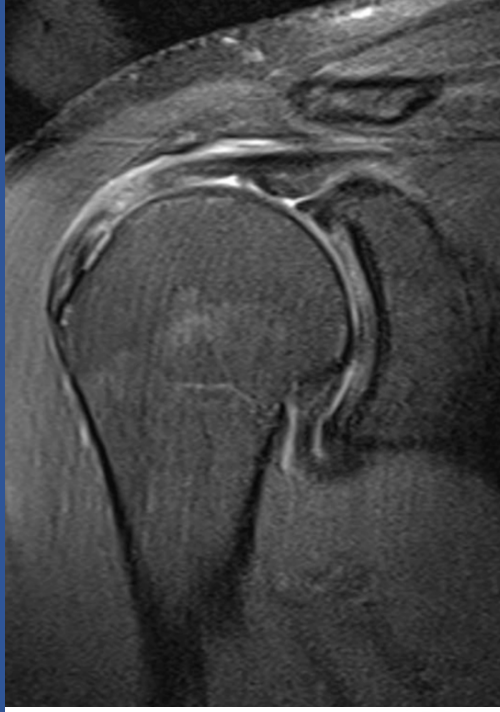
Rotator Cuff Repair



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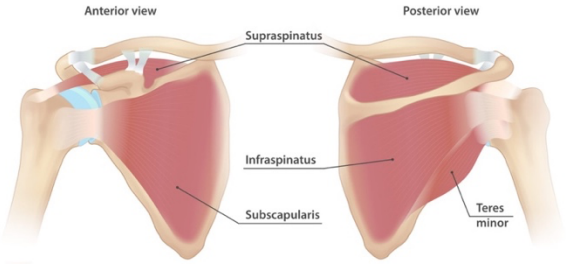
General Information

This is a guide for your recovery journey following your Rotator Cuff Repair. Mr Chung or other members of your care team may adapt the plan depending on you or your shoulder.
If you have severe pain, issues with your wound/dressing or any other health issues please **contact Mr Chung** or consider presenting to your nearest **Emergency Department**.

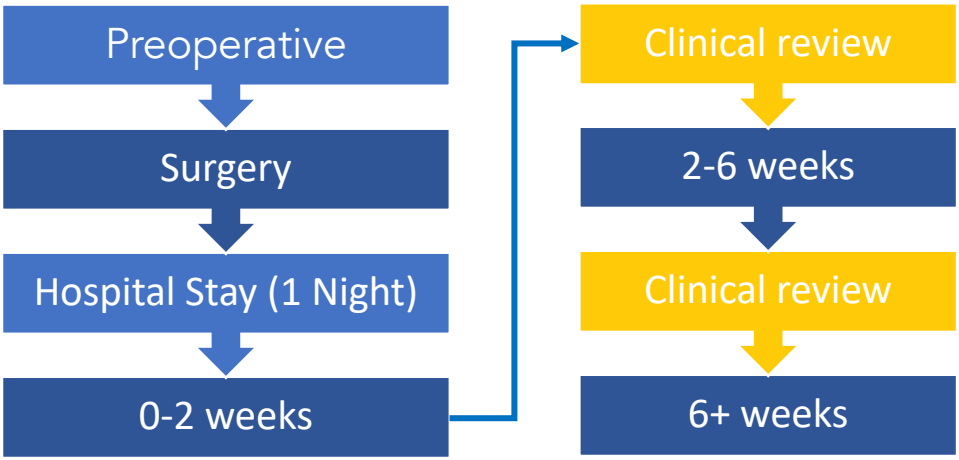
Rotator Cuff Repair

The rotator cuff is a group of muscles and tendons that help move and stabilise the shoulder. They are the supraspinatus, subscapularis, infraspinatus and teres minor. When torn they may require repair to prevent further deterioration of shoulder function and to prevent degeneration.



The subscapularis is the muscle at the front and is responsible for internal rotation and preventing anterior subluxation. On the back are the infraspinatus and teres minor which are responsible for external rotation and preventing posterior subluxation. The supraspinatus is key in stabilising the shoulder with overhead action. Without a supraspinatus you may experience weakness with overhead activities or pain after activity.

