Patient Information
Rotator Cuff Repair

Why do I need a Rotator Cuff Repair (RCR)?

The rotator cuff is a group of 4 muscles which surround the shoulder joint. They are attached to the bone via tendons. These muscles and tendons help keep the shoulder in socket and help control shoulder movements. The tendons can be damaged or torn through general use, "wear and tear" or following an injury to the shoulder. Often it is the "supraspinatus" tendon at the top that becomes worn. If the tendons are damaged the shoulder can become weak and painful.

What is a RCR?

A rotator cuff repair aims to re-attach the tendon(s) to the bone. The size of the tear will determine whether a full or partial repair can be achieved.

The surgery is done through a combination of arthroscopic and open techniques.

What happens before I come into hospital?

This information will help you prepare for admission to hospital. Treatment is always planned on an individual basis so your experience may differ slightly from the information given.

Dr Ratahi operates at both Kensington Hospital and Northland Orthopaedic Centre. If you do not go home on the day of your surgery, it will be done at Kensington Hospital.

All our staff are friendly and available to help answer any questions that you may have at any stage of your treatment.

Pre-assessment

If there are concerns around your fitness for an anaesthetic you may be asked to attend a pre-assessment. This is a medical examination made by the anaesthetist who works with Dr Ratahi to make sure you are well enough for surgery.

Transport

Patients are responsible for their own transport to and from the hospital. You will be informed of your admission and discharge date in advance so that you can arrange for a relative, friend or taxi to transport you.

What happens on the day of surgery?

On the morning of your surgery you will be greeted by the staff at the hospital reception on your arrival. Before being taken to the theatre suite you will be greeted by the nursing staff who will be looking after you and ask you to change into a hospital gown to get you prepared for theatre. You will be assessed by Dr Ratahi and the anaesthetist to perform a final check that you are fit for surgery and answer any questions you may have. You will be asked to sign a form giving your consent to the operation. You will then go to theatre, accompanied by a nurse where your personal details and the operation will be confirmed before you are given an inter-scalene nerve block and a general anaesthetic.

Inter-scalene Nerve Block

An inter-scalene block is an injection of local anaesthetic around the nerves that supply your arm. The purpose of the injection is to provide pain relief for the operation. When you wake up from the general anaesthetic the shoulder and upper arm will be numb. Inter-sscalene block is offered for shoulder surgery because it is the best form of pain relief for this procedure in the first 24 hours after the operation. It is important that you are aware that it is not the only method for providing pain relief for this type of operation and also that it does not affect what the surgeon will do. Your anaesthetist will discuss the pros and cons of this procedure as well as the possible complications and alternatives with you on the day.

Surgical Procedure

Positioning and Preparation

Once in the operating room, you will be positioned so that your surgeon can easily adjust the arthroscope to have a clear view of the inside of your shoulder. Once anaesthetized, you will be placed in to a beach chair position. This is a semi-seated position similar to sitting in a reclining chair.

Once you are positioned, the surgical team will remove hair, if needed, and then spread an antiseptic solution over your shoulder to clean the skin. They will cover your shoulder and arm with sterile drapes, and will most likely place your forearm in a holding device to ensure your arm stays still.

Procedure

The procedure is called a mini-open repair uses newer technology and instruments to perform a repair through a small incision. The incision is typically 3 to 5 cm long.

This technique uses arthroscopy to assess and treat damage to other structures within the joint. Bone spurs, for example, are often removed arthroscopically. This avoids the need to detach the deltoid muscle.

Once the arthroscopic portion of the procedure is completed, the surgeon repairs the rotator cuff through the mini-open incision. During the tendon repair, the surgeon views the shoulder structures directly, rather than through the video monitor.

Are there any risks with this surgery?

Although rare, any operation involves potential risks or complications and it is important that you are aware of them.

