

Arthroscopic rotator cuff repair

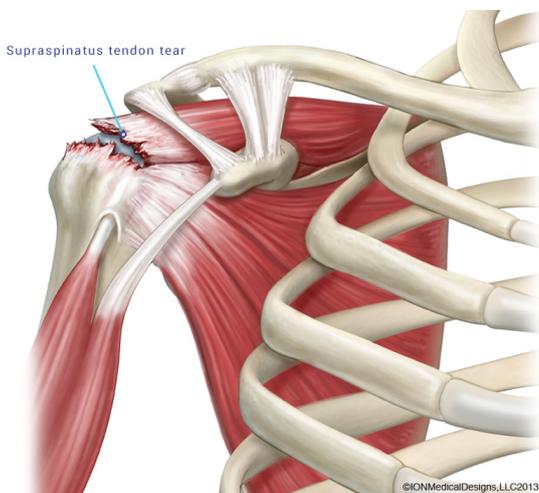
The aim of this leaflet is to help answer some of the questions you may have about having an arthroscopic rotator cuff repair. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

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

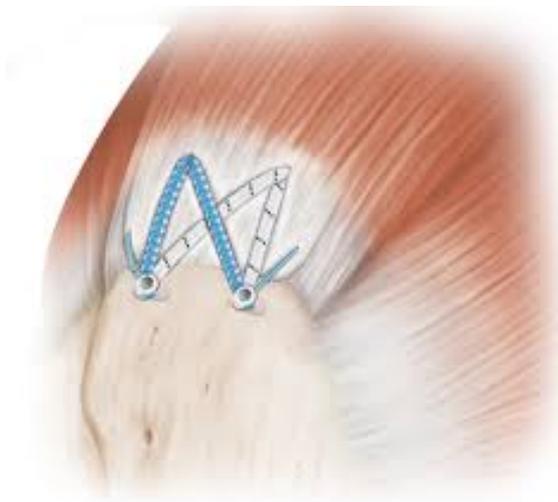
What is an arthroscopic rotator cuff repair?

The rotator cuff is the name of a group of four tendons in your shoulder that allows different types of movement to occur, including elevation and rotation. Any of the 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. Therefore, 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 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 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 combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region.

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

Arthroscopic rotator cuff repair is commonly 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**: rarely an issue as this 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. 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. A member of shoulder team will explain the risks and benefits of the procedure.

What happens during the rotator cuff repair?

On your day of admission, you will be seen by your consultant who will mark the site of the surgery and ask you to sign the consent form. The anaesthetist will also review your fitness for surgery and finalise the planned anaesthetic regime. You will then proceed 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 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.

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. 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 ward of the Day Surgery Unit. You may go home on the day of surgery or require an overnight stay on the ward. When you go home depends on your individual circumstances and the time of your procedure and will be discussed with you before your operation.

You will be seen by an orthopaedic physiotherapist who will teach you how to put on and take off your sling, and some basic exercises. He/she will also provide advice on general functional adaptations after your surgery and organise your outpatient physiotherapy follow up.

What do I need to do after I go home?

Your arm will be 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 done. Moving your shoulder inappropriately during this healing phase will minimise the potential benefits of the surgery.

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.

What should I do if I have a problem?

Please contact your consultant or attend your local A&E department out of hours if you have any urgent medical concerns or 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 outpatients 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, please contact your consultant's secretary