



Patient Information Leaflet

Shoulder Operation: Rotator Cuff Tendon Repair

Produced by:
Orthopaedic Department

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If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.

Polish:

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

Russian:

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

Turkish:

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

Bulgarian:

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, попитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

Czech:

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

Bengali:

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টেলিফোনে ইংরেজি কথা কতে জিজ্ঞাসা করুন এবং সাহায্য করুন

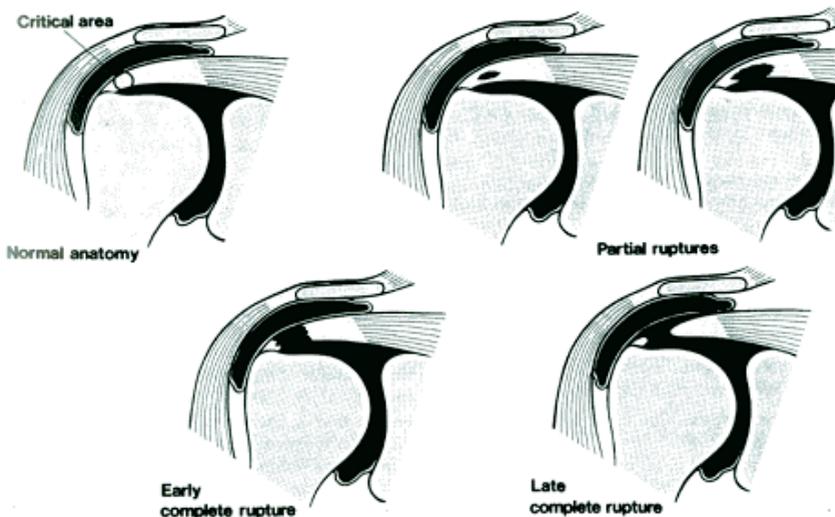
What is the rotator cuff?

There are four tendons that make up the rotator cuff of the shoulder but, for all intents and purposes, they should be considered as one continuous sheet of tissue. They are important in that they initiate shoulder movement and keep the 'ball' in the joint in its shallow socket.

Why does the rotator cuff need repair?

The rotator cuff starts to suffer degenerative change after the age of 40 and can be damaged by injury, occupational or sporting overuse, or abrasion against roughened edges of bone.

When the tendons tear the patient can experience pain, loss of movement and loss of strength, though a lot of older people do have tears that remain asymptomatic (without obvious signs). The symptoms can be reversed, (sometimes fully and sometimes partially), only by repairing the defect in the tendons.



Will I have to undergo surgery?

Repair is not always necessary and this will depend on several factors. Minor tears may produce few or no symptoms and are sometimes left alone. More significant tears may be considered for repair but results tend to depend on:

- The size of the tear.
- The quality of the tendon tissue (poor tissue will not hold stitches).
- The age of the tear (as time goes on, the muscles scar up and cannot be stretched out for repair).

Giving your consent

Before a doctor or other health professional examines or treats you, they need your consent. Sometimes you can simply tell them whether you agree with their suggestions. However, a written record of your decision is essential before any surgical treatment. You will be asked to sign a consent form, after being given full information concerning success rates and potential risks. If you later change your mind, you're entitled to withdraw consent – even after signing, but before the procedure takes place. In addition to this, please ask the staff looking after you if you require a sickness certificate.

Before the operation

You will usually be admitted on the morning of your operation. You will be given instructions about when to stop eating and drinking. Pre-operative visits for final checks and tests will have been carried out in advance in the pre-assessment unit.

Your rotator cuff repair operation

The operation is usually carried out under general anaesthesia, though a special nerve block can sometimes be used in certain cases. You will see your Anaesthetist before going to theatre.

The operation to repair the tendons takes between one and two hours on average. Sometime it is carried out through an 8 – 10 cm incision over the top of the shoulder but in many cases the repair may now be done through smaller incisions using so-called 'keyhole' techniques. Your surgeon will discuss this with you pre-operatively. It is important to remember that, whether your repair is done through an open incision or by a 'keyhole' technique, post-operative recovery follows the same pathways and timescale.

It is important that you remember that the surgeon will not know whether the tear can successfully be repaired until the operation is in progress. Occasionally, inspection of the damage reveals that repair is not possible.

At the end of the operation the surgeon may place your arm in a special kind of sling to protect the repair. If the repair has been especially difficult, a foam wedge and sling are used to keep the arm supported away from the body to take tension off the stitches. Your sling or wedge have to be worn at all times for up to six weeks. A small drainage tube may be placed in the wound to avoid swelling. This drain is easily and painlessly slipped out on the day after surgery.

On those rare occasions when the tear cannot be repaired, the surgeon will remove roughened and excessive bone so that although movement and strength cannot be restored, pain should be lessened.

Are there any risks associated with this procedure?

Risks of this surgery are few:

- Infection—this is rare around the shoulder.
- Failure of the deltoid muscle to repair—this is also rare.
- Thrombosis (blood clots) in the veins of the arm—this is **very** rare.

The success rate of the repair operation depends on tear size, tear age and tendon quality. As a guide we quote an average success rate of 70%.

After your operation

You will probably be discharge from hospital in your brace the day after surgery. Stays in hospital longer than this are rare.

The physiotherapists will have shown you how to cope with your sling, brace or wedge, with regard to activities such as dressing and washing, etc. You will be shown that you can use your hand, even though you may not move the whole arm. Remember, you will be in a sling of some sort for up to six weeks. A booking will also be made for outpatient physiotherapy to get your arm going at the appropriate time.

You will usually have either metal clips or nylon stitches in your surgical wound, and arrangements will be made for these to be removed, either at your GP surgery or by the Community Nurse at ten days. Once these have been removed, you may get the wound wet, but **not** before. You will usually come back to Outpatients to see the doctor at six weeks post-operatively.

Advice following surgery

We do not consider that repair is strong until at least three months after surgery. Initial physiotherapy aims purely to restore range of movement without stressing the repair. It is important that you do not attempt to lift heavy objects for at least three months. Later physiotherapy will move on to strengthen the muscles if the repair succeeds.

At first you will be seen by the physiotherapist fairly regularly, but a lot of the work is done on your own at home. Your frequency of visits will go down as time goes on and your home exercise programme will be changed as necessary. You may be under physiotherapy supervision for a prolonged period.

It is rare to recover from the surgery fully in under six months, and it may take twelve months before you get the full benefit.

Do not expect to feel 'cured' at an early stage. This is a prolonged process.

If you obtain a good result from your repair operation, you would still be wise to avoid heavy lifting above shoulder height with that arm on a permanent basis.

Finally

If you have any queries prior to your operation, or worries after the procedure, please contact the Orthopaedic Nurse Specialists, Monday–Friday, 9am–5pm, telephone: 01983 534064. If you experience severe pain or feel that you have sustained an injury out-of-hours, please contact the Accident & Emergency Department at St Mary's, telephone: 01983 534640.

If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.