



Dr Greg Janes

MBBS FRACS (Orthopaedics)
Orthopaedic & Sports Surgeon

SURGERY

Open Rotator Cuff Repair

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CONDITION

What is A Rotator Cuff Repair?

This is a repair of one or more of the tendons that control the coordinated movements of your shoulder.

What happens before surgery?

Once a decision has been made to proceed to surgery you will be contacted by staff at the hospital where you are going to have your procedure for a pre-operative assessment. This will either take place on the telephone or at the hospital if you have any medical problems that might require a more detailed assessment.

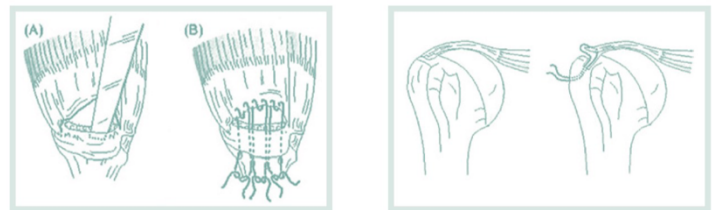
What happens on the day of surgery?

You will be admitted to the ward or the day surgery unit, usually on the morning of your surgery. You will be seen by the anaesthetist who will take you through the details of the anaesthetic, which usually includes a nerve block to help your pain.

What does the surgery involve?

The operation involves the release and repair of your torn shoulder tendons through a small cut on the side of your shoulder. The tendon is secured back to the bone with sutures through tunnels in the bone. At the same time the bone is trimmed from the roof of the shoulder, to increase space for the tendons. If the acromioclavicular joint (ACJ) is also causing pain then a few mm of bone will also be shaved from the end of the clavicle.

Occasionally the tendon is so badly damaged and retracted that it cannot be completely repaired, in which case a special patch is used to augment the repair



What happens after the operation?

You will wake up in the recovery unit where a nurse will be looking after you. Your arm will be in a sling with a cushion to support the arm away from your body and it will usually feel very heavy and numb as a result of the nerve block. The shoulder is usually quite comfortable, but you will be given painkillers if you are in any pain. Once you have recovered from your anaesthetic you will be transferred back to the ward.

A physiotherapist will see you and take you through how to apply and remove your sling safely and the initial exercises you should perform. Once you are comfortable you will be sent home, usually the day after surgery, with painkillers and instructions about any stitches you have. You will need to make an appointment in the clinic 2-3 weeks after your operation.

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These notes are intended as a guide and some of the details may vary depending on your individual circumstance and at the discretion of your surgeon.

What exercises should I perform after the operation?

1st 6 weeks:

You will need to wear your sling day and night for 6 weeks. Release the sling three times a day to perform your exercises:

- Active finger, wrist and elbow movements
- Scapular setting exercises
- Shoulder pendulum exercises for the first 6 weeks
- Gentle passive exercises with someone's help
- **Avoid reaching your hand behind your back**

Weeks 6-12:

- Wean yourself out of your sling
- Start active assisted exercises of the shoulder under the supervision of a physiotherapist
- Continue scapular setting exercises

Week 12 onwards:

- Start gradual rotator cuff strengthening exercises
- Perform gentle capsule stretching exercises as directed.
- Work on dynamic scapula control

What is the usual recovery?

- 8 weeks: driving
- 12 weeks: nearly full range of movement
- 16 weeks: golf
- 16 weeks: swimming

- 24 weeks: racquet sports
- 6-9 months: full recovery. Pain, particularly at night, can persist until then

Return to work: depends on occupation

- Home based sedentary work (e.g. computer) from 2 weeks
- Sedentary work in an office (no driving) from 4 weeks
- Light manual work from 12 weeks
- Heavy manual work from 16 weeks

Are there any complications of surgery?

Fortunately, complications after shoulder surgery are uncommon. They include:

- Infection (< 1 in 1000)
- Stiffness. Mild stiffness is quite common but occasionally a full frozen shoulder can develop (8%) which will prolong your recovery by a few months. This is more common in women and diabetics.
- Re-tear or failure to heal: The bigger the tear the higher chance that the repair will fail or a re-tear will occur. This doesn't necessarily mean that your shoulder won't feel better and only a few patients will require further surgery or re-repair.
- Failure to improve. 80% of patients will make a good or excellent recovery. 15% will have some ongoing discomfort but will be satisfied with their outcome. About 5% of patients will have ongoing problems and some of these require further surgery

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If you have any problems or concerns, do not hesitate to contact the office or myself. I can generally be reached on one of the numbers listed below and if I am not immediately available, I will try to get back to you as soon as possible. If for some reason I am unable to be reached, then you may be able to seek advice from the hospital ward or from your General Practitioner.

Bethesda Hospital 9340 6300

Hollywood Hospital 9346 6000