Kaliper Orthopaedics

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PATIENT INFORMATION

Arthroscopic rotator cuff repair

Keyhole surgery to reattach a torn shoulder tendon. What to expect, and how to look after your shoulder afterwards.

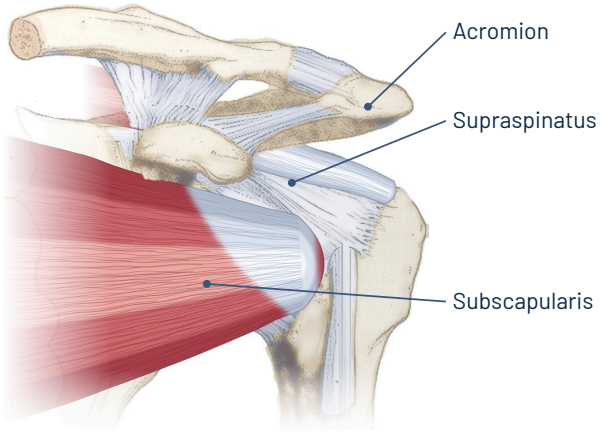
IN HOSPITAL	SLING	DRIVING	DESK WORK	FULL RECOVERY
Usually 1 night	6 weeks	About 7 weeks	About 8 weeks	6–12 months

About your operation

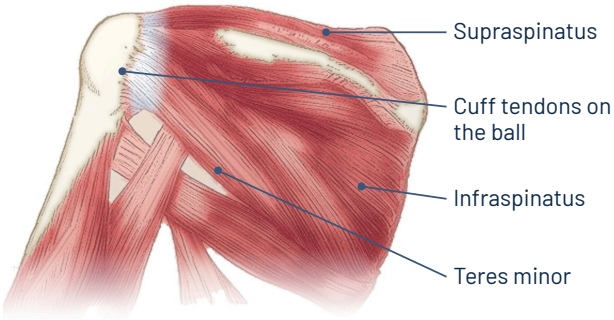
The **rotator cuff** is a group of four muscles and their tendons that wrap around the ball of your shoulder. They keep the ball centred in the socket and help you lift and turn your arm.

A tendon can tear away from the bone after a fall or a sudden heavy lift, or wear through slowly over time. A torn tendon can't pull properly, so the shoulder becomes painful and weak, often worst at night and when lifting the arm.

From the front
Subscapularis and supraspinatus



From behind
Supraspinatus, infraspinatus, teres minor



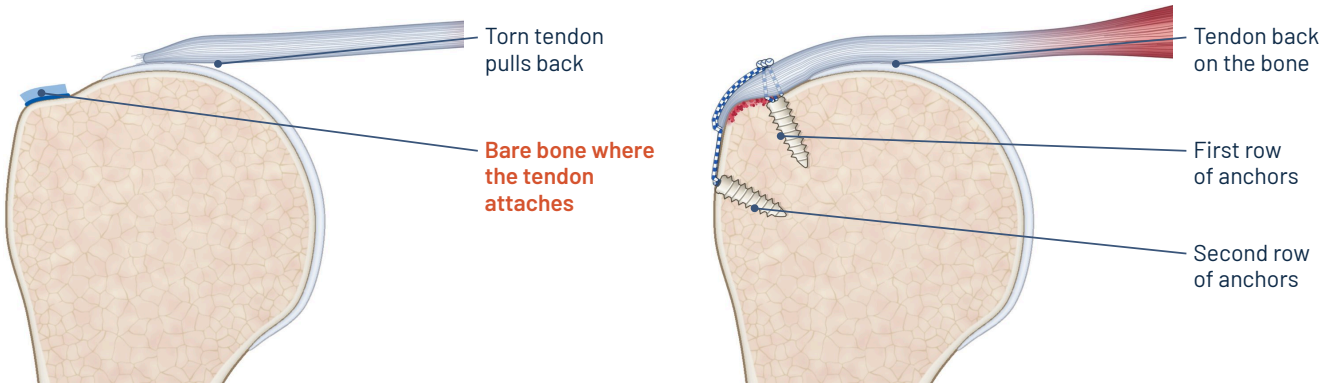
The rotator cuff from the front and from behind. Its tendons run over the top of the ball, under the acromion.

