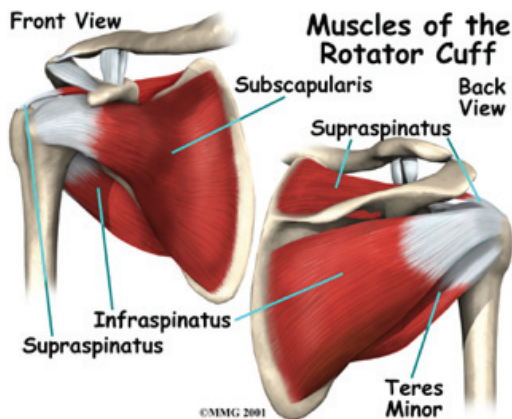


Arthroscopic Rotator Cuff Repair Surgery



When is it Time to Think About Surgery?

An MRI scan or ultrasound, along with a history and physical exam, are the most common ways used to evaluate the shoulder. Rotator cuff tears may cause pain and weakness in the affected shoulder. Most people say they are unable to sleep on the affected side due to the pain. In some cases, a rotator cuff may tear only partially. Partial tears may be painful but you can still move your arm normally. Certain types of partial rotator cuff tears may not require surgical repair and your physician may want to consider non-surgical options that may include: limiting activities, anti-inflammatory medications, physical therapy or an injection of a steroid medication into the shoulder joint.

In general, the larger the tear, the more weakness it causes. A complete tear generally makes it impossible to move the arm normally. It can be difficult to raise your arm away from your side by yourself. A complete rotator cuff tear will not heal and will require surgery if your goal is to return your shoulder to optimal function.

About the Surgery

The surgery is done as an outpatient under general anesthesia and will take approximately 1 ½ hours. You may also receive a nerve block injection into your

shoulder which will help with pain for several hours following the surgery. The surgeon will make approximately 3-5 small incisions (1/4 inch long) along the front, back and side of your shoulder. He will use these incisions to insert the arthroscope and several other tools. The arthroscope is a small camera device that allows the surgeon to look into the shoulder joint. He can insert tools to trim and remove the degenerative tissue and bone. The torn rotator cuff tendons are repaired by inserting suture anchors into the bone allowing for a strong attachment of the tendon to the bone. This will keep the tendon close to the bone allowing it to heal back to the bone.

You will awaken with a bulky dressing on your shoulder and a sling/immobilizer in place. Once you are awake, taking fluids, and are in stable condition, the IV will be removed and you will be discharged.

Preparing for Surgery

You are encouraged to stop smoking before surgery to prevent lung complications or delayed healing. Lab work and an EKG may be scheduled prior to surgery. Anti-inflammatory medications, aspirin and blood-thinning medications should be stopped one week before your surgery unless otherwise specified by your family doctor. These medications affect your blood clotting ability and could increase your risk for bleeding. Please bring the shoulder immobilizer with you the day of surgery.

What to Expect After the Surgery

The nerve block you may have received during surgery will generally minimize pain for about 12-18 hours after surgery. The use of oral pain medications will be needed after the block has worn off. Expect significant pain for the first few days after surgery. The use of ice to your shoulder for the first week is very important. The bulky surgical dressing

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can be removed after 24-72 hours, depending on your physicians' preference. You may then shower but do not submerge your shoulder in water. Remove your sling but keep your arm close to your side while showering. Do not apply lotion or antibiotic ointments to your incisions. You may keep your incisions open to the air if they are not draining, or apply clean dry band aids daily. You may be more comfortable resting or sleeping in a recliner type chair. You will have an appointment to see your surgeon in the office 2 weeks after surgery and any sutures will be removed. It is very important that you only remove your sling/immobilizer for showering and for passive exercises for the first 4 to 6 weeks.

Complications and Risks of Surgery

Blood clots: Symptoms of a blood clot include pain, swelling or redness of your arm, calf or thigh. Call the office immediately if you develop any of these symptoms or go to the emergency room. If you develop sudden shortness of breath go to the emergency room or call 911. The easiest way to help prevent blood clots is frequent walking following surgery.

Infection: Infection is rare but can occur following surgery. Symptoms include fever or chills, drainage, redness, a foul smell or increasing pain at the incision sites. Please contact our office if you experience any of these symptoms or have concerns. You are at a higher risk for infection if you have diabetes, rheumatoid arthritis, chronic liver or kidney disease, or if you are taking steroids.

Nerve damage: Damage to the nerves that surround the shoulder is rare but can occur. Notify your doctor if numbness and tingling around the shoulder is prolonged or worsens following surgery.

Anesthesia Complications: Respiratory failure, shock, cardiac arrest and death are always possible during surgery. Patients with long-term kidney, heart, liver, or lung disease are at a higher risk. Nausea and vomiting from anesthesia are common. Coughing, deep breathing and drinking fluids will help to flush out anesthesia.

Bleeding: Trauma to the arteries and veins surrounding your shoulder is rare but may occur. Please contact our office if your surgical dressing becomes saturated with blood. It is common to have some bruising and discoloration around the shoulder and upper forearm.

Recovery Period

It is important that your elbow stay close to your side when your sling/immobilizer is off for the first 6 weeks after surgery. Your surgeon will advise you when he wants you to begin formal physical therapy, which could begin immediately following surgery or not until 6 weeks after surgery. Rehabilitation after rotator cuff surgery can be a slow process. Getting the shoulder moving with simple passive exercises as soon as possible is important, however this must be balanced with the need to protect the healing tissues with the use of the sling/ immobilizer. The first 12 weeks following surgery are focused on regaining motion in your shoulder with a progression in exercises/therapy. You will not begin any strengthening or resistance type exercises until 12 weeks following surgery.

Returning to Work

Patients may return to work after they see their physician 2 weeks following surgery but will be restricted to only using their non-affected arm. Patients generally have work restrictions for 12 weeks following surgery. Patients with labor intensive jobs may have restrictions beyond 12 weeks. You will be restricted from driving for 6 weeks after surgery or until your physician has allowed you to discontinue wearing your sling/immobilizer.

Post-Op Exercises

Exercises will be dictated by the size of your rotator cuff tear. You will receive instructions regarding exercises after your surgery.