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Arthroscopic Rotator Cuff Repair

What is the rotator cuff?

The rotator cuff is made up of four muscles and tendons that surround the shoulder joint: supraspinatus, infraspinatus, subscapularis, and teres minor. These muscles are very important and critical for normal shoulder function and movement. They also help keep your humeral head (ball) centered in the glenoid (socket or cup).

What is a rotator cuff tear and how do they happen?

A rotator cuff tear is when one or more of the rotator cuff tendons pulls off or tears its attachment onto your humerus. These tears can happen in two different ways:

- Acute tears: these types of tears occur from a single injury – such as a car accident or a fall
- Chronic or degenerative tears: as with most things in life, long-term wear and tear can eventually cause a rotator cuff tendon to tear. This is the most common form of rotator cuff tears and is very common as we age.

Rotator cuff tears can come in all shapes and sizes. Tears can be partial-thickness or full-thickness. The tears can include just one rotator cuff tendon or extend into more rotator cuff tendons. Small tears typically cause pain – especially nighttime or overhead pain – and some loss of function; however, larger tears can cause significant loss of function, where you may lose the ability to raise your arm over your head.

Do all rotator cuff tears need to be fixed?

The majority of chronic or degenerative rotator cuff tears do not need to have surgery. These tears are very common as we get older – up to 50-60% of people likely have a rotator cuff tear by the time they are 70 years old, and they may not even know it. Once a rotator cuff tear causes symptoms (pain and loss of function), conservative measures such as steroid injections, anti-inflammatory medications, and physical therapy are very effective at treating a degenerative rotator cuff tear without the need for surgery.

When do you recommend surgery for rotator cuff tears?

There are times when surgery may be recommended to help restore shoulder function and decrease pain:

- Acute tears – especially those when you have significant loss of strength and motion
- Chronic or degenerative tears when patients have failed to get relief from conservative treatment
- Large, degenerative tears – some tears (especially larger tears) are more prone to growing bigger over time. If these larger tears are allowed to continue growing without treatment it may affect my ability to adequately repair the tendons in the future. In these situations, I may recommend surgery over conservative treatment.

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How do you repair the rotator cuff tendon?

The rotator cuff is repaired arthroscopically, meaning that I use a small camera to look inside the shoulder to examine and repair the tear. Since this surgery is done arthroscopically, multiple small (~1cm long) incisions around the shoulder are made to repair the torn tendon back down to bone using suture and anchors (bone screws). I will take pictures during the procedure so I can show you how exactly I repaired your rotator cuff tendon.

How long does it take to recover from this surgery?

It takes around 3 months for your rotator cuff tendon to heal back to bone, but it takes almost 6 months for the tendon to heal back to full strength. There are many lifting and sling restrictions after a rotator cuff repair, as it is critical to give the tendon time to heal. Much of the recovery occurs during the first 6 months; however, patients continue to improve after shoulder surgery up to 1-2 years after surgery. Here is a rough timeline for our goals after surgery:

- 0-6 weeks: sling use and light motion exercises
- 6 weeks – 3 months: regain full motion
- 3 – 6 months: light lifting and strengthening (<5 lb)
- 6 months plus: return to full activity and sports.

When can I return to work?

The answer depends on what type of work you do and what restrictions your job can maintain (i.e. light duty). I will work with you to find an appropriate time to return to work without compromising the repair that was performed. Here are some general guidelines for returning to work:

- Office/desk work: you may return to work when you are ready, so long as you can wear a sling at work. This may be at 2 weeks for some patients or later, depending on their pain level.
- Manual labor jobs: if your work typically involves lifting objects then your return to work will be later than others. If your job supports light duty work then you may return to work between 2-6 weeks for light duty involving no lifting (i.e. desk work) or at 3 months if your job can assure you will be lifting < 5 lbs. If your job does not support light duty options, then I will recommend you not return to work until you have been released for full lifting and strengthening (6 months).

Surgery Information

Length of Stay

This is a same-day procedure – meaning once the surgery is done and you have recovered in our recovery unit (PACU) then you will go home. You will need someone available to stay in the facility during the day of your surgery and drive you home afterwards.

Anesthesia

You will typically receive two types of anesthesia for this surgery.

- General anesthesia: meaning you are asleep during the procedure

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- Nerve Block: the anesthesiologist will place medicine around the nerves that go to your arm. This will cause the arm to feel numb and not move. This block is very helpful for pain control after surgery and will last for about 12-24 hours.

Incisions and Dressings

You will have multiple small incisions around your shoulder closed with nylon suture (black suture) which will be removed as your first visit 2 weeks after surgery.

Your shoulder will be covered with a combination of gauze and tape. After three days you may remove this tape and gauze. At this point you can shower, letting soap and water run over the wound, patting them dry afterwards. You do not need to place a new dressing over top of the stitches, unless you would like to. Sometimes the stitches may snag on shirts, so you may find it more comfortable to place band-aids over the stitches to prevent this.