In a **rotator cuff repair**, Dr Piper works through several small cuts using a camera (arthroscope). The torn edge of the tendon is freed up and brought back to the spot on the bone where it belongs. Small anchors are placed in the bone. The stitches attached to them hold the tendon down while it heals. Most tears are fixed with two rows of anchors, which gives the tendon a wider area to heal onto.

Other problems found at the same time may also be treated, such as a bone spur under the acromion, a damaged biceps tendon or a worn AC joint. Dr Piper will tell you if this was done.

Torn tendon
Pulled off the bone

Repaired tendon
Held down with two rows of anchors



A slice through the shoulder, seen from behind. Left: the tendon has pulled off the bone. Right: stitched back down with two rows of anchors.

THE REPAIR TAKES TIME TO HEAL

The tendon has to grow back onto the bone, which takes around 3 months. The repair is at its weakest during this time. Following the sling and exercise rules protects it while it heals.

Before your operation

- The hospital will tell you when to stop eating and drinking.
- Tell us if you take blood thinners, weight-loss or diabetes medicines. Some medicines need to be stopped before surgery. Discuss this with your anaesthetist.
- If you smoke, try to stop. Smoking slows tendon healing and makes a re-tear more likely.
- Bring loose, front-opening tops. Button-up shirts are much easier with a sling.
- Arrange for someone to drive you home and help you for the first few days.
- Set up the things you use every day at waist height, so you don't have to reach up.

In hospital

The operation is done under a general anaesthetic. The anaesthetist usually adds a **nerve block** to numb the arm. Your arm may feel heavy and numb for 12–24 hours afterwards. This is normal. Keep it in the sling until the feeling comes back.

Most people stay one night. A physiotherapist will show you how to put on your sling and start your first exercises.

Going home: you need someone to take you home from hospital and stay with you for the first night.

Pain relief

The first 2 weeks are the most uncomfortable. Night pain can last a few months, and settles as the tendon heals.

- **Start your pain tablets before the nerve block wears off**, usually the evening of surgery.

- **Paracetamol** (for example Panadol): 2 tablets (1 g) up to 4 times a day. No more than 8 tablets in 24 hours. Keep taking it until you no longer need any of the stronger tablets.
- **Anti-inflammatory tablets**: only if your anaesthetist says they are safe for you.
- **Stronger pain tablets**: the anaesthetist may give you a script for the first few days. Take them only as directed and stop as soon as you can. Don't drive or drink alcohol while you take them.
- Strong pain tablets can cause constipation. Drink plenty of water and use a gentle laxative if needed.

Ice packs help for the first 3 days. Use them for 20 minutes at a time, wrapped in a cloth. If ice stops helping, try a warm pack instead.

Sleeping is often easier in a recliner, or propped up in bed with pillows behind you and a pillow under your elbow.

Your wounds

- Keep the dressings clean and dry until your first visit.
- The dressings are waterproof, so you can shower. Afterwards, gently pat the dressings and the skin around them dry.
- The stitches dissolve. They don't need to be removed.
- Don't soak in a bath, spa or pool until the wounds have fully healed.

Your sling

WEAR YOUR SLING FOR 6 WEEKS

- Your sling is a standard shoulder immobiliser: a padded arm pouch, a neck strap and a waist strap. After a larger tear, it also has a small pillow under the arm.
- Wear it day and night, including the waist strap.
- Only take it off to do your exercises.
- **Wear a cloth sling in the shower too.** The hospital physiotherapists will give you one before you go home. After your shower, hang it up with your towel to dry.
- Don't use the arm to wash, lift, push or pull, even light things like a cup or a phone.

Protecting your repair

RESTRICTIONS FOR 6 MONTHS AFTER YOUR REPAIR

These protect the tendon while it heals to the bone. A re-tear is most likely in the first 6 months.

