

Rotator Cuff Repair (1 of 3)



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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

The Rotator Cuff is a group of muscles surrounding your shoulder. They control movement and protect your shoulder joint keeping it in position. Muscles are attached to bone by tendons. If one or more of these muscles or tendons are torn the shoulder becomes weak and painful.

There are 4 rotator cuff muscles.

Surgery

The type of repair is different depending on the damage to the muscles. Sometimes the muscles need to be reattached to the bone, whereas a small tear in the muscle can be repaired.

Risks

Complications from this type of surgery occur in less than 1 in a 100 cases, but they can include:

- accidental damage to other structures inside or near the joint
- excessive bleeding inside the joint causing pain and swelling
- infection
- anaesthetic complications
- failure of the repair requiring further surgery
- prolonged stiffness and/or pain.

Benefits

There are many advantages to having the surgery, including:

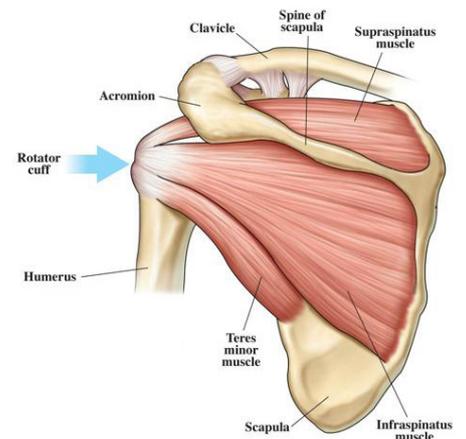
- improved movement and strength
- reduced pain.

Are there any alternatives?

The muscle or tendon cannot repair itself if it is a complete rupture. Sometimes over many months pain can reduce without surgery. If your shoulder is weak you may be referred for physiotherapy and given exercises to help the movement and strength in your shoulder. You may also be prescribed pain killers. The success of these treatments depends on the problem with your shoulder and should be discussed with your doctor.

Orthopaedic Therapy Department
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Shoulder - viewed from behind



After the operation

It is important to give the repaired muscles time to heal. This means avoiding using your operated arm. We will give you a sling - please wear it for six weeks after your operation both day and night. It can be removed for washing and dressing and to do your exercises.

Exercises

It is important to maintain the movements at other joints that may become stiff during your time in the sling.

Gentle active movements of your neck prevent stiffness when using the sling.



Bend and straighten your elbow 10 times to prevent stiffness

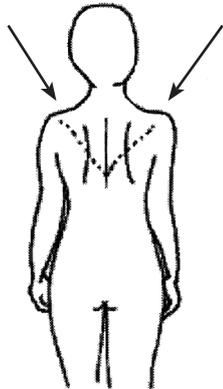


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While you are wearing your sling, move your wrist up and down

Keep your fingers moving, practice touching each finger to your thumb



Stand with good posture with your arms by your side. Gently pull both shoulder blades downwards and centrally, hold for 3 seconds and then return back to the start position.

Only do the exercises instructed by your physiotherapist.

Around 2 weeks after your operation you will be seen by a physiotherapist. They will check on your progress and demonstrate the next exercises that you have to do. This referral is made by the physiotherapist on the ward and you will be contacted by the appropriate team.

You will be seen in Orthopaedic Outpatients approximately 6 weeks after your surgery.

Sling

You will be given a 'Polysling' to wear to support your operated arm. This must be worn at all times, unless you are doing your exercises or getting washed and dressed. Your physiotherapist will show you how to take the sling off and put it back on.



Wound care

Keep the wound dry until it is healed. Ask your practice nurse if and when they are happy for you to get it wet.

Pain control

It is important to keep your pain under control, however, it is normal to feel some discomfort following surgery. You will be given painkillers during your stay in hospital and also some to take home. If you are still experiencing discomfort after you have finished taking these contact your GP.

Washing and dressing

The same precautions apply to your movements when getting washed and dressed. Wear loose fitting clothing that button up at the front, this allows you to put your operated arm in first to maintain your precautions and then put the un-operated arm in. Do not attempt to lift your arm away from your body.

Your sling can be removed to allow washing underneath your armpit. Lean forward and allow your operated arm to 'hang'. Do not attempt to lift your arm away from body against gravity. This should open up a gap under your arm. You can then wash your armpit with a flannel, sponge or wet wipe.

Driving

Do not drive until instructed by your consultant or a member of his team. When you do start driving ensure that you are comfortable and can manage all the controls safely. You need to inform your insurance company that you are driving again.

Avoid lifting any weight to avoid stressing weak muscles. Your physiotherapist will advise you on activities after the initial six weeks of wearing your sling.

Do not do any awkward pushing or pulling movements.

When can I return to work?

Depending on the type of work that you do, you may be off work for between six and twelve weeks. This may be longer if your job involves heavy lifting or manual labour. Discuss this with your consultant or physiotherapist.

Return to sport and leisure activities

This will depend on your recovery. It is important to have regained your strength and movement before returning to these activities. Discuss this with both your consultant and your physiotherapist as an aim of your treatment.