NARAYANA PRASAD
SHOULDER AND ELBOW SURGEON
MANCHESTER AND CHESHIRE

Patient Information leaflet

# ARTHROSCOPIC ROTATOR CUFF REPAIR

## PROCEDURE

Rotator cuff tears occur due to trauma or from degenerative wear and tear. Surgical repair is performed through several small puncture incisions using an arthroscope, small instruments and suture anchors to sew the torn tendon. During the surgery the entire shoulder is inspected and all other abnormalities are addressed. Often this includes smoothing of bone spurs on the acromion and/or collarbone, and release of a partially torn biceps tendon. This often includes a release of a partially torn biceps tendon. The surgery is typically performed as an outpatient and you will be discharged home on the same day. You will be in a sling for 3-6 weeks after surgery.

## RISKS

As with all procedures, this carries some risks and complications.

### COMMON [2-5%]

**Pain:** The procedure does involve incisions through soft tissue and will hurt afterwards. Pain medications will be prescribed in hospital and post-discharge home.

**Stiffness:** After surgery physiotherapy is started to work on motion. Most of the time, stiffness will improve with rehabilitation but occasionally a permanent loss of motion may occur.

**Irreparable Tear:** Most often the torn rotator cuff tendon can be repaired with sutures. Occasionally the tear has become so large that it is impossible to suture it back together. In this situation shaving of bone spurs and the biceps tendon can still lead to improvements in pain in majority of cases.

**Tendon re-tear:** There is a chance for re-tear following all type of repairs. The larger the tear, higher the risk that it will re-tear. Usually pain and function will still e improved despite the re-tear. Repeat surgery is only needed if there is severe pain or loss of function.

**Asymmetry of biceps muscle:** A partially torn bicep is often found shoulder impingement. These can also be a source of pain. If found during surgery the bicep is often released (tenotomy) or reattached to the humerus (tenodesis). This does not typically cause a change in strength or function, but may cause a change in shape of the biceps muscle.

### LESS COMMON [1-2%]

**Infection:** Signs of infection include fevers, chills and red/painful/hot wounds with discharge. These can be treated with oral antibiotics but may require surgery to wash out the joint. Infection may spread to blood [sepsis] and require intravenous antibiotics.

### RARE [< 1%]

**Nerve damage:** There are a number of large and important nerves that run near the shoulder. These may be damaged during the operation. This may result

in a temporary or more permanent numbness or loss of power. Paralysis of the arm or hand is extremely rare.

**Blood clot/DVT:** A blood clot may develop in the veins of the arm or legs. Very rarely the clot may break off in the bloodstream and travel to the lungs or brain. Potentially this could lead to breathing problems, stroke or even death.

**Anaesthetic Complications [extremely rare]:** Breathing problems, heart attack or stroke may occur under anaesthetic. This may lead to permanent disability or death.

## RETURN TO ACTIVITY GUIDELINES [SCHOOL/WORK/SPORTS]

Estimated guidelines only--- will depend on individual improvement with surgery/rehabilitation

SEDENTARY/SITTING/DESKWORK [no use of affected arm]: 1-3 weeks [depending on pain control and mobility]

LIGHT WORK [below shoulder level]: 6- 8 weeks

SWIMMING- Breaststroke: 6 weeks
Free style: 3 months

HEAVY WORK/CONTACT SPORTS: 3 months

DRIVING: You may drive once you are no longer wearing the sling or taking narcotic pain medications and can move your arm well enough to safely steer in an emergency setting. This time period may be different for each individual and cannot be determined by the doctor. Often this may be up to 6-12 weeks after surgery.