

ROTATOR CUFF REPAIR SURGERY

INDICATIONS (Who Needs Surgery, When, Why & Goals)

Surgery for rotator cuff tear is reserved for people who have continued shoulder pain that affects activities of daily living and/or sports activities despite completing an appropriate rehabilitation program for at least 3 months. For younger athletes surgery may be recommended without attempting to resolve symptoms with rehabilitation alone. This is because rotator cuff tears do not heal, and likely progress to larger tears. The goal of surgery is to eliminate the shoulder pain and attempt to regain motion and strength. The thickened and chronically inflamed bursa and the curve, hook and/or spur of the acromion likely cause mechanical wear to the rotator cuff and may play an important role in the cause of rotator cuff tears. Thus these structures are removed. Next, the torn rotator cuff is repaired to itself, or more commonly back to the bone of the humeral head.

CONTRAINDICATIONS (Reasons Not To Operate)

- Infection of the shoulder
- Inability or unwillingness to complete the post-operative program of keeping the shoulder in a sling and/or immobilizer or to perform the rehabilitation necessary.
- Patients who have emotional or psychological problems that contribute to their shoulder condition

RISKS AND COMPLICATIONS OF SURGERY

- Infection
- Bleeding
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm
- Continued or recurrent of pain
- Re-tear of the rotator cuff
- Detachment of the deltoid muscle (if open)
- Stiffness or loss of motion of the shoulder
- Inability to return to same level of competition
- Weakness of the shoulder
- Fracture of the acromion
- AC Joint pain
- Not removing enough or removing too much acromion

TECHNIQUE (What is Done)

Different techniques are in use at this time. The overall goal is remove the chronically inflamed and scarred bursa, remove the acromial curve, hook and/or bone spur, occasionally to remove an arthritic AC joint and to repair the rotator cuff to itself and/or humeral head. This can be done arthroscopically or open.

Arthroscopic techniques involve using small incisions (arthroscopy portals) to look in the shoulder joint, then electricity is used to cauterize small capillaries. Electricity and/or a motorized shaver is used to remove the bursa and cut the coracoacromial ligament (usually). Next a power burr is used to remove the bony curve, hook and/or spur from the acromion. The rotator cuff is repaired with sutures (threads) to itself or to the bone of the humeral head with or without surgical anchors which are inserted into the bone of the humeral head.

Oftentimes, the humeral head is roughened to help stimulate healing of the tendon to bone. Sometimes this surgery is performed with a small incision at the outer shoulder.

Open rotator cuff repair involves detaching the large deltoid muscle from the acromion as well as cut the coracoacromial ligament. Next the acromial curve, hook and/or spur is removed using a saw or osteotome (chisel). A rasp is often used to smooth the cut bone edges. The bursa is then removed with scissors. The torn edge of the rotator cuff is freshened by removing the old edge, the bone of the humeral head where the rotator cuff originally attached is roughened, often making a trough, and the tendon is sutured in the trough. This may be done by making bony tunnels and tying the sutures over the bone below the trough, or by placing surgical anchors with sutures attached into the humerus and tying the rotator cuff to the bone anchors. The deltoid muscle is then sewn back onto the acromion. Open Rotator Cuff Repair surgery is not commonly performed these days.

POST-OPERATIVE COURSE

- Management after surgery varies based on technique used and surgeon preference.
- Keep wound clean and dry for the first 10 - 14 days after surgery
- Keep the shoulder in a sling, brace or immobilizer for as long as your surgeon tells you - this is usually 4 - 8 weeks if done open or arthroscopically.
- You will be given pain medications by your physician
- You may be told to perform passive motion exercises (not using the operated shoulder's muscles to move the arm) immediately after surgery
- Post-operative rehabilitation and exercises are very important to regain motion and then strength

RETURN TO SPORTS

- Depends on the type of sport and position and quality of tendon at the time of repair.
- A minimum of 6 months is necessary after surgery before return to sports.
- Full shoulder motion and strength are necessary before returning to sports

NOTIFY OUR OFFICE IF:

- You experience pain, numbness, or coldness in the hand
- Blue, gray or dusky color appears in the fingernails
- Any of the following occur after surgery:
 - Increased pain, swelling, redness, drainage or bleeding in the surgical area.
 - Signs of infection (headache, muscle aches, dizziness, or a general ill feeling with fever)
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Do not eat or drink anything before surgery. Solid food makes general anesthesia more hazardous.