



Arthroscopic and Open Rotator Cuff Repairs

Pre-Operative Patient Information

Diagnosis

Your shoulder pain is caused by damage to the rotator cuff—a group of tendons that stabilize the ball and socket joint in your shoulder. Typically a rotator cuff tear causes pain and it is best diagnosed thru physical exam and MRI imaging.

Why Surgical Treatment is Recommended

Shoulder arthroscopy is used for rotator cuff repair, which is surgery that repairs a torn shoulder tendon. The rotator cuff is a grouping of muscles and tendons that form a “cuff” over the shoulder, keeping the arm in its ball-and-socket joint and helping the shoulder rotate.

Rotator cuff tendon injuries most commonly occur because of the wear and tear associated with aging. Often, what appears as a minor injury causes the tendon to give way. On occasion, a single injury causes the problem.

Your doctor will recommend surgical treatment if you experience pain when using your arm in positions over your head, weakness in the arm and a bone spur or inflammation around the rotator cuff. Tests are typically ordered to confirm the diagnosis.

Alternative Treatment Options

While we believe surgery is the best course of action, it is important to note that other treatments are available. These range from simply living with the condition to physical therapy exercises or medication.

In the majority of cases, tendon repair is possible. In about five percent of cases, this is not possible. In this instance, removing inflammation, scar tissue and bone spurs helps diminish the pain, but overhead use typically does not return to normal.

Rarely will the condition improve without surgery when the tendon tears. Most often, the pain increases as the tear enlarges, while movement and strength decrease. This generally occurs slowly over time.

The Procedure

Surgery is performed to suture torn tendon ends to the bone. The surgeon removes any inflamed bursa or bone spurs that would delay tendon healing.

During shoulder arthroscopy, a small camera known as an arthroscope is inserted near the shoulder joint through a small incision. The arthroscope is attached to a video monitor to allow the doctor to look inside the joint. Instead of making a large incision, the surgeon uses three small (approximately 1/2”) incisions. We insert the arthroscope through one incision to look inside your shoulder. We insert special instruments through the other incisions to allow removal of scar tissue and bone spurs. Small metal or bioabsorbable screws are inserted into the shoulder, and sutures are attached to the screw eyelets. We use special instruments to weave the sutures through the torn tendon. The screws are inside the bone, so you cannot feel them. They do not need to be removed and will not set off airport sensors.

If repair cannot be achieved through the arthroscope, open repair will be necessary. In this case, a larger incision will be made.

Please note that you will receive, and be required to sign, an operative permit describing your treatment.

Anesthesia

General anesthesia is used during the surgery. The anesthesiologist also injects a type of Novocain around the shoulder nerve to help decrease the pain after surgery.

What to Expect Post-Op

You awaken in the recovery room following surgery with your arm in a sling. An ice pack helps control any pain and swelling. You remain in the recovery room for two to three hours before going home. Admission is required in rare instances and will be discussed with you if necessary. Although nothing will completely eliminate your pain, medication and the ice pack help keep you as comfortable as possible. This is an outpatient procedure, and you are able to go home the same day.

We may order a Cryo Cuff for you. If so, we will inform you, so that you may confirm coverage with your insurance company. The Cryo Cuff is a more convenient, less messy ice pack specially designed for extended wear. It is not needed in all cases.

Potential Complications

The most common complication from rotator cuff repair involves the loosening of the bone screws; this occurs in less than one percent of patients. Your surgeon uses these small implants to reattach torn tendons. It's possible they will have to be removed surgically if they loosen or cause irritation.

