Information for patients
Rotator Cuff Repair

Hand and Upper Limb
The Rotator Cuff

The rotator cuff is a group of muscles closely wrapped around the top of your upper arm bone (humerus). These muscles keep the shoulder joint in the right position and control shoulder movements. They attach from the shoulder blade (scapula) to the humerus. The muscles can be torn through general wear and tear or after an accident or fall. The damage usually occurs where the muscle attaches to the bone (called the tendon). If one or more of these muscles are torn, movement is no longer smoothly controlled and the shoulder can become weak and painful.

What are the alternatives to an operation?

Most people who have a cuff tear modify their lives in order to live with the pain and/or weakness. For some people this will be enough, however other alternatives you can try include:

- Seeking advice from a shoulder physiotherapist
- Steroid injections into the shoulder
- Taking regular pain killers and/or anti-inflammatory tablets
- Physiotherapy and other specialities such as acupuncture or osteopathy

What should I expect after my operation?

Pain

This can be quite painful surgery and the total rehabilitation period can be up to nine months.

A nerve block is often used during the operation, which means that afterwards your shoulder and arm may feel numb for up to 24 hours. This is normal and is an effective way of reducing pain. The nerve block is done by the anaesthetist who will talk to you about it, and if you are happy to go ahead, will get your verbal consent.

If a nerve block has not been used or you are still experiencing some pain, you will be given pain killers. These painkillers can be continued once you are at home. Using ice packs over the shoulder may also help to reduce pain and stiffness once you are at home. You could use a bag of frozen peas wrapped in a tea towel. This can be placed on the top of your shoulder for a maximum of 20 minutes and repeated every two hours if necessary.

Sling

You will return from theatre wearing a sling. This is normally worn nearly all the time for the first 3-4 weeks after your operation whilst the repaired tendons have a chance to heal. The sling can be removed in order to wash and carry out the exercises given to you by the physiotherapist. You may find your armpit becomes a little uncomfortable whilst you are wearing the sling for long periods of time. You can try using a dry pad or clean cloth under your armpit to absorb the moisture.

If you lie on your back to sleep, you may find placing a small towel or pillow under the top part of your arm will help you feel more comfortable.
Wounds

In open surgery you will have metal skin staples or nylon stitches. These will normally be removed by your GP Practice Nurse 10 to 14 days after your operation or on your follow up appointment at the hospital. Before they are removed it is important you keep your wound dressing clean and dry.

In arthroscopic or keyhole surgery it is not usually necessary to use stitches or staples. The small incisions normally heal within a few days and the dressings over the top just need to be kept clean and dry. If the surgeon has needed to use stitches, you will be informed of this following your operation and these will normally be removed by your GP Practice Nurse 10 – 14 days after surgery or at your follow up appointment at the hospital.

Possible Complications

As with any surgery there is a risk of possible complications. These include;

- **wound infection**, including MRSA – infections are rare and usually around the skin. Occasionally, deep infection may occur in or around the shoulder joint. The risk is rare; less than 1%, that is less than one person out of one hundred.
- **tender red scar** – this is rare also and normally resolves over a period of a year.
- **Pain and stiffness** in the shoulder that may require a prolonged period of physiotherapy. About 20% of patients will have some symptoms of pain and/or stiffness after their operation. Around 5% of patients develop painful stiffness which gradually improves over time with physiotherapy.
- **the surgery fails** and the rotator cuff re-ruptures. The incidence can be high (up to 30%) but rarely needs further surgery.
- **risk from the anaesthetic** – your anaesthetist will talk to you about this
- **risk of nerve injury** which could cause weakness and numbness to part of the hand and/or arm. Rarely the nerve to the deltoid muscle which covers the shoulder can be damaged leading to pain, muscle wasting and a poor result. This is rare; less than 1%.

Physiotherapy

Total rehabilitation time can be up to nine months.

You will be see a physiotherapist on the ward after your operation.

Your physiotherapist will explain what you can and can’t do with your arm and shoulder and will show you how to do the exercises you need. Your exercise plan may be different to other patients who have had similar operations. This is because each operation is slightly different and so the exercises needed are also different.