Surgery involves using suture anchors to repair the tendon to bone. Suture anchors are small plastic screws with suture attached to them. The suture anchor is inserted into the bone and the suture is passed through the tendon pulling the torn tendon back onto the bone. The bone and tendon then heal together over a period of a few months.



Preoperative

Once you have decided to undergo a Rotator Cuff Repair there are a few things you will need to do to prepare for the surgery. These include:

- A preoperative **MRI scan**
- **Blood tests** (FBE, UEC, CMP, Vitamin D, Coags)
- A fitness for surgery **assessment**
- Continue doing shoulder **exercises** (as pain permits)
- **Designating** someone to drop you off and pick you up from the hospital

Before your Rotator Cuff Repair, please contact Mr Chung if you:

- **Start** a new medication
- Have **developed** a new health condition
- Have had a shoulder **injection**

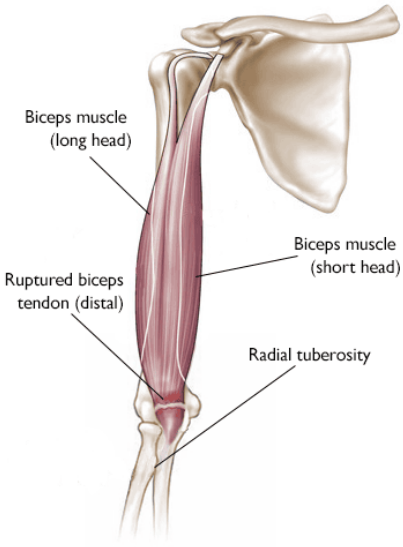
A Rotator Cuff Repair **should not be performed** within 3 months of a shoulder injection for risk of infection.

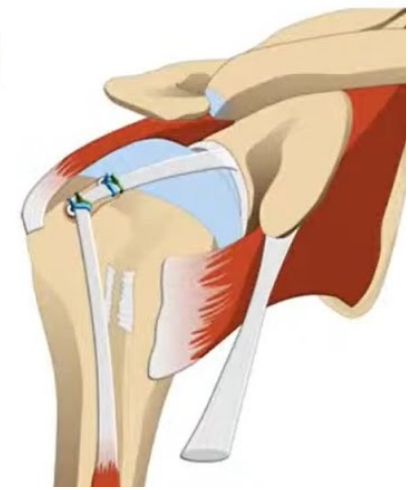
Biceps

When we talk about the biceps tendon in rotator cuff surgery we are only referring to the long head of biceps which runs inside the shoulder. The biceps comprises of two proximal attachments and one distal. In general, it causes more pain than function.

The long head of biceps tendon can be a cause of pain in patients with a rotator cuff tear. In most patients they will have tenderness on clinical examination and ultrasound or MRI findings of biceps tendinopathy.

When performing a rotator cuff there are four options to address the biceps. They are i) a biceps tenotomy ii) leave the biceps iii) biceps tenodesis and iv) a biceps transfer. Mr Chung will discuss your options and formulate a plan with you preoperatively.





Biceps tenotomy

The first option is to cut the biceps. This removes it as a cause of pain. As we are not reattaching it, the recovery is quicker. This is the most commonly chosen option. It can cause cramping in the biceps muscle and a cosmetic asymmetry.

Leave the biceps

The second option is to leave the biceps tendon. The biceps tendon contributes a small amount of function to the shoulder. This is usually the best option for a patient under the age of 40. The main risk is ongoing pain that requires further surgery to remove the biceps.

Biceps tenodesis

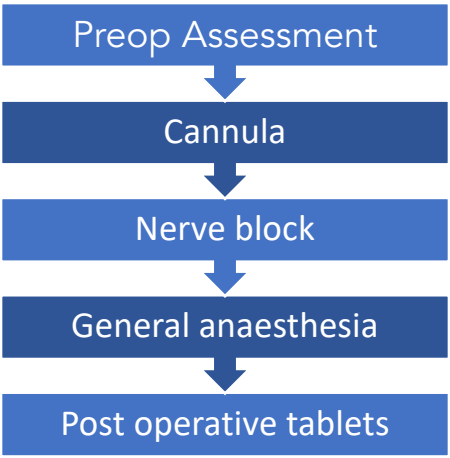
The third option is to cut the biceps and reattach it lower down on the arm. This prevents cramping of the biceps muscle and maintains cosmetic symmetry. It does require an additional incision and some further restrictions postoperatively.

