comfortable and commencing the first phases of rehabilitation.

#### Days following: First 2 weeks

**Dressings** There will be some dressings on your shoulder post-operatively. Provided the dressings stay clean and dry, they do not need to be changed when you return home.

**Ice** Regular icing of your shoulder is helpful for reducing pain and swelling post-operatively. You should aim to ice your shoulder for 20 minutes, 4-6 times per day, depending your level of swelling and pain.

**Physiotherapy and Exercises** A physiotherapist will see you the morning after your surgery to discuss some light exercises that can be performed in the post-operative period.

**Sling** You will wake up after your operation with your arm placed in a sling. The sling helps to rest the shoulder, reduce discomfort, and protect the surgical repair. You may come out of the sling regularly for the exercises prescribed by the physiotherapist or for times of rest when the arm is relaxed and close to your body.



## Follow Up

I will review you in the rooms approximately 2 weeks after surgery. If you are unsure of your follow-up appointment, please call my assistant.

### 2-6 weeks

You will continue with the same exercises as the first 2 weeks, and start to introduce more range of movement exercises. I suggest that you book in to see your regular physiotherapist to prepare for upcoming rehabilitation.

### 6-12 weeks

You will generally come out of your sling full time at the 6-week mark and work on active range of movement and restoring shoulder strength.

### 3 months plus

Higher-level and more complex shoulder activities are introduced at a rate that is appropriate for your pain and tolerance levels. The shoulder can be 'tested' more, with a bigger focus on strengthening and returning to your desired activities or sport.



## Pain Relief

Regular paracetamol and an anti-inflammatory (if indicated) are usually the mainstays of pain relief after surgery. You will be prescribed some stronger pain medications which can be helpful in the early post-operative period.

For many patients, my anaesthetist will discuss the option of using a 'nerve block' to help reduce your pain levels in the time just after surgery. This is a procedure undertaken where the anaesthetist injects long-acting local anaesthetic to the nerves supplying the upper limb using ultrasound guidance. This procedure eliminates or greatly reduces pain in the first 12-24 hours after surgery, and is very helpful in maintaining your comfort levels in the early post-operative period. There's no absolute need to have the nerve block, and my anaesthetist will discuss the option of this with you prior to surgery



## Driving

You should not be driving whilst still wearing a sling. You need to be able to independently control your shoulder and upper limb before driving. In general, expect a 6-week period of not driving after your operation.



## Return to work

I would advise taking at least the first two weeks after surgery off. For those doing heavy work, return to work can be between 6 and 12 weeks, depending on work requirements.



## Problems

**Superficial infection** is not very common but can happen. It usually presents as redness and increased tenderness of the skin around the surgical wound, and generally resolves with a short course of oral antibiotics.

**Deep infection is rare.** This usually presents between 5-10 days post-operatively, with increasing pain, increased swelling and marked decrease in your range of movement. If joint infection does occur you will need admission to hospital with washing out of the shoulder and intravenous antibiotics commenced as soon as possible.

*If you are concerned about an infection, please contact me as soon as possible. During business hours the best point of contact is via my assistant on **9212 4292**. After hours, please contact the hospital where you had your surgery, and ask them to contact me. Failing this, present to your nearest Emergency Department for assessment.*

**Stiffness** All shoulders undergoing surgery will feel somewhat stiff in the first 6-12 weeks after surgery. Occasionally, patients develop 'frozen shoulder,' which can make the stiffness quite marked. This is generally a self-limiting problem and often resolves with time and gentle physiotherapy. Rarely, I might suggest a manipulation or a further arthroscopic procedure to release the shoulder capsule if stiffness is severe.

**Nerve Damage** is possible with any surgery around the shoulder, although the overall risk is low and permanent injury to nerves is rare. It is often temporary (neuropraxia) and partial or full recovery can be expected with time.

**Re-Injury** is unusual in the early post-operative period, though is not unheard of. Please contact the rooms if you have any concerns and we can organise a review.

