Rotator Cuff Repair Surgery

Prior to Surgery

• Shoulder immobiliser to be fitted by physiotherapist
• Patient informed of early postoperative expectations:
  o May shower in collar and cuff sling and do pendulum exercises - 30 seconds twice daily from the day following surgery
  o One week post-op: see physiotherapist and start supine passive external rotation to neutral and supine passive forward elevation towards 90 degrees
  o Two weeks post op: see physiotherapist to check exercises and remove abduction bolster component of sling
  o Note: in some cases the sling must be worn full time in the first week and showering and pendulum exercises commence one week post surgery

Procedure

• General anaesthetic with local anaesthetic
• One night in hospital, sometimes two
• Surgery through arthroscopic (keyhole) approach or small incision, depending on tear pattern
• Commonly have decompression (acromioplasty) to increase the subacromial space
• Torn tendons sutured, commonly attached to bone using suture anchors
• Sling applied

Rehabilitation

• Sling use and passive movement protocol for first 6 weeks
• Wean off sling 6 weeks from surgery over a 3 day period
• From 6 – 12 weeks, light use of arm in comfort range (not lifting heavier than 2 kg)
• Physiotherapy guided rehabilitation to work on posture, scapula control and range of motion
• Strengthening exercises 3 months from surgery, gradually building up use accordingly. Initially Thera-Band strengthening, sometimes gym-based strengthening depending on the requirements
• The first 3 months is the ‘hard work’ period, but improvement continues for more than 12 months

Goals

• Little or no pain
• Improved strength and function
• Should never attempt very heavy lifting, especially overhead or with a wide arm span. Should never attempt to throw hard
• Many patients rate their shoulder as ‘90% normal’ or better

Risks

The risks include, but are not limited to:

• General risks of surgery
  o Anaesthetic risks
  o Medical risks
  o Infection
  o Nerve injury
  o Pain, including dystrophic pain problems
• General risks of tendon surgery
  o Inability to achieve full repair
  o Incomplete healing
  o Re-tearing
  o Problematic stiffness

Return to Work Guidelines

• Often the initial return to work is part time hours and modified duties, gradually building up.
• Sedentary work in sling: 10 – 14 days
• Light two-handed desk height duties: 6 – 7 weeks
• Medium lifting below eye level: 3 months
• Heavy work: may be 4 – 5 months (depending on progress)

Expectations

There is a wide range of expectations dependent on a number of factors, such as the severity of the tear and the general condition of the patient. This outline describes common progress if full repair can be achieved in a healthy patient.

• 3 months post surgery
  o Comfortable at rest
  o ‘70+ %’ return of range of motion. Often still difficult getting hand behind back
  o Commonly some aching felt throughout the muscles around the shoulder and the arm, especially at the end of a busy day
  o Momentarily sharp pain with rapid or unexpected movement
  o Often still uncomfortable at night but improving
  o The shoulder still feels weak
  o Overall patients may rate the shoulder ‘60 – 70% normal’

• 6 months post surgery
  o Still improving in comfort, movement, strength and function
  o Overall patients may rate their shoulder as approximately ‘80 – 85% normal’

• 12 months post surgery
  o Patients may rate the shoulder as ‘90+ %’ normal