It is very important that you carry on doing your exercises at home as this will help to stop your shoulder becoming stiff. It is vital to adequately control your pain. Pain stops you being able to engage in the exercises and may result in your shoulder becoming stiff. (You will be discharged with pain relief but can also discuss this with your GP or local pharmacist if you are unsure which medication may help). It is normal for you to feel aching, discomfort or stretching feelings when you are doing your exercises.

However, if you have severe pain that lasts for longer than 30 minutes, you need to exercise more gently or less often. If this does not help you should discuss it with your physiotherapist at your next appointment.

It helps to get into the habit of doing your exercises at set times during the day to get into a routine.

Do short sessions regularly, such as five to ten minutes, four times a day.

It is also important to exercise your whole body, chest and heart so regular walks are recommended.

As part of your initial physiotherapy plan, you will be given some or all of the following exercises. These need to start the day after your operation and you need to carry on with them for up to six weeks.

Your physiotherapist will tell you which to do and when you are ready to move on to different exercises.

It is **VERY** important that you only do the exercises that your physiotherapist has chosen for you.

**Exercises**

**Neck Exercises**

Standing or sitting.

Turn your head to one side, then turn your head to the other side and repeat.

Tilt your head towards one shoulder, then tilt your head to the other shoulder and repeat.
Elbow Exercises
Standing or lying.
Straighten your elbow and then bend your elbow.

When you leave hospital you will be referred to your local physiotherapy department. Staff there will take over your rehabilitation plan and explain the exercises you need to do.

When will I be able to get back to my normal activities?
For the first six weeks you will be more-or-less one handed and this will considerably affect the way in which you do daily activities. The total rehabilitation time for this major surgery is about nine months. The first three months are difficult and you will have pain and stiffness in your shoulder. You can take pain relieving tablets to help. Once the first six weeks are over you will be able to use your arm more. However you will not be able to lift weights with the affected arm until about 12 weeks after your operation. During the remaining part of your rehabilitation you need to stick to the strict physiotherapy regime provided for you.

Driving
You will normally be able to start driving eight to ten weeks after your operation, but this is dependant on the amount of movement you have regained in your shoulder and on your ability to make an emergency stop safely.

Work
Office workers and non-manual workers can usually return to work six to eight weeks after the operation. Manual and overhead workers can return to work after three months, but you may have to alter your work pattern or even take on light duties depending on your progress up to this point. Your consultant, physiotherapist or nurse practitioner will be able to explain the duties you are able to do at each stage.

Leisure Activities/Sport
Swimming – Front crawl must not be attempted until at least three months after your operation and not until your physiotherapist or consultant has agreed. You can begin gentle breast stroke or doggy paddle once you are able to move your shoulder in all normal directions, normally about 6 weeks.

Golf – You can begin golf three months after your operation if you are comfortable and have a full range of normal movement. We recommend short games to begin with.

Gardening – You can start gentle gardening when you feel comfortable after six weeks. However anything strenuous or above head height should be avoided until three months after your operation.

If you are concerned about any other sports activities or hobbies, your consultant, physiotherapist or nurse practitioner will be able to advise you.

When will I be back to normal?
As your shoulder has been repaired it will never be 100% normal. However, after six months there will be a significant improvement and after the full nine months rehabilitation period we would hope to see a significant reduction in pain and a good range of movement.

Follow up Care
You will be seen in clinic two to six weeks after your operation. Your doctor/nurse practitioner will make sure your wound has healed and that you are progressing well.

You will also have follow up appointments with the physiotherapists who will adjust your exercise regime as necessary.

Further Information
If you have any concerns or queries about your surgery, please contact the upper limb telephone helpline on 01691 404497, email upperlimbhelpline@rjah.nhs.uk, or contact the upper limb nurse practitioner on 01691 404000 Bleep 161.
Alternatively you can contact your GP.
Further useful information: https://www.shoulderdoc.co.uk/section/861
If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

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Date of publication: September 2018
Date of review: September 2020
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