General risks

- **Re-tear** – Initially the repair is weaker than normal tendons and therefore there is a risk of re-tear. To minimise this risk there will be post-operative movement restrictions and your arm will be supported in a sling
- **Stiffness** – There is usually some stiffness in your shoulder after the surgery. This is treated through the therapy exercise programme.
- **Infection** – All possible precautions are taken to avoid infection during your operation. Your skin is thoroughly cleaned with a disinfectant solution and all clinical staff wear masks, sterile gowns and gloves throughout the procedure. If a superficial skin infection develops post-operatively it is usually treated with oral antibiotics
- **Nerve/blood vessel damage around the shoulder** – The risk of this is less than 1%. If it happens we will investigate it carefully and take appropriate action to restore function
- **Deep Vein Thrombosis (DVT)** – A DVT is a blood clot in the deep veins of the calf or thigh. To reduce the risk of developing a DVT and to help with your circulation you will be given stockings and will be fitted with special inflatable pads to wear around your legs whilst in bed. These inflate automatically and provide pressure at regular intervals, thereby increasing blood circulation in your legs. The nursing staff will show you how to exercise your legs and ensure that you start to move about quickly after your operation. If a clot develops and part of it breaks away, it can travel to the lungs where it is called a Pulmonary Embolus (PE). A PE is potentially life threatening and so everything is done to prevent a DVT from developing. We ask you to help avoid this complication by wearing your stockings at all times while you are in hospital except when you are bathing
- **Sickness/nausea, heart problems, breathing problems and**
- **nervous system problems** – relating to the anaesthetic

What happens after the operation?

You will be transferred to the recovery room where you will be closely monitored as the effects of the general anaesthetic wears off. Your arm will be supported in a sling. Initially you may feel some pain or discomfort, which will be helped by medication. If you have had a nerve block, your arm and hand can feel numb and heavy, this will usually resolve itself within 24 hours. The shoulder may initially be bruised, tender and swollen and have a dressing over the wounds. These will be water-resistant dressings. However please check with your nurses before showering.

You may also have the following:

- Small drainage tube coming from your wound
- Patient Controlled Analgesia (PCA) Device
- Oxygen mask
- A drip to replace lost fluids

These will be removed as soon as possible following the surgery. Once the anaesthetic has fully worn off you will be encouraged to get up and mobilise, with help if needed, as soon as you are able. This will help prevent the risk of any post-operative complications.

Exercises/Therapy

For the first three weeks following your surgery there a no specific shoulder exercises. During this time you will only be able to come out of your sling for showering and stretching out your elbow and wrist. After your 3 week follow-up appointment with your surgeon you will be referred to a physiotherapist to supervise the remainder of your rehabilitation.

Washing and Dressing

Your nurse will discuss your personal care activities with you. Depending on your restrictions you may be provided with a sling for showering. Showering is advised as opposed to taking a bath to protect the wound and to avoid weight bearing on your operated arm. Your wound dressing is water resistant however you should avoid direct exposure to water when showering. Please be advised that your balance may be affected while wearing a sling and therefore consider safety aspects when stepping in/out of the bath/shower or on uneven ground. You will require loose clothes that preferably button down the front. Avoid clothing with small buttons, hooks and zips. Ladies may find a bra uncomfortable and may prefer to wear a strapless or front-fastening bra. Consider slip-on, easy fitting shoes. You will be allowed to wear your sling over clothes. Always dress your operated arm first and undress it last.

Dressing Procedure in a Sling

Your ward nurse will show you how to safely get washed and dressed whilst in a sling before you are discharged home.

Sleeping

Avoid lying on your operated arm initially. Lying on your back may be the most comfortable position. A pillow placed behind the operated arm may be advised to prevent the arm from falling backwards. Your therapist will advise you.

Returning to work

We recommend that you remain off work up to 6 weeks depending on the type of job you have. If you are involved in lifting, overhead activities or manual work you may need a graded return to work duties if this can be arranged.

Driving

You should not attempt to drive until you are out of your sling, your pain has subsided and you feel confident in your own ability to control the vehicle in the event of an emergency situation.

Returning to leisure activities

Prior to restarting any leisure activities it is advised you discuss them at your post-operative clinic review or with your outpatient physiotherapist. The ability to return to leisure activities will depend on pain, range of movement, strength and the procedure undertaken. Non-contact activities such as gentle jogging, light gym work, light gardening tasks, gentle swimming may be considered from 12 weeks. Over-arm sports, racquet sports and golf should be avoided until the end of your rehabilitation, usually around 10-12 months after your surgery.

Going home

We aim to discharge you from hospital either the day of or the day after surgery. However you may need an extra day depending on your needs.

Important Information and Disclaimer – Outcome of Surgery

The goals of surgery are discussed with you prior to the procedure; however, it is important to understand that these goals cannot be guaranteed in every case. In particular, improvement in pain levels may not be achieved, and in some cases symptoms may persist or change despite surgery.

Surgical outcomes may vary depending on individual factors, the nature of the condition, and findings at the time of surgery.

While imaging studies (such as MRI or CT scans) are an important part of preoperative assessment, they do not always fully reflect the condition of the tissues. Findings at surgery may differ from those reported on imaging, and intraoperative findings will guide final decision-making and treatment.