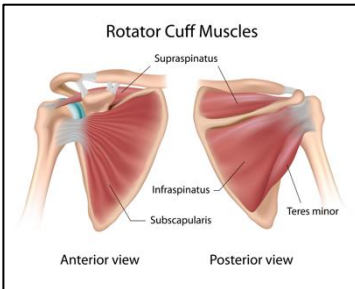




Rotator Cuff Repair Frequently Asked Questions

What is the rotator cuff?

The “rotator cuff” is a set of 4 muscles (subscapularis, supraspinatus, infraspinatus, and teres minor) that surround the shoulder joint. The rotator cuff is critical for normal shoulder function. Without a working rotator cuff, patients often have weakness and pain. Unfortunately, the tendons of the rotator cuff have poor intrinsic blood supply, so they are susceptible to inflammation (tendinitis) or tearing. The size and extent of rotator cuff tears is highly variable, ranging from partial-thickness tears to small full-thickness tears, to large full-thickness tears. Due to this variability, patients experience very different symptoms. While some patients experience primarily pain, particularly with overhead motion or sleeping at night, others experience pain and significant weakness.

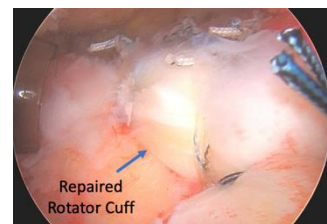
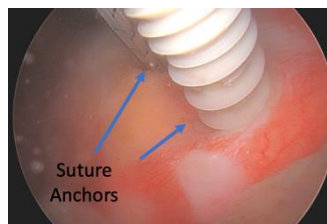
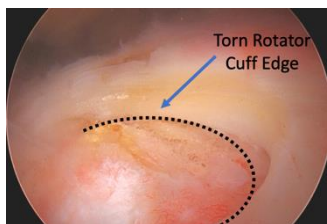


Quick Facts:

- The *rotator cuff* is a set of 4 small muscles that are critical for shoulder function
- Rotator cuff tears cause *pain* and occasionally weakness
- An *MRI* diagnoses rotator cuff tears
- Rotator cuff repair is performed *arthroscopically*
- Recovery: 6 weeks in a sling, 3 months of non-weight bearing, ~1 year to full recovery
- Physical therapy is essential!

What does rotator cuff surgery involve?

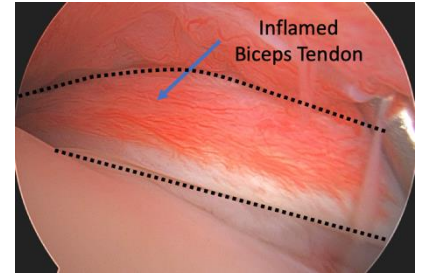
Due to advances in surgical techniques, the rotator cuff can now be accessed and repaired through arthroscopic surgery in nearly all cases. Arthroscopic surgery means that small incisions (~1cm) are used to insert a camera and instruments, which can be used to repair the rotator cuff, while minimizing pain and recovery time. Through these small incisions, anchors can be placed in the bone that have attached sutures. These high-strength sutures can be passed through the rotator cuff tissue, reattaching it to the bone. Depending on the size of the tear, several anchors can be used to achieve adequate fixation, while biological augmentation is often needed to aid in healing of the tissue.



What are the adjunct procedures performed at the time of surgery?

There are several pain generators around and within the shoulder. In addition to the rotator cuff, patients can experience pain from a torn or frayed labrum, a torn or inflamed biceps tendon, or from an arthritic acromioclavicular joint. The labrum is a rim of tissue that surrounds the “socket” (or glenoid) of the shoulder. The top of the labrum is often torn (referred to as a “SLAP” tear) and can cause clicking, catching, popping, or occasionally pain in the shoulder. Because arthroscopic surgery allows easy access to the shoulder joint, the labrum is debrided, or “cleaned up”, at the time of surgery. The biceps tendon is another common pain generator in the shoulder. The biceps muscle has two tendons around the shoulder – the “short” and “long” heads of the biceps. The short head is the most critical and is rarely pathologic. The long head is less important for shoulder function and is often inflamed and painful. Commonly, a “biceps tenodesis” is performed at the

time of surgery. This means that the long head of the biceps tendon is cut using the arthroscopic camera and instruments. Then, a small (1 inch) incision is made near the armpit to reattach the tendon to bone lower down the arm, removing the portion in between that is typically painful. The acromioclavicular (AC) joint is frequently arthritic, yet many patients do not experience pain from this joint. When patients are symptomatic from the AC joint, the arthritis can be treated at the time of surgery by removing end of the collarbone, thus eliminating the joint itself. When any of these procedures are performed at the same time as a rotator cuff repair, there is no change in the recovery.



What does the day of surgery involve?

Rotator cuff repair is an outpatient surgery and is typically performed at the surgery center or at the hospital. Patients will receive information from the facility the day before about when they should arrive. When you arrive for surgery, pre-operative nurses will prepare you by cleaning your shoulder. The anesthesiologist will most often perform a nerve block that provides partial pain control during and after surgery (for about 10-12 hours, although this is variable). You will be brought back for surgery and will receive a general anesthetic. This is important to make sure that you are fully relaxed and asleep during surgery. Any movement during surgery could result in injury to the structures in your shoulder.

After surgery you will be in the recovery room. Your arm will be in a sling with an attached “abduction pillow”, that helps to put less stress on the rotator cuff. There will be a large, soft dressing over your shoulder. You will be prescribed a pain medication post-operatively, which can be used as the block is wearing off. Patients should wean off of this medication as they are able to. You will need a friend or family member to drive you home after surgery.

What is the post-operative recovery?

Post-operative rehabilitation is more than half the battle in rotator cuff surgery! It is absolutely critical that patients are treated by a physical therapist post-operatively to maximize their recovery. The goals in physical therapy are to allow adequate time and immobilization for rotator cuff healing, reduce pain, and ultimately regain shoulder range of motion and strength.



Patients should typically start physical therapy after the first post-operative clinic visit (approximately 10-14 days post-operatively). Patients will most often see their therapist 2-3 times per week. Recovery proceeds in several phases: for the first 6 weeks, patients will remain in the sling at all times except when performing exercises or personal hygiene; for the next 6 weeks, patients will wean out of their sling and begin regaining their “active” range of motion (meaning you can move your arm); beginning at 3 months post-operatively, patients can begin strengthening the rotator cuff and may lift more than 1 pound with the arm.

Recovery from rotator cuff surgery is LONG! It takes 6 months for all restrictions to be lifted after surgery and studies have shown that patients continue to improve for over 1 year post-operatively.

Important Contacts:

Surgery Scheduler: Amber Stegall 775-785-3432

Medical Assistant: Itzel Perez 775-333-7865

The MyChart patient portal can also be used to contact Dr. Curtis or Itzel Perez