Patient Information for Consent

Airedale NHS Foundation Trust

OS16 Shoulder Surgery (Rotator Cuff)

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The Preoperative Association

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The Royal College of Surgeons of Edinburgh 1505

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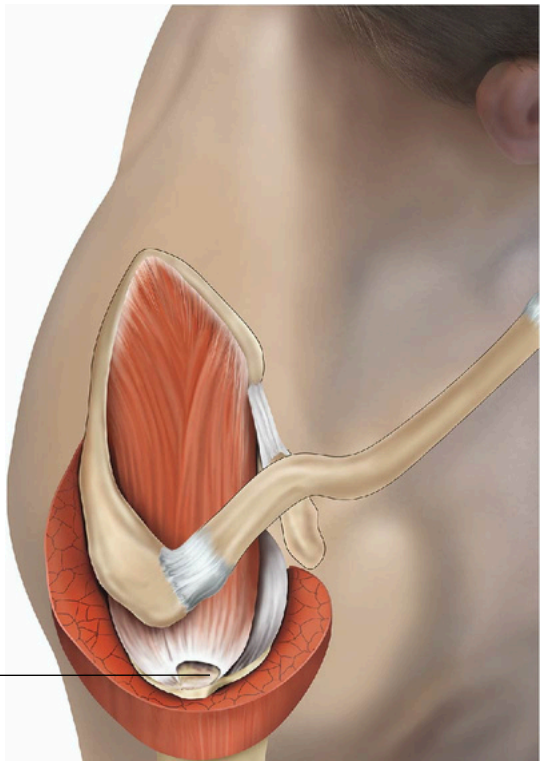
What is the rotator cuff?

The rotator cuff is formed from four muscles and tendons that attach your arm to the top of your shoulder blade (acromion). The rotator cuff lies just below your collarbone. It is difficult to feel because it is covered by a large muscle (the deltoid muscle). If the rotator cuff becomes worn or tears, you can get pain and weakness.



A tear in the rotator cuff

Your surgeon has suggested shoulder surgery. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How do rotator-cuff problems happen?

There are usually two types of damage that can happen to the rotator cuff.

- Rotator cuff tear – This is often caused by a fall or lifting something heavy. You will often feel sudden pain and have weakness in your shoulder straight away.
- Rotator cuff degeneration–This can be because of age, wear and genetic factors. Over time this can gradually weaken your shoulder and cause pain when you raise your arm above shoulder height or lie on your shoulder.

What are the benefits of surgery?

You should get less pain and be able to use your shoulder more easily but you may not get back the same strength that you had before you damaged your shoulder.

Are there any alternatives to surgery?

Most people with a rotator cuff tear can get back good function in their shoulder by changing their activities, and with the help of exercises and physiotherapy. It is usually helpful to not hold your arm above shoulder height.

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can also help.

A steroid and local-anaesthetic injection into your shoulder can sometimes reduce pain for several months but may cause side effects if repeated too often. You should not have a steroid injection within 2 weeks of having a vaccination because it can prevent you from making enough antibodies.

What will happen if I decide not to have the operation?

Your surgeon may recommend physiotherapy to help strengthen any muscles in your shoulder that have not been damaged.

Sometimes the symptoms improve with time.

What does the operation involve?

You may need to have an ultrasound scan and MRI scan of your shoulder to find out the type of damage to your rotator cuff. The results of the scan will help your surgeon to plan the operation.

Surgery is usually performed with an arthroscopy (keyhole surgery) which involves making only small cuts and using a small telescope to see inside your shoulder. If you have a tear, you may need to have an operation to repair it. This may

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be performed using keyhole surgery or by open surgery, which involves a larger cut.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes 45 to 90 minutes.

Keyhole surgery

If possible your surgeon will use keyhole surgery as this is associated with less pain, less scarring and a faster return to normal activities.

Your surgeon will make three or four small cuts at the front and back of your shoulder and on the side of your upper arm.

They will insert surgical instruments through the cuts along with a telescope so they can see inside your shoulder and perform the operation.

Your surgeon will use the instruments to remove any thickened tissue, release any tight tissue and to shave off some bone so there is more room for your rotator cuff to move.

Your surgeon may also be able to repair rotator-cuff tears using keyhole surgery.

Open surgery

Your surgeon may use open surgery to repair any tears. They will make a single cut on the front of your shoulder. They will repair the rotator cuff using stitches that anchor into the bone.

Your surgeon will close any cuts with stitches or clips.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice.

This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by taking the following steps:

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation.

Let your healthcare team know if you feel cold.

- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These

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health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. It is unusual to need a blood transfusion.
- Infection of the surgical site (wound) (risk:1 in 100). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Bleeding into your shoulder (risk:1 in 100). This causes swelling and pain. You may need a further arthroscopy to wash out your shoulder.
- Restricted shoulder movement (frozen shoulder) (risk: 1 in 50). Treatment for a frozen shoulder may involve physiotherapy, medication and injections.
- Infection in your shoulder (risk: less than 1 in 100). You will need antibiotics and sometimes an operation to clean out your shoulder.
- Bloodclot (thrombosis) in the axillary vein, which is just under your shoulder joint (risk: less than 1 in 100). You will get a swollen arm and will need further treatment.
- Severe pain, stiffness and loss of use of your arm and hand (complex regional pain syndrome - CRPS). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your arm and hand can take months or years to improve. Sometimes there is permanent pain and stiffness.
- Damage to nerves around your shoulder, leading to weakness, numbness or pain in your shoulder or arm (risk: less than 1 in 100). This usually gets better but may be permanent.
- The rotator cuff tearing again or the tear failing to heal (risk: 10 to 20 in 100). This is more likely for older people with older tears.
- Ongoing weakness in your shoulder.You may not get the same strength that you had before you damaged your shoulder.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Unsightly scarring of your skin. The risk is higher if you have open surgery because the cut is larger and is at the front of your shoulder. It usually heals to a neat scar.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

You will need to keep your arm in a sling. Your surgeon or the physiotherapist will tell you how long you need to keep your shoulder supported.

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You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you go home the same day:

- A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours.
- Be near a telephone in case of an emergency.
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower. Any stitches or clips are usually removed after 1 to 2 weeks.

The physiotherapist may give you exercises and advice to help you to recover from the operation. Follow any instructions carefully to improve the chance of getting strength and movement back in your shoulder.

The healthcare team will tell you when you can return to normal activities. Do not play contact sports or lift anything heavy until they have advised you that it is safe. It can take up to a year to get back enough strength in your shoulder to return to normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team. If your surgeon repaired a tear in your rotator cuff, do not drive for at least 2 months.

The future

9 in 10 people have a major improvement but it takes time for pain to lessen and movement to increase. You may not get back the same strength that you had before you damaged your shoulder.

Your shoulder is a complex joint and often symptoms come back with time. You may need another operation.

Summary

Rotator-cuff problems can cause pain and weakness in your shoulder. An operation can help to reduce any pain and to get back some strength in your shoulder.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator

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