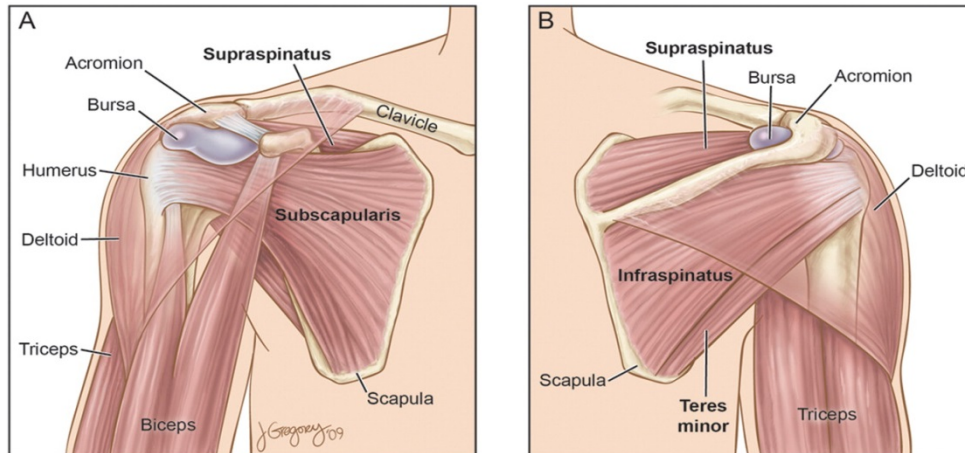


SURGERY SPECIFIC INFORMATION
Rotator Cuff Repair



What is the Rotator Cuff?

The rotator cuff consists of four tendons that extend from muscles of the scapula (shoulder blade) to the head of the humerus (the upper arm bone). They keep the ball (humeral head) centered within the socket and provide dynamic stability for the joint, allowing for the many complex movements of the arm at the shoulder. The four tendons are the supraspinatus, subscapularis, infraspinatus, and teres minor.

How is the rotator cuff injured?

There are numerous ways a rotator cuff can become injured. Some rotator cuff tears result from a traumatic injury, such as falling onto an outstretched arm, throwing a baseball, swinging a golf club or holding onto something while falling. Most commonly, rotator cuff tears occur as a result of a chronic, degenerative changes in the rotator cuff, which are not associated with a traumatic event.

Why must the rotator cuff be repaired surgically?

Not all rotator cuff tears require surgery, however with a complete tear, surgery is often indicated. With a complete rotator cuff tear, the tendon is torn from the bone, retracts or pulls away. Once this has occurred, the tendon does not have the ability to repair itself. In order for the tendon to heal, it must be pulled back into place, and surgically anchored to the bone. Only then will the tendon heal.

How will the tendons be repaired?

In most cases, the rotator cuff will be repaired arthroscopically. In an arthroscopic repair, your surgeon will work through three tiny incisions using a small camera and small instruments to sew stitches through the torn tendon, stretch it back into its initial position, and anchor it to the bone. In some cases, when the tear is more extensive, the surgeon will perform an "open repair."

How long will I stay in the hospital?

This surgery is typically done as ambulatory surgery, meaning you will go home the same day of surgery.

What are the possible risks and complications of surgery?

As with any surgery there is a risk of nerve damage, bleeding, and postoperative infection, however, these are very rare. Specific risks and complications include but aren't limited to re-tear, post-op stiffness, and continued pain.

When can I drive?

You may not drive while taking pain medication or while wearing a sling.

When will I return to my prior level of function?

Typically, a 6-8 month period of rehabilitation is required for full function to return. Working hard in physical therapy, and strictly following the exercise program may shorten this process.

When can I start to run or return to sports?

Running does produce stress on the shoulder joint, and will be detrimental to the healing process. You can ride a recumbent bike a couple weeks after surgery and after a few months you can progress to Elliptical machine without arm motions. Return to sport will be based on your progress with physical therapy and sport of choice.

What is the recovery period like?