Please do not submerge your incision under water for 4 weeks after surgery – no swimming pools, hot tubs, or baths. Do not apply any oils, ointments, or lotions to your incision or around your incisions.

Sling

When you wake up from surgery, a sling will be on your arm. This sling is very important to protect the repair on your shoulder. You will be in a sling for a total of 6 weeks: 2 weeks full-time and then another 4 weeks only while sleeping or out in public spaces. While some surgeons may allow their patients to come out of a sling earlier, I prefer longer protection of the rotator cuff repair. The best chance for your tendon to heal is the first time we do this surgery. You may remove the sling for the following circumstances during the first two weeks:

- Showering or changing clothes
- If you are relaxing on the couch – supported with pillows underneath the elbow
- When you are performing your home exercises or exercises with physical therapy

Is my sling in the correct position?

This is a very common question. The simple answer is if you can look down and see your elbow then your sling is in an appropriate position – whether that means your arm is at your side or arm is across your stomach. The sling is in a bad position if your elbow is behind your back and you cannot see your elbow. Otherwise, the sling is mainly for comfort so you may adjust the position as needed for comfort.

Pain Control

Rotator cuff repairs are unfortunately very uncomfortable. The first week or two is typically the worst. The swelling in your shoulder and hand is completely normal and will go away within the first week. Here are some helpful tips for pain control:

- Review my “Post-operative medication” information sheet I provided or on my website. I prescribe many different medications after surgery to help control your pain in different

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ways. **Please do not take Celebrex during your recovery** – there is some evidence that Celebrex may slightly increase your risk that the tendon does not heal.

- Sleep: wear your sling and place a pillow behind your elbow while you sleep. Please sleep on your back. Many patients find sleeping in a reclined position is the most comfortable position – a recliner or propping your back up with pillows may be very helpful.
- Ice: I strongly recommend ice after surgery. This will help with the pain and swelling after surgery. Apply for 20 minutes on and then 20 minutes off, repeat as needed. Ice-packs work just as well as an ice machine – and are significantly cheaper; however, many patients find the ice machine to be less hassle. Amazon and some medical supply stores supply these ice machines.

Post-operative Appointment

I will see you at roughly the following intervals after surgery: 2 weeks, 6 weeks, 3 months, and 6 months

After your surgery, if you do not have a first post-operative visit appointment please call our office so we can schedule to see 2 weeks after surgery.

For any concerns, please contact my office

Please call my office if you begin to experience any of the following after surgery:

- Fever above 101.5 F
- Loss of motion or new onset numbness after surgery (your nerve block will be in place for approximately 24 hours after surgery)
- Excessive bleeding that is saturating the bandages
- Increased pain, increased redness around the incision, purulent drainage (thick, white drainage with a foul odor), or persistent drainage > 4 days.

Post-operative Rehab and Restrictions

Physical Therapy or Home Therapy

Your main goal after surgery is allowing the soft tissues to recover from the procedure by staying in the sling. During the first two weeks after surgery, please do the exercises listed in the document “Phase I – home exercise program”. This consists mainly of shoulder pendulum swings, ball squeezes, hand/wrist/elbow motion. You may come out of your sling when you are doing these exercises.

At your 2-week surgery visit, I will give you a physical therapy prescription or a home exercise routine if you would prefer to do your exercises at home without a therapist.

Restrictions after surgery

- Sling:
  - Full-time 2 weeks and then 4 more weeks only when sleeping or in public

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- Motion restrictions:
  - Do not push yourself out of a chair or bed with your operative arm until 12 weeks after surgery
- Strengthening and weightlifting:
  - **No strengthening operative arm until 12 weeks after surgery**
  - Weightlifting restrictions: avoid bench press, Olympic lifts, and overhead press until 6 months post-op

Helpful resources during your recovery

Post-op Button or Magnetic shirts
You can find these shirts on amazon by searching "Post-op shoulder surgery shirts". They have magnetic or button options that make it very easy to change your shirt without taking your sling off. They are typically ~$15 per shirt.

Ice Machine
While ice packs are cheap and just as effective, many patients like to use ice machines after shoulder surgery as they are less hassle. These machines can be found in medical supply stores but Amazon will sell these for much cheaper (~$100). Search "ice machine for shoulder surgery" to find multiple options.

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Door Pulley

A door pulley is a very helpful way to work on range of motion exercises for your shoulder. Using the non-operative arm you can raise your operative arm without any effort (passive) or with some effort from your operative arm (active-assist). You can find these on Amazon by searching "Door Pulley for Shoulder Therapy".

Resistance Bands

Resistance bands are used in many of my home exercise routines for patients after around 3 months from surgery. You can find these on Amazon by searching "Theraband resistance bands". Keep the band resistance under ~5 pounds.