Rotator cuff repair
An information guide for patients

Delivering the best in care

UHB is a no smoking Trust

To see all of our current patient information leaflets please visit www.uhb.nhs.uk/patient-information-leaflets.htm
Shoulder anatomy

The shoulder complex is made up of three bones; the humerus, scapula and clavicle. Your shoulder is the most mobile joint in your body and is therefore dependent on strong muscles to move and stabilise it. Some of the most important muscles for this purpose are the rotator cuff muscles.

The rotator cuff is a group of muscles closely wrapped around the top of your arm (humerus). These muscles originate from your shoulder blade and their tendons form a hood covering the ball of your socket joint. These tendons can be damaged through general wear and tear, or after an accident/fall. If one or more of these muscles are damaged, movement may become difficult and the shoulder becomes weak and painful.
What is a rotator cuff repair?

The operation aims to repair the damage to the torn muscles or tendons. Once you are under a general anaesthetic the torn muscles are repaired using sutures or suture anchors depending on the type of damage. Often a ligament is also released and a piece of bone may be shaved or cut away to allow more space for the repaired tendon to heal.

The operation may be done arthroscopically (key hole surgery) or through an open incision. The type of approach used will be determined by the size and nature of the tear.

After the operation

Your arm is supported in a sling straight after your operation to protect the repair. It is essential that you wear the sling day and night for 2-6 weeks (your Physiotherapist will advise you). The amount of time will depend on the size of the rotator cuff tear. This will be explained to you after your surgery. You can remove the sling to carry out your exercises and for washing and dressing only.

Pain

It is normal to feel some pain following your operation. You will be given some painkillers and/or anti-inflammatory medication to take in the days following the operation.

Using ice on your shoulder can be helpful in reducing pain. Wrap a bag of crushed ice, or frozen peas in a damp towel.

Protect your dressings from getting wet with a layer of cling
film, or a plastic bag, before applying the ice pack for 10-15 minutes at a time.

Posture can make a big difference to your pain after surgery. Avoid ‘hitching’ your shoulder or holding it in an elevated position. Try to avoid slumping or standing/sitting with round shoulders as this puts more stress onto your shoulder.

Getting back to normal

It is normal to feel more tired than usual for a few days after having an operation. Sleeping can be uncomfortable and it is important to try not to lie on your operated shoulder. You should wear your sling in bed for the first 3-6 weeks (your Physiotherapist will advise you) to protect your shoulder.

Using pillows to support your operated arm and maintain your posture when sleeping will help with the discomfort.

Washing and dressing

Dressings and bandages that are applied in theatre need to stay dry. Remove your sling when bathing or showering, but keep your arm close to your body. Ensure that the area is dry before dressing to prevent irritation in the armpit. It is easier to wear looser fitting clothes and dress by putting your operated arm into position in the top first.

Wound care

Your wound also needs to stay clean and dry. If you have removable stitches they will be removed after 10-14 days at an outpatient clinic appointment or by your GP. If dissolvable stitches are used, they will not need to be removed.
Rehabilitation

Rehabilitation is important if you are to get the most out of your shoulder after the operation. You should be given information about your first physiotherapy appointment before you leave hospital. The amount of physiotherapy you will need will depend on your individual progress and the level of activity you wish to return to.

Returning to work

The amount of time you have off work depends on your job. If you have a manual job, or one that involves lifting or overhead activities, you will not be able to do this for 8-12 weeks. Please discuss this with your Consultant or Physiotherapist.

Driving

You should not drive until you have discussed your progress with your Consultant / Physiotherapist which will not be until at least 6 weeks following your operation. You must be able to comfortably control your vehicle and perform emergency manoeuvres.

Sports and activities

The timescale for which you can go back to any previous sport or activity will depend on your movement and strength and the particular activity you have in mind. Please discuss returning to any activity or sport with your Consultant or Physiotherapist.
Post-operative exercises

With all of your exercises you should aim to repeat 10 repetitions, 3 times a day unless otherwise advised by your Physiotherapist.

1. Active hand and wrist exercises with forearm supported

It is important to keep your hand, wrist and elbow moving after shoulder surgery

- Use your non-operated hand to support the forearm on your operated side. Move your wrist up and down and side to side as far as you are comfortable
- With the same support, make a fist and then stretch your fingers as far as you can
- Slowly turn your forearm over so your palm faces up and then down

2. Passive elbow exercises

- Sit with good posture
- Use your non-operated hand to grip the forearm on your operated side
- Use the non-operated arm to slowly bend your elbow as far as you are comfortable and then straighten it as far as you are comfortable
3. Passive external rotation to neutral

- Rest your elbow on a table or the arm of a chair, keep the elbow of your operated arm into your side
- Use your non-operated hand to move your hand away from your stomach to the position shown in the photograph. Do not push any further

4. Passive flexion to 90 degrees

- Lying on your back, allow a friend or relative to move your arm towards 90 degrees by supporting around your wrist and elbow
- Only allow your arm to be moved as far as is comfortable or to 90 degrees maximum

Important things to remember following your rotator cuff repair

1. Continue to wear your sling day and night as requested by your Consultant
2. Do not lift your operated arm without assistance until it is allowed out of the sling
3. Do not use the unoperated arm for any heavy manual work whilst in the sling

These are important to protect the repair of the tendon/s.
Contact details
If you have any questions regarding your operation or treatment, please do not hesitate to call us.

Consultant secretaries
Mr Kalogrianitis: 0121 371 4944
Mr Massoud: 0121 371 4963

The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4323.

Physiotherapy
Queen Elizabeth Hospital Birmingham
Mindelsohn Way, Edgbaston, Birmingham, B15 2GW
Telephone 0121 371 3466