1. **Never push through pain.** If your shoulder keeps aching during or after an activity, including physio, back off and stay within what is comfortable.
2. **No lifting over 2 kg for the first 3 months.** From 3 months you can lift up to 5 kg, until 6 months. Stay within your limits: if 1 kg is uncomfortable, only lift 1 kg. From 3 months your physiotherapist can start a strengthening program.
3. **No work above shoulder height.** Avoid long periods with your arm above shoulder height. Plumbers, mechanics and painters are most at risk.
4. **Avoid repetitive shoulder movements**, such as digging, sweeping and vacuuming. They inflame the shoulder and cause pain.
5. **Driving.** By law, you must not drive with your arm in a sling, or while you should be wearing one. You can drive once the sling is off and your shoulder moves well enough to put both hands on the steering wheel and turn it quickly in an emergency. This is usually around a week or so after the sling comes off. Don't drive while you are taking strong pain tablets.

Exercises and physiotherapy

- **Weeks 0–6:** gentle exercises, guided by your physiotherapist from the first week or two. Someone else (or your other arm) moves the shoulder for you, so the repaired tendon isn't working. Keep your elbow, wrist and hand moving too.
- **Weeks 6–12:** the sling comes off and you start using the arm yourself, a little more each week.
- **From 3 months:** strengthening starts, with very light resistance at first.

Exercises should not cause severe pain. If they do, stop and talk to your physiotherapist.

Your recovery

WHEN	WHAT YOU CAN DO
0–6 weeks	Arm in the sling. No driving.
6 weeks	Sling off. Start using the arm for light everyday tasks, lifting no more than 2 kg.
About 7 weeks	You can usually drive again.
3 months	Strengthening begins. Lifting up to 5 kg. Light manual work.
6 months	Restrictions end. Full work duties, depending on your job and the size of the tear.
6–12 months	Strength and movement keep improving. Most people are back to their usual activities.

Returning to work

TYPE OF WORK	WHEN
Desk or office work	About 8 weeks
Light manual work	About 12 weeks
Full duties	About 6 months

Light manual work means lifting no more than 5 kg, no work above shoulder height, and no repetitive shoulder movements such as digging or sweeping.

These times are a guide only. They depend on your job, and on what Dr Piper finds and repairs at your operation. Check with him before you go back.

Your appointments with Dr Piper

- **About 2 weeks after surgery:** Dr Piper explains what was found and repaired, checks your wounds and looks at how your shoulder is moving.
- **About 6 weeks after surgery:** the sling comes off and your physiotherapy moves to the next stage.
- **About 4½ months after surgery** (3 months after your 6-week visit): checks your movement and strength.

Possible risks

Rotator cuff repair is a common operation with generally good results. Like any operation, it has some risks. Dr Piper will talk about the ones that matter for you.

- **The tendon tearing again.** A repaired tendon is never as strong as a healthy one. This is more likely with large tears, poor-quality tendon, smoking, or using the arm too much too soon.
- **Stiffness.** Normal after the sling comes off, and improves with physiotherapy.
- **Frozen shoulder.** A painful, stiff shoulder that gets better by itself but can take 12–18 months or longer.
- **Ongoing pain.** Some people have pain afterwards, especially if there are other problems in the shoulder.
- **Infection.** Very rare after keyhole shoulder surgery.
- **Nerve injury.** Rare, and usually recovers.
- **Complex regional pain syndrome (CRPS).** A rare condition causing pain, swelling and stiffness in the hand.
- **Blood clots (DVT).** Very rare after arm surgery.
- **Anaesthetic risks.** Your anaesthetist will discuss these with you.

CALL US STRAIGHT AWAY IF YOU HAVE

- a temperature over 38°C, or you feel hot and shivery
- a wound that is red, hot, swollen or leaking
- pain that keeps getting worse and isn't helped by your tablets
- a hand that is cold, pale or blue, or numbness that hasn't gone 24 hours after surgery
- pain or swelling in your calf

Call the rooms on **(02) 9113 0606**. After hours, go to your nearest emergency department. **If you have chest pain or trouble breathing, call 000.**

Questions? Call the rooms on (02) 9113 0606 or email reception@kaliper.com.au.