

Rotator Cuff Tear

What is a rotator cuff tear?

- The muscles from the shoulder blade attaches to the head of the humerus to stabilise the shoulder joint.
- Tears can develop due to normal ageing and does not always need treatment unless they cause persistent problems.
- Tears that happen due to significant injuries in relatively young (less than 65y) and healthy, often need repair.

How does it present?

- Often there is an aggravating event such as a fall or very heavy lifting
- It is painful to lift the arm overhead.
- Lifting items away from the body is usually uncomfortable

What can be done?

- **Acute tears** after a significant injury in a healthy individual usually needs surgery
- **Chronic tears** (that have become painful without a specific injury, unusually simply due to increased use) often can be treated without surgery.
- In older individuals (over 65) and/or in people with significant medical problems (poorly controlled diabetes, severe heart or lung problems, smokers etc.) even acute tears are treated without surgery.
- Treatment without surgery usually consists of.
 - Avoiding activities that hurt
 - Gentle physiotherapy
 - Anti inflammatories
 - Steroid injections

When is surgery needed?

- Acute tears in young, healthy individuals, or
- Where non operative treatment is unsuccessful and
- The injury stops you from doing the **‘things that you have to do’** such as getting dressed, making a meal, driving a car, or getting a good night’s sleep
- and/or the **‘things that you love to do’** in life such as fishing, riding a bicycle, or holding a book to read

How does surgery work?

- This kind of surgery usually requires a General anaesthetic (being ‘completely knocked out’)
- Often the anaesthetist does a nerve block (that numbs and paralyses the arm for about 12 hours) to help with pain relief – it can be very painful surgery.
- Because it can be quite sore immediately after surgery - It is recommended to stay in hospital overnight
- Antibiotics is usually administered at the time of surgery, but does not have to be continued after surgery.

What do we do in surgery?

- Surgery usually takes about 1-2 hours
- But the whole process of going to theatre and waking up from surgery takes longer.
- Often the surgery is done with the help of a camera (arthroscopic, or ‘keyhole’).
- Sometimes a larger skin cut is needed to do a strong repair
- The torn tendon is cleaned and sutured back to bone with anchors
- If the biceps tendon is damaged, it sometimes has to be released from inside the shoulder and reattached to the humerus.
- If there is a large spur in the shoulder it is removed
- If the AC(acromioclavicular) joint is very arthritic and painful it is resected

After the Surgery

In Hospital

- The wounds are dressed and the arm is placed in a sling
- We often leave a pain catheter in the shoulder to deliver more local anaesthetic at about 10 hours after surgery (when the anaesthetist’s nerve block starts to wear off)

- Do not hesitate to ask for pain killers. It is much better to ‘stay on top of pain’, than ‘to catch’ up when it is severe.
- It is usual to leave hospital the morning after surgery
- A physiotherapist will usually visit you in hospital to demonstrate gentle exercises.

At Home

- Continue to stay on top of your pain with oral pain killers.
- Do the gentle exercises that physiotherapist demonstrated in hospital. It is usually advised to see a physiotherapist in the community at around 4-6 weeks post surgery.
- It is OK to remove your sling to do these exercises, but in most cases it should stay on at all other times for 6 weeks.
- While the shoulder wounds are covered with waterproof dressings it is safe to have a shower. Please have the dressings replaced if they start to come loose.
- An appointment is usually made at my rooms to review your progress at about 2 weeks after the surgery
- Please do not drive before speaking to your physiotherapist or a doctor.

The recovery

- A **sling** is usually worn full time for about 6 weeks
- From around 4 weeks on, a physiotherapist will show you how to start to progress your **range of motion exercises**.
- From 6-12 weeks sling wear can be weaned **shoulder movements increased under physio supervision**.
- Most moderately activities can usually be achieved by **3-4 months**, but it will take **6 - 9months** to become completely comfortable and to return to maximal effort.
- It often takes up to a **year** to regain completely normal range of motion.

Time frames

- **Self care** (washing, dressing, eating) with the operated hand – usually around 4-6 weeks (a sling is still needed)

- **Driving:** when you are able to control a steering wheel with your operated arm and you are not taking strong pain relief anymore (usually 6-8 weeks post surgery)
- **Golf, fishing, cycling etc.:** usually around 3-4 months, but it can be longer (6 months)

What can go wrong?

- **Infection** occurs rarely (1% of the time), but can be severe. It may need further operations, weeks in hospital. It can lead to a poor outcome.
- There may be **ongoing pain** from other worn-out joints in the area, that were not obviously a problem at the time of doing the surgery.
- It is common to have a bit of **numbness next to the scar**. Very rarely, severe nerve damage can occur, resulting in paralysis or numbness in the arm.
- **Around 10-15% of the time** more than expected stiffness occurs in the shoulder (frozen shoulder). It can take 2 years or more to get better.
- The reconstruction can fail, may not heal completely, causing ongoing pain in the shoulder. Some studies have shown that it occurs in **up to 20% cases**.
- A **general anaesthetic** can have complications, such as nausea, heart and lung problems. Please discuss it with your anaesthetist before the operation.

What can you expect the final outcome to be?

- The biggest majority of patients experience significant improvement in their shoulder pain and function.
- Mild discomfort and stiffness commonly persist despite successful surgery.
- Strength usually recovers, but it can take up to 2 years to reach maximal improvement.
- Tendons that were worn before the surgery will tend to tear again over the years after the surgery

FAQs

- How long will the surgery take / How long will I be in hospital?
 - about 2 hours, overnight
- Which hospital?
 - The Sunshine Coast University Private Hospital
 - Or Kawana Private Hospital
- Anything I should do to prepare for surgery?

- You should make sure that you have no pimples or skin breaks around your shoulder.
- if there are any pimples it should be washed with benzoil peroxide.
- Stop any drugs or supplements that may cause thinning of blood (anti inflammatories, fish oil etc.)
- Make sure that you have help at home for after surgery; you will need a sling for 6w and cannot drive for at least 6w
- don't smoke
- After care - showering, etc
 - as long as waterproof dressings are securely in place
- Will I be in a sling?
 - yes for 6w
- Worst case scenario
 - You can get a frozen shoulder that can take 2 years to recover.
 - The reconstruction can fail (and needs to be re done), or never be any good (uncommon in young healthy individuals.
 - Infection can make the shoulder worse than it is now, it may never recover (there is less than 1% risk of this happening)
 - Very rarely serious complications can occur from the anaesthetic, such as a stroke or heart attack.
- Rehab - Who / Where?
 - First month: gentle exercises as demonstrated in hospital by physio
 - After that please see a physiotherapist in the community to help with further rehabilitation.
- WC have requested a medical table of costs – what is that?
 - We usually send a request for surgical approval to Workcover, it contains the item numbers(fees) that will be used.