Infection can require antibiotic treatment with pills or by injection. Rarely, surgery is necessary. Other possible complications include:

- Wound problems, including swelling, bleeding, delayed healing and unsightly or painful scars
- Bone infection or fracture
- Joint problems, including stiffness or arthritis
- Incomplete motion, strength or function
- Nerve injury resulting in temporary or permanent, partial or complete loss of feeling and/or movement in the arm (extremely rare)

Success Rate

Surgery to repair a torn rotator cuff is almost always successful in alleviating shoulder pain. Returning strength to the shoulder is more difficult. This type of surgery is successful approximately 85 to 95 percent of the time. No shoulder operation is 100 percent successful in every individual, but the procedures we perform are reliable and help restore potential function in your shoulder. Because of the many variables involved, we can make no guarantees other than to assure you we will deliver the best medical care possible.

Pain Medication

You will receive a prescription for pain medication, which you may have filled at the pharmacy of your choice. Take the medicine as directed and as needed for pain. You may find that, after the first day, simple rest, arm repositioning and an ice pack effectively control your pain. Should you need more medication, have your pharmacy call our office before 4 p.m. for a prescription refill. Note that we cannot refill narcotic medication on weekends. One of our physicians is available 24 hours a day, 7 days a week, but we ask that you restrict any after-hours or weekend calls to emergencies only.



Returning to Normal Activity

You will be able to use your fingers and wrist immediately after surgery. You may walk with assistance as soon as you have recovered sufficiently from the anesthesia. You may bathe with regular soap and water 24 hours following the procedure, but be sure not to get the incision or bandage wet. Bend from the waist and use only one hand. You may walk outdoors, write, cook and drive after your first post-operative visit, which is scheduled three or four days following surgery. Remember, you may not drive while you are taking pain medication.

Returning to Work

While we are unable to offer fixed rules, we can provide the following guidelines for easing your return to work. For most sedentary jobs, we recommend taking a week off work. Your arm will be in a sling for six weeks following surgery, but you should do fine as long as you refrain from lifting, pushing, pulling and carrying. Do not raise your arm without help for six weeks after surgery. This allows the tendon to heal in the best possible position. You may begin light duty work involving no lifting, pushing, pulling or carrying within two weeks after surgery. You may work at waist level and lift five to ten pounds within three to four months following surgery. Most patients can tolerate occasional work at shoulder level three to six months after surgery, but a return to heavy lifting or overhead use may require six to twelve months.

Rehabilitation

Should we order you a Continuous Passive Motion (CPM) machine, which is specially designed to correctly move your arm, you will begin using it the afternoon or evening of your surgery. We will order the CPM machine only if we believe your outcome will be positively affected by its use. A representative will contact you to schedule home delivery, check with your insurance carrier about coverage and discuss terms with you.

We order the CPM machine for two weeks to be used four times a day for one hour each session. You may stop during a session if needed. You may use an ice pack in between to control any pain and swelling.

We will discuss physical therapy when you return for your post-op visit. Typically, some physical therapy is needed post-operatively. Please check your insurance benefits to determine the number of treatments covered under your policy.

Post-Operative Visits

We schedule an office visit for 3-4 days after your surgery to examine the incision. At that time, we provide additional instructions for exercises and discuss your permitted activity level. More vigorous use of the shoulder is generally allowed six weeks after surgery. Office visits then occur three, six and twelve months following your surgery.

Surgical Costs

Because insurance benefits vary and there are no fixed rules for coverage, be sure to check with your insurance provider before your shoulder surgery. Please direct any questions about hospital, X-ray, laboratory and anesthesia charges to the hospital billing office. We will be happy to supply any information you need. We will also contact your insurance carrier, but doing so does not guarantee payment.

Pre-Operative Testing and Evaluation

Although we're operating on your shoulder, your entire body reacts to the anesthesia and surgery. Please see your family physician within seven days of your scheduled procedure for a pre-op examination. The surgical facility will contact you to schedule required testing based on your age and medical history. You will also need to see an anesthesiologist before surgery. He or she will inform us of any medical issues.

Scheduling Surgery

Contact us at (513) 985-3700 Monday through Friday from 8 a.m. to 5 p.m. We will make every effort to schedule your surgery at a time that is convenient for you.