



Information for
patients and
carers

Rotator Cuff Repair Surgery

This leaflet aims to explain your operation and how to manage your repaired upper limb correctly after the procedure. The surgery involved will be specific to you and it is important you follow the care and instructions of your healthcare professional. The information below is therefore only provided for general guidance.

How does the shoulder work?

The shoulder is a ball and socket joint. It is comprised of the head of your arm bone (humerus) which is the ball and the socket (glenoid) which is a part of your shoulder blade. During arm movements the ball moves within this shallow socket. It is designed to be rather loose in order to allow for a large range of motion at the shoulder.

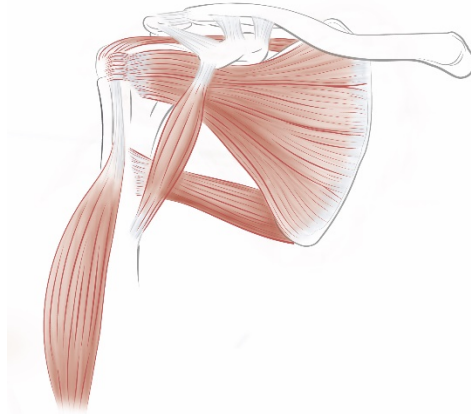
In addition to this there are several other structures which help stabilise the shoulder:

Ligaments which hold the bones together

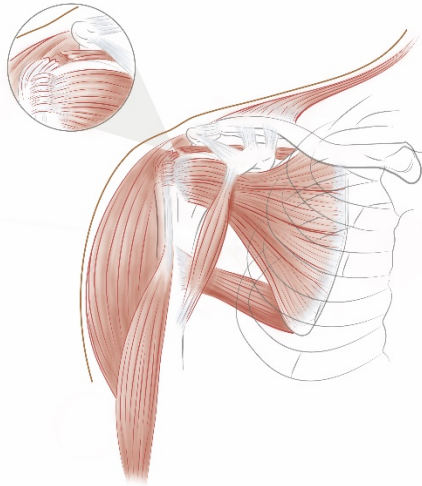
Muscles which help to position the ball correctly within the socket

Tendons which join muscles to the bone around the shoulder

Cartilage which surrounds and deepens the socket (labrum)



What is a rotator cuff tear?



The rotator cuff is an important group of 4 muscles originating from the shoulder blade that wrap around the shoulder via their tendons. Working together, they centre the ball in the socket when bigger muscles lift the arm up.

One or more of these tendons can tear as a result of a fall, or degeneration can naturally occur with age. This is more likely if your occupation has involved a lot of above head activity or repetitive/heavy lifting. Smoking, alcohol and poor diet can also increase the likelihood of tendon degeneration.

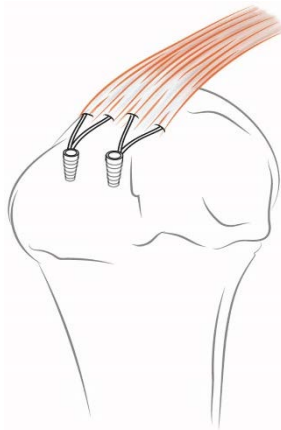
The diagram above shows a rotator cuff tear. Any one of the three main tendons can tear and the tear sizes, shape and position vary by patient. It is not the tear itself that causes symptoms. Rather, the consequences of the tear are imbalances in the shoulder which can lead to movement pain, inflammation of the shoulder and, over time, shoulder arthritis.

The majority of people with rotator cuff tears either have no symptoms or can be treated with physiotherapy and an injection. People who have a sudden injury/fall tearing the tendons, or those who cannot manage with the pain and loss of function as result of a tear, often require a surgical procedure to repair the tear.

What does a rotator cuff repair involve?

The procedure usually involves arthroscopy, where a tiny probe-like camera is inserted into your shoulder. This allows your surgeon to fully examine the affected area before repairing the injured tendons or muscles. The operation is usually completed under a peripheral nerve block and usually takes 2- 2 1/2 hours, but patients should expect to be on the ward for at least half a day and will need to be transported to and from hospital.

This image illustrates how sutures have been utilised to anchor the tear in the rotator cuff.



Complications

All operations have potential risks and you need to be aware of them.

Whilst the surgical team will do their utmost to prevent complications, the following risks are associated with this procedure:

Pain

To ensure you have as little pain as possible immediately post operation you will have a nerve block working which will make the arm numb and lifeless. Following your surgery you will be prescribed painkillers to help reduce any discomfort to your shoulder. Pain thresholds and pain levels vary from person to person and you will be prescribed painkillers to help reduce any discomfort. Using your medication correctly to keep your pain under control in the early phases of your rehabilitation is important. It will particularly help you to perform the exercises prescribed by your physiotherapist. You will need to consult your own GP (doctor) for further pain medication should this be needed.

