

SUSSEX SHOULDER & ELBOW

02

Arthroscopic or Open Rotator Cuff Repair

What happens before surgery?

Once a decision has been made to proceed to surgery you will be contacted by staff at the hospital where you are going to have your procedure for a pre-operative assessment. This will either take place on the telephone or at the hospital if you have any medical problems that might require a more detailed assessment.

What happens on the day of surgery?

You will be admitted to the ward or the day surgery unit, usually on the morning of your surgery. You will be seen by the anaesthetist and by your surgeon. They will take you through the details of the anaesthetic, which usually includes a nerve block to help your pain, and through the details of the operation. You will be asked to sign a consent form and to complete a pre-operative shoulder score so that we can track your progress following surgery.

What does the surgery involve?

The operation involves the release and repair of your torn shoulder tendons. At the same time some bone is trimmed from the front of the acromion bone, to increase space for the tendons. If the acromio-clavicular joint (ACJ) is also causing pain then a few mm of bone will also be shaved from the end of the clavicle to decompress the ACJ. Occasionally the tendon is so badly damaged and retracted that it cannot be repaired, in which case the tendon edges and joint will be 'tidied up' to try and improve your pain.

What happens after the operation?

You will wake up in the recovery unit where a nurse will be looking after you. Your arm will be in a sling with a cushion to support the arm away from your body and it will usually feel very heavy and numb as a result of the nerve block. The shoulder is usually quite comfortable but you will be given painkillers if you are in any pain. Once you have recovered from your anaesthetic you will be transferred back to the ward or to the 'discharge' area.

A physiotherapist will then see you and take you through how to apply and remove your sling safely and the initial exercises you should perform. Once you are comfortable you will be sent home, usually on the day of surgery, with painkillers and instructions about any stitches you have. You will need to make an appointment with your practice nurse to have the stitches removed or trimmed after 8 days. You will be sent an appointment to be seen in the clinic 2-3 weeks after your operation. A physiotherapy appointment, if required, will be arranged by the hospital.

Cameron Hatrick

MA (Cantab), MB, BChir, FRCS (Tr&Orth)
Consultant Orthopaedic Surgeon

Joideep Phadnis

FRCS (Tr&Orth), Dip Sports Med, MRCS, MBChB
Consultant Orthopaedic Surgeon

These notes are intended as a guide and some of the details may vary depending on your individual circumstance and at the discretion of your surgeon.
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What exercises should I perform after the operation?

1st 6 weeks:

You will need to wear your sling day and night for 6 weeks
Release the sling three times a day to perform your exercises:

- Active finger, wrist and elbow movements
- Scapular setting exercises
- Shoulder pendulum exercises for the first 6 weeks
- Gentle passive exercises with someone's help
- **Avoid reaching your hand behind your back**

Weeks 6-12:

- Wean yourself out of your abduction polysling
- Start active assisted exercises of the shoulder under the supervision of a physiotherapist
- Continue scapular setting exercises

Week 12 onwards:

- Start gradual rotator cuff strengthening exercises
- Perform gentle capsule stretching exercises as directed
- Work on dynamic scapula control

What is the usual recovery?

- 8 weeks: driving
- 12 weeks: nearly full range of movement
- 16 weeks: golf
- 16 weeks: swimming
- 24 weeks: racquet sports
- 6-9 months: full recovery. Pain, particularly at night, can persist until then

Return to work: depends on occupation

- Home based sedentary work (e.g computer) from 2 weeks
- Sedentary work in an office (no driving) from 4 weeks
- Light manual work from 12 weeks
- Heavy manual work from 16 weeks

Are there any complications of surgery?

Fortunately complications after shoulder surgery are uncommon.

They include:

- Infection (< 1 in 1000)
- Stiffness. Mild stiffness is quite common but occasionally a full frozen shoulder can develop (8%) which will prolong your recovery by a few months
- Re-tear or failure to heal: The bigger the tear the higher chance that the repair will fail or a re-tear will occur. This doesn't necessarily mean that your shoulder won't feel better and only a few patients will require further surgery or re-repair.
- Failure to improve. 80% of patients will make a good or excellent recovery. 15% will have some ongoing discomfort but will be satisfied with their outcome. About 5% of patients will have ongoing problems and some of these require further surgery.

Cameron Hatrick

NHS Patients

Brighton NHS
Tel: 01273 696955 ext 4258, Tara Kirk
Lewes NHS
Tel: 01273 474153 ask for Glynis Mockett

Private Patients

Direct Tel: 01273 828095 Angela Crosskey
Montefiore Hospital Hove
Tel: 01273 828120

Joideep Phadnis

NHS Patients

Brighton NHS
Tel: 01273 696955 ext 8258, Shirley Boyack

Private Patients

Direct Tel: 01273 828099, Allison Litynski
Montefiore Hospital Hove
Tel: 01273 828120

We value your feedback

myclinicaloutcomes.co.uk

Don't forget to register on myclinicaloutcomes.co.uk before your surgery so that you can track the progress of your shoulder.

iwantgreatcare.org

You are also welcome to provide feedback on iwantgreatcare.org so that we can continue to improve the service we provide.