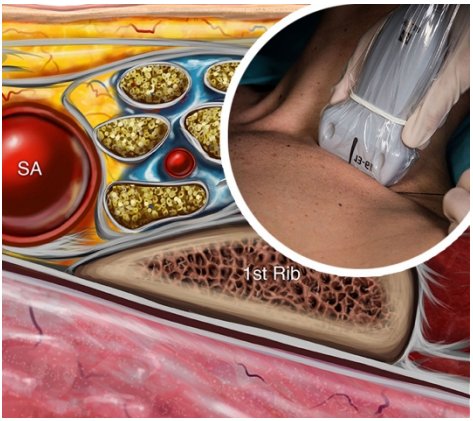
Biceps transfer

The final option is to reroute the biceps and incorporate it in the rotator cuff repair. This is the best options for patients with severely retracted rotator cuff tears or patients with poor tendon quality. This addresses the pain but also helps healing of the rotator cuff. It does lengthen the duration of the operation.

Anaesthesia

Your anaesthetist is a specialised doctor who is vital to your rotator cuff repair. They ensure that you are completely asleep during your operation, medically safe and that your postoperative pain is well managed.





Nerve block

The best method of pain relief for during and after the operation is a nerve block (also known as regional anaesthesia). This allows us to use less general anaesthesia and post operative tablets.

A nerve block involves numbing the nerves that supply the shoulder and the arm. Your anaesthetist performs this procedure safely under ultrasound guidance.

When you wake up your arm will be numb and may not move, this is normal! This will last between 12 and 24 hours. As soon as you feel any tingling in your arm and hand ask your nurse for stronger pain relief before the nerve block completely wears off.

Surgery

Food

On the day of surgery you will need to fast from food and drink. Mr Chung will provide you with fasting times prior to the day of your operation.

Fasting includes avoiding:

- Food
- Tea and coffee
- Chewing gum

Medications

Unless instructed otherwise, you should have your regular morning medications on the day of surgery with a sip of water.

If unsure please speak to Mr Chung about your medications prior to surgery.

Medications that we **may** withhold 2 days prior to surgery include:

- Rivaroxaban/Xarelto
- Apixaban/Eliquis
- Dabigatran/Pradaxa
- Warfarin/Coumadin
- SGLT2 Diabetic medication (Medications ending in -flozin)

Medications that **may** require altered dosing prior to surgery include:

- Blood thinning medication (Clopidogrel/Ticagrelor)
- Diabetic medication (oral and insulin)
- Immunosuppressants
- Mounjaro and Ozempic

Hospital Stay

Following surgery, you will wake up in the recovery suite to allow recovery from the anaesthesia. You will notice your shoulder has a dressing and your arm will be in a sling. You will then be transferred to the surgical ward. You can go home the next day when your pain is under control and you are eating and drinking.

Your first day in hospital may include:

- A review by a **Physiotherapist**
- An **injection** to prevent clots in your legs (DVT/PE)
- A change of your **dressings** from a bulky dressing to a simple one

Things that you are **allowed** to do straight away with your shoulder include:

- Eating and drinking
- Using a mobile phone
- Using a computer

Things that you should **avoid** doing with your shoulder for the first 6 weeks include:

- Lifting greater than 500g (no more than a cup of tea or coffee)
- Driving a car
- Using your arm to go to the toilet

Dressings

You should have a dressing on your shoulder at all times till the wound heals. This takes approximately 2 weeks and the dressing will be removed at your first clinical review. Dressing changes should be kept to a minimum to avoid the risk of infection.

If the dressing becomes wet or soaked with blood it will need to be changed. You are able to take a shower but you will need to change the dressing if it becomes soaked.

Sleep

Sleep can be difficult following rotator cuff surgery. When asleep our neck, scapula or arm can move and this can cause pain and a disrupted sleep.

Some solutions include:

- Sleeping on a recliner chair
- Avoid sleeping on the affected shoulder
- If sleeping on your back, place a pillow behind the shoulder and elbow
- If sleeping on the opposite shoulder hugging a pillow with your affected shoulder
- Taking medications before going to sleep
- Loosening or taking off your sling

Shoulder Sleeper Pillow

Mr Chung has **no financial or personal relationship** with this company or product. Nevertheless a lot of patients find that this pillow aids with their sleep by supporting the whole arm. This can be purchased before or after the procedure. TAC and Workcover may cover the cost of this pillow.

