

Chapel Allerton Hospital Orthopaedic Centre

Rotator Cuff Repair

Information for patients



You have been placed on the waiting list for a repair of your rotator cuff. This leaflet tells you what to expect when you are admitted for surgery and what will happen afterwards.

Rotator cuff tendon tears

Rotator cuff tendon tears occur with increasing frequency after the age of 40. Tears are not always painful and may not always limit function of the arm, but where pain and loss of function are present these can usually be restored with repair.

Some patients are recommended to undergo repair in order to avoid the complications of the tear growing bigger with time.

Surgery

You will be admitted to hospital on the day of surgery.

You will have been pre-assessed and various tests such as x-rays, heart tracings and blood tests may have been carried out. You will be seen by nurses, doctors and by physiotherapists.

You will be admitted to Chapel Allerton Hospital on the day of surgery. Relatives/friends may stay for 10 minutes while you book in at the theatre reception area on ward C3.

Nurses will then help you get prepared for surgery, and you will meet the anaesthetist. The operation is performed with the shoulder numbed by a nerve block, and usually with a light general anaesthetic, so you are asleep.

The actual operation lasts about 60 minutes, but you will also need some time to recover from the anaesthetic.

When you wake up your arm will be supported in a **poly sling** attached by Velcro fastenings.

It is important that you only remove this as and when instructed.

If you have pain, you should make staff aware so that painkillers can be given.

If the operation has been carried out using a camera, your shoulder may be swollen and blood stained fluid can leak from the wound. This is normal and usually stops within 24 hours. If leakage persists please contact the ward.

After surgery

You will be allowed home either on the day of surgery, or the day after. Your poly sling is needed to immobilise the arm after surgery to allow healing of the tendon back onto to bone, which takes time.

You will be wearing the sling for up to six weeks following the operation. You may receive range of motion exercises supervised by the physiotherapists during this time.

You may remove the sling to wash, but support your arm or get someone else to do this until the sling is replaced.

Keep your fingers mobile. When your arm is being supported, move your elbow fully, at least twice a day or it will become very stiff.

The physiotherapists will start treating your shoulder to keep it mobile.

The repair is initially very weak - often held by only a few thin stitches - and if you try to move the arm yourself or 'cheat' on our instructions the stitches may break or pull out of the weak tendon: Even when the physiotherapists ask you to start moving the arm yourself, often after 6-12 weeks, restrictions of movement may be imposed.

At home the process of regaining movement and strength is long and laborious but very worthwhile. Early on we will be restricting what you can do but this is important to allow sufficient healing.

Gains in movement may take 6-12 months. Similarly pain is slow to resolve. It is not unusual to still have as much pain three months after surgery as you did the day before the operation was carried out!

Once you have been given permission to move the arm without restriction you will be invited to carry out exercises at home. After initially restricting you the instructions suddenly change to us asking you to exercise three times a day or more.

If this is done too early the tendon repair may fail. If too late the shoulder remains stiff.

The decision on when to move has to balance these factors.

We know that almost half of the tendons repaired begin to pull apart again. Fortunately this does not seem to affect the results of surgery.

The final outcome of surgery cannot be predicted before

surgery. Indeed improvements continue for up to a year and those who start off the best after surgery may not be the ones with the best results a year later.

Possible complications

All operations carry the risk of blood clots in the legs and chest, infections and problems relating to any medical condition that affected you before surgery.

The most common complication of rotator cuff repair is simply failure to heal, despite surgery and prolonged rehabilitation. Continuing pain can affect 15-20% of people and unfortunately there is no way of predicting before surgery who will get a good result and who will still have pain. Infections can occur rarely at around 1%.

A frozen shoulder can develop giving painful stiffness for many months, though again this is fortunately rare at 1-2%. Most patients still have some discomfort with activity and in cold weather, improving to two years.

The range of movement after surgery is unpredictable but it would be rare (though not impossible) for you to have less movement after than before surgery. Strength in the arm rarely returns to normal.

Follow up

We will of course be happy to see you if you are at all concerned after surgery. This may be a problem that you can settle by telephoning nurses on the ward or may mean us arranging to see you in clinic.

You will be seen at about three weeks after surgery then intermittently.

Long term

It has already been mentioned that rotator cuff tears develop naturally with age and surgery does nothing to slow this ageing process. Your repaired tendon will become thinner with time and eventually a hole may reappear.

Fortunately this tends not to cause acute pain.

You may notice occasional episodes of discomfort in your shoulder (or your opposite shoulder) as you get older.

Further investigation and treatment is only required for severe pain or sudden changes in function, such as that which led to your name being placed on the waiting list this time!

Useful contact numbers

If you have any concerns regarding surgery, please ring for advice:

Pre-Assessment	0113 392 4759
Theatre scheduler	0113 392 4759
Post Operative unit	0113 392 4503
Post operative physiotherapy	0113 206 5524
Ward C3	0113 392 4203



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