- Brace/Sling
 - o Immediately after surgery, you will have a bulky dressing on the shoulder and a large sling, known as the arc brace. The bulky dressing you will wear for 2 days. **The sling you will wear, day and night, for 6 weeks.**
 - The sling can be removed several times a day to perform exercises. The sling should also be removed for showering.
- Precautions
 - o DO NOT BEAR WEIGHT on the surgical arm.
 - o Avoid active movement of shoulder for the first 6 weeks. DO NOT raise your arm above your head by using your own muscle power.
- Physical Therapy
 - o You will **start formal PT** just prior to, or just after your first post-op visit. The day after surgery, you will receive a call from the office and we will let you know when to start PT.
 - Prior to surgery, you should choose a PT office. Please contact the office for recommended PT offices.
 - o You will go 2x/week for about 6-8 months.
 - The therapist will passively move your arm while you keep your muscles relaxed. After six weeks, you will begin active motion in the shoulder, followed by a progressive strengthening program.
 - o Dedication and attendance to your sessions are critical to your recovery.
 - o Prior to starting, and in addition to formal PT, do the following home exercises:
 - Ball Squeeze: perform 4 times daily.
 - Grip a small ball or small rolled up towel and squeeze it with your hand. Hold 3 seconds, relax. Repeat x 10.
 - Wrist range of motion: Repeat x 10. Perform 4 times daily.
 - Circles with your wrist, clockwise (CW) and counter-clockwise (CCW).
 - Start with your hand open, palm up. Turn palm down.
 - Finger Abduction: Repeat x 10. Perform 4 times daily.
 - Start with a fist, then spread fingers out as far as they will go.
 - Finger opposition combo: Repeat x 10. Perform 4 times daily.
 - Start with an open palm and fingers extended. Next, touch the tips of each finger to your thumb.
 - Pendulums: Perform clockwise and counter-clockwise. Repeat x10. Perform 4 times daily.
 - While standing, bend at the hips so your back is parallel to the floor. Hold on to a table or chair with the uninvolved arm to maintain balance. Rock the body causing the involved arm to gently swing.
 - *Elbow range of motion: Repeat x 10. Perform 4 times daily.
 - While sitting up, move your elbow up and down as if you were trying to touch your shoulder; then extend the elbow to touch your pocket. You may use your opposite arm to help control the motion.
 - ***AVOID THIS EXERCISE IF YOU HAD A BICEPS TENODESIS**

INSTRUCTIONS FOR IMMEDIATELY AFTER SURGERY:

- Activity
 - Apply ice to your shoulder but keep the bandages dry
 - Typically patients find it most difficult to sleep lying in their bed immediately after shoulder surgery, and commonly choose to sleep in a recliner for a time or get a wedge for their bed to prop them up.
 - Use pillows to maintain comfort.
 - **Follow the precaution guidelines above.**
 - Start your home exercise program
- Bandage and Incision Care
 - In addition to the brace, you will also have a bulky dressing- leave this dressing on for the first 2-3 days. You may then remove the dressing. Underneath will be several waterproof bandaids. Keep these bandaids in place. However, if the bandaids become wet, dirty, or start to peel off, then replace with Nexcare waterproof bandaids. Under the bandaids is Dermabond, this is a surgical glue and tape that is used in conjunction with absorbable sutures to close the incision. Do not touch the Dermabond.
 - Keep incisions dry and clean.
 - Do not apply creams, ointments, or lotions to your incisions for at least 3 weeks.
- Showering
 - You may shower after you have removed the bulky dressing. Although the bandaids are waterproof, you should wrap the shoulder in saran wrap to provide an extra waterproof layer.
 - **Do not get the incision or brace wet.** Be careful in the shower, do not use your surgical arm. If you take a bath, do not submerge the shoulder.
- Pain Management and Cold Therapy
 - See POST-OP PAIN MANAGEMENT handout. After 2 weeks, you should only be taking the pain medication at night and before physical therapy if needed.
- Normal sensations after surgery
 - Pain
 - Swelling and warmth up to 2 weeks
 - Small amounts of bloody drainage for first few days
 - Numbness around the incision area
 - Bruising
 - Low grade temperature less than 101.0 for up to 2 days after surgery.
 - Small amount of redness to the area where the sutures insert in the skin
- **IF ANY OF THE FOLLOWING OCCUR, CONTACT THE OFFICE IMMEDIATELY**
 - Change is noted to your incision (i.e. increased redness or drainage)
 - Temperature greater than 101.0
 - Fever, chills, nausea, vomiting or diarrhea
 - Sutures become loose or fall out and incision becomes open
 - Drainage becomes yellow, puss like or foul smelling
 - Increased pain unrelieved by medication or measures mentioned above.
- Post-op visit
 - Please ensure that you have a post-op visit scheduled for 7-14 days after surgery. Please arrive 30-45 minutes prior to your appointment time to obtain X-rays.