Stiffness

Stiffness is unusual after rotator cuff repairs. It more commonly results from surgical scarring, wearing a sling in a protective position or pre-existing conditions. It peaks at 3 months at around 7.3% reducing to 3.3% after 4-6 months ([William R. Schneider](#) et al 2021 JSES). It is important you follow your Surgeon's and Physiotherapist's advice post-operatively to help reduce the chance of stiffness occurring.

Bleeding

Bleeding during and after surgery is very uncommon, however you may experience small oozing which typically is a result of the blood-stained sterile water used during your operation draining out.

Infection

There is a risk of infection after any surgery. If you experience raised temperature, pus in your surgical wound, feeling unwell, or if your wound becomes increasingly red, sore and painful, it is important that you consult a healthcare professional. Treatment will usually be antibiotic medications. Rarely, further surgery to clean out any infected tissues may be required.

Unsightly scarring

Scars usually heal into a thin pale line within a year. If you are concerned about the appearance of your scar, your Surgeon or Physiotherapist can discuss treatments to help the healing process.

Nerve injury

The risk of nerve injury during shoulder surgery is usually rare, but if this is increased for any reason your surgeon will discuss this with you.

Vascular injury

This carries a very low risk.

Anaesthetic

Feeling sick or nauseous is common post shoulder surgery. Complications relating to your heart, lungs or neurological issues are very low.

Risk of re-tearing the tendon

Up to a fifth of small surgical rotator cuff repairs fail. The risk rises to a quarter or half for larger and massive tears (Kluger et al 2011 Am j of sports med). This risk is higher in those who do not follow the post-operative and rehabilitation advice. The risk also increases with increased age, body mass index (BMI), and with those who have diabetes and who smoke.

Revision (repeat) surgery

Similar complications are expected for repeat procedures, but the outcome and results are typically less favourable than the first surgery.

Post-Operative Rehabilitation

Following discharge from hospital you will be referred to your local Outpatient Physiotherapy department. Under their care and guidance

you will follow a rehabilitation programme of progressive exercises tailored to your individual needs. You can see your initial post-op exercises on the next page which will be explained to you by the Physiotherapist.

Rehabilitation milestones

Your ability to return to previous hobbies/activities should be guided by either your Surgeon or Physiotherapist. This will take time, and is dependent on the range of movement, strength and stability of your shoulder. Returning too early could risk the success of your operation and increase the risk of re tearing the tendon. The following timeframes are a guide and should not replace advice from a healthcare professional.

Return to work	Sedentary job: 3 weeks	Manual job: Guided by surgeon
Driving	6 weeks <i>Patient should be comfortable making emergency steering wheel movements</i>	
Swimming	Breaststroke: 6 weeks	Freestyle: 3 months
Golf	6-12 weeks	
Lifting	3 Months (then guided by the individual strength of the patient)	
Contact Sport	>16 weeks	

Post-Operative rehabilitation Exercises



Sit or stand
Move your operated arm out to the side assisting the movement with your other arm.
Alternatively you can bend forward if this makes it easier.
Do NOT move out past 60 degrees.



Maintaining correct posture is important following your shoulder surgery.
Avoid slumping or rounding your shoulders and try to adopt a more upright position when sitting or standing.

Post-Operative rehabilitation Exercises



It is important to continue to use the hand and wrist of your operated arm during the early stages of your rehabilitation.

Try holding a small ball/object which you can squeeze and relax to maintain your hand and wrist strength.



Sit or stand.

Slowly bend and straighten the elbow of your operated arm up and down using your unaffected arm.

Post-Operative rehabilitation

Exercises



Sit or stand.

Slowly bend and straighten the elbow of your operated arm up and down using your unaffected arm.



Sit or stand.

With your elbow bent, repeatedly turn the palm of your hand facing up and down whilst your arm is stationary by your side.

Contact details

Should you require further advice or information please contact:

Leyland Ward—Chorley & South Ribble Hospital: 01257245747
Chorley Physiotherapy Outpatients Department: 01257245755
Royal Preston Physiotherapy Outpatients Department: 01772522376

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.

Polish

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵਿੱਚ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੱਛੇ।
ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪਿਰੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu

اگر آپ کو یہ معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو برائے مہربانی پوچھیے۔ یہ معلومات
دوسری زبانوں اور بڑی چھپائی میں بھی دستیاب ہو سکتی ہے۔

Arabic

إذا كنت تريد مساعدةً في فهم هذه المعلومات يُرجى أن تطلب. يمكن توفير هذه المعلومات مطبوعةً
بأحرف كبيرة وبلغات أخرى.

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Division: Diagnostics & Clinical Support
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