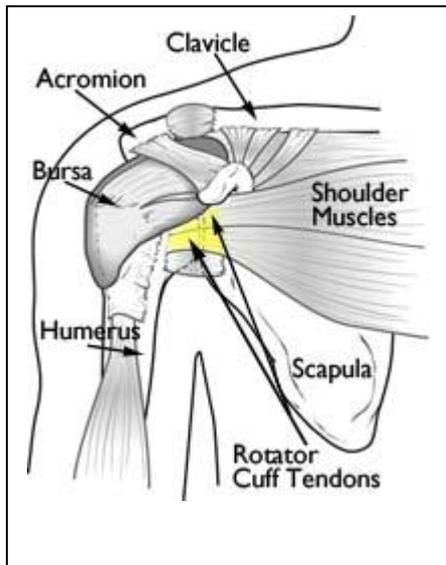


Rehabilitation after Rotator Cuff Repair (open or arthroscopic)

The shoulder is made up of three bones: the scapula (shoulder blade), the humerus (upper arm bone), and the clavicle (collarbone). There are also a number of muscles, ligaments and tendons around the shoulder. Ligaments are fibres that link bones together at a joint. Tendons are fibres that attach muscle to bone.



What is a rotator cuff tear?

A group of four muscles called the 'rotator cuff' are positioned around the shoulder joint and join into large tendons (rotator cuff tendon). They are called supraspinatus, infraspinatus, subscapularis and teres minor and help to stabilise the shoulder joint and move the arm. The rotator cuff tendon passes through the subacromial space (the space underneath the acromion part of the scapula, or shoulder blade). It is often here that a tear usually occurs.

What causes a rotator cuff tear?

In younger people a rotator cuff tear can be caused by an acute injury like a fall or accident. In older people the tear can be due to arthritis and wear and tear of the tendons. The degree of damage varies from a partial to a full tear. Weakness of the shoulder can occur and often clicking and crunching on movement. Other forms of treatment such as injection and physiotherapy are available but sometimes it is necessary to repair the rotator cuff tendon.

What is a rotator cuff repair?

The operation is carried out under a general anaesthetic (you are asleep). Either an incision is made over the top of the shoulder, or if suitable the operation is performed through keyhole surgery. The tendon is repaired and the arm is then placed in a sling.

What is the initial treatment after the operation?

The shoulder will be sore for a few weeks. It is important that you continue to take the **painkillers** as advised by your GP.

It is important to get the **wound site checked** regularly (especially if you have an open operation where you will have a larger wound). Also report any feeling of itchiness or if the wound feels very hot to your GP, as this may be a sign of infection.

Ice packs may also help reduce pain. Wrap frozen peas / crushed ice in a damp, cold towel and place on the shoulder for up to 20 minutes.

After the operation you will need to wear a **sling** continuously for 3 – 6 weeks depending upon the size of the tear . You will only remove the sling for specific **exercises** (see exercise attached). Your physiotherapist will advise you of these.

Be aware of your **posture** when sitting or standing. Try to gently bring you shoulder blades down and in towards the spine.

You may find putting a towel/pillow under your shoulder helpful when lying flat on your back to help reduce symptoms. The towel/pillow will help to support the joint as your muscles relax before you go to sleep.

When can I start to drive?

This will be advised by your consultant's team at your six week follow up appointment. You should check your insurance policy as you may need to inform your insurance company of your operation.

What is the prognosis after the repair?

This is variable. It depends on the size of the tear, the quality of the remaining tendon and the length of time your shoulder is immobilised in the sling.

At three months after your surgery your symptoms should be much better. It might take up to 6 months to regain considerable strength in your shoulder and your symptoms should be approximately 80% better or more at this stage. By this stage you should have almost full range of movement although there will probably still be discomfort when moving your arm overhead.