

Rotator Cuff Repair Surgery

Prior to Surgery

- Shoulder immobiliser to be fitted by physiotherapist
- Patient informed of early postoperative expectations:
 - May shower in collar and cuff sling and do pendulum exercises - 30 seconds twice daily from the day following surgery
 - One week post-op: see physiotherapist and start supine passive external rotation to neutral and supine passive forward elevation towards 90 degrees
 - Two weeks post op: see physiotherapist to check exercises and remove abduction bolster component of sling
 - **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**
 - Anaesthetic risks
 - Medical risks
 - Infection
 - Nerve injury
 - Pain, including dystrophic pain problems
- **General risks of tendon surgery**
 - Inability to achieve full repair
 - Incomplete healing
 - Re-tearing
 - 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**
 - Comfortable at rest
 - '70+ %' return of range of motion. Often still difficult getting hand behind back
 - Commonly some aching felt throughout the muscles around the shoulder and the arm, especially at the end of a busy day
 - Momentarily sharp pain with rapid or unexpected movement
 - Often still uncomfortable at night but improving
 - The shoulder still feels weak
 - Overall patients may rate the shoulder '60 – 70% normal'
- **6 months post surgery**
 - Still improving in comfort, movement, strength and function
 - Overall patients may rate their shoulder as approximately '80 – 85% normal'
- **12 months post surgery**
 - Patients may rate the shoulder as '90+ %' normal