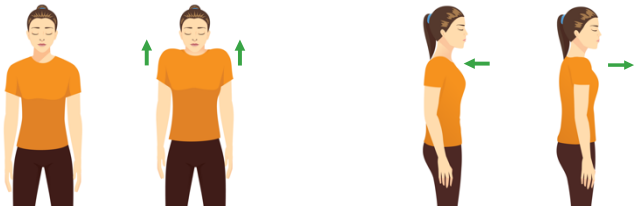
Exercises (0 – 4 weeks post surgery)

Your **sling** should be worn **most of the time** when resting, sleeping and when you are outside in public areas. You are allowed to **remove your sling** to take a shower, eat and drink and use a computer. **Avoid resting** the arm in an internally rotated position, the **ideal resting position** is with the arm in front of you (as if you were typing on a keyboard).

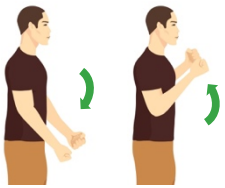
Exercises should be done for around **15 minutes** on **at least three** separate occasions throughout the day (after breakfast, lunch and dinner).

Scapula/Shoulder blade
Elevate your shoulders towards your ear and hold for 10 seconds, relax and repeat 10 times

Retract your shoulders by pinching your shoulder blades together and holding for 10 seconds, relax and repeat 10 times



Elbow
Take your arm out of the sling straightening out the elbow completely then bring your hand towards your face, repeat 10 times



Wrist and Hand
Grip a stress ball and hold for 10 seconds, relax and repeat 10 times.

Writing and typing is encouraged to maintain wrist and hand dexterity.

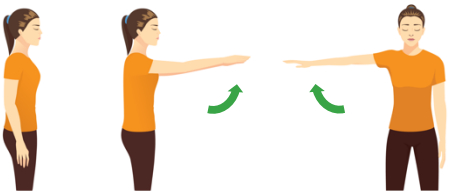
Exercises (4-8 weeks post surgery)

Building on from the previous exercises begin some movement exercises on your shoulder. Avoid turning your arm out past your side (external rotation beyond 0 degrees).

Until you regain the strength in your shoulder, use your other arm to assist your new shoulder with these exercises. Your goal is to lift your upper arm parallel to the floor by the 8 week post surgery period.

Shoulder Movement exercises (Isotonic)
Lift your arm forward and hold it there for 5 seconds, slowly lower it down, repeat 10 times.

Lift your arm out to the side and hold it there for 5 seconds, slowly lower it down, repeat 10 times.



Shoulder Static exercises (Isometric)
Standing facing the wall, place your hand on the wall and push against it, holding it for 10 seconds, relax and repeat 10 times.

Standing side on to the wall, place your forearm and elbow against the wall and push against it holding it for 10 seconds, relax and repeat 10 times.

Exercises (8+ weeks post surgery)

Exercises during this period will be tailored to your specific needs/goals. Mr Chung and your physiotherapist will work with you to figure out the right exercise program.

In general exercises during this period are about achieving more shoulder range of motion, building strength and achieving functional goals.

You are now able to lift up to 1kg between the 8 and 12 week postoperative period. In addition you may find exercises lying on your back to be helpful.

For your physiotherapist

Please contact Mr Chung with any questions

0-4 weeks – 500g lifting limit, sling, scapulothoracic, elbow, wrist and hand AROM
Avoid resting with the arm in internal rotation
No pendular exercises

4-8 weeks – 500g lifting limit, sling
Shoulder – AROM Flex to 60, Abduction to 60, ER to 0, IR to hip + Isometric strengthening
Avoid resting with the arm in internal rotation
No pendular exercises
Elbow, Wrist and Hand – AROM

8-12 weeks – 1kg weight limit, unrestricted ROM, begin supine ROM exercises

12+ weeks – No further restrictions

FAORTHA
FELLOW of the AUSTRALIAN ORTHOPAEDIC ASSOCIATION

Fellow of the Royal Australasian College of Surgeons

Monash Health Orthopaedic Surgery

MELBOURNE SHOULDER & ELBOW CENTRE