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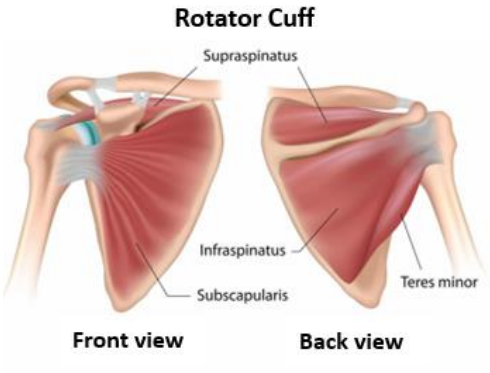
Hip, Shoulder, Knee, & Elbow Arthroscopy

A Patient Education Guide:
ARTHROSCOPIC ROTATOR CUFF REPAIR

This is a brief overview of what you, the patient, should know about getting an Arthroscopic Rotator Cuff Repair. If you have any questions, please write them down and bring them to your next consultation so I can go through them with you in detail.

WHAT IS A ROTATOR CUFF TEAR?

A *rotator cuff* is a group of four muscles and tendons that hold the shoulder joint in place and allow you to move your arm and shoulder.



Sometimes these tendons can become injured through direct trauma, overuse, or aging. Injuries can involve a single tendon or up to all four. The degree of injury can range from general inflammation to partial tearing, to a full-thickness tear. The type and size of the rotator cuff injury determine the type of treatment you will require.

Impingement with Bursitis

When a rotator cuff is not *torn* but rather *irritated* due to rubbing on the bone above it (the acromion), it is called *impingement*. Impingement can be painful and can reduce your ability to move your shoulder. When the bursa, a fluid-filled sac between the rotator cuff and the acromion, is inflamed, it is called *bursitis*. Depending on the level of irritation, age, and symptoms, both conditions can be treated with physical therapy, an injection, or surgery. Surgery usually involves "cleaning up" the joint, removing the bursa, and, if necessary, removing some of the undersurfaces of the acromion to help create more space for the rotator cuff to move freely.

Partial Rotator Cuff Tear

Sometimes, a rotator cuff tendon can be partially torn. The amount of tearing is usually described as a percentage (e.g., a 50% tear means half of the thickness of the tendon). Partial tears can reduce strength and cause pain. Age, level of activity, and amount of tearing determine treatment. In some cases, the partial tear can "scar-in" and symptoms can improve with time. In others, treatment is required and can involve physical therapy, an injection, or surgery. Surgery consists of "cleaning up" the frayed tendon, repairing the torn tendon, or applying a patch to promote healing and increase the thickness of the tendon.

Full-Thickness Rotator Cuff Tear

When a tendon is 100% torn, it is called a *full-thickness tear*. We categorize these tears based on their size. They can range from small (<1cm), medium (1-3cm), large (3-5cm) to massive (>5cm). These injuries usually require surgery, and the tear size helps determine the treatment needed. This can range from repairing the torn tendon partially or fully. There are also tendon transfers, graft procedures, and spacer implant options available for patients who have an irreparable massive tear.

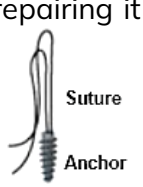
HOW IS AN ARTHROSCOPIC ROTATOR CUFF REPAIR PERFORMED?

Dr. Smith performs **most** rotator cuff repairs *arthroscopically*. Arthroscopy is a *minimally invasive* surgical method. Instead of a large incision that fully exposes the joint area, several small incisions (typically less than 1cm) are made around the joint. These incisions serve as access points for the arthroscope (narrow tube fitted with a camera) and other pencil-thin surgical instruments. The real-time inside view of the joint is projected onto a high-definition monitor. Arthroscopy has several benefits: less postoperative pain, faster healing time, and lower infection rates.

Arthroscopic Rotator Cuff Repair

The first step is identifying and assessing the tear for severity. The joint area is inspected to identify and address any other issues that may be contributing to the reported pain, weakness, or stiffness. Often the biceps tendon is also damaged, and this is usually addressed with a *biceps tenodesis* (sectioning the tendon at the origin and reattaching it to the arm bone).

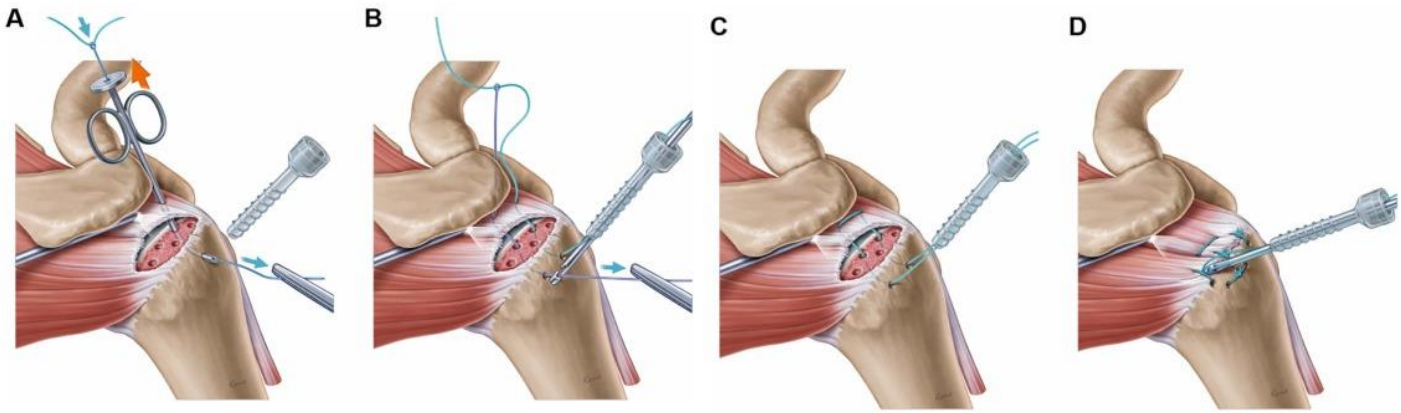
For *partial* tears, the damaged tissue is removed. If a very small amount of tendon is damaged, this may be enough. If a greater amount is damaged, however, the partial tear is fixed with either a biological patch (much like putting a patch on a torn pair of jeans) or by repairing it with sutures.



If the tendon is *fully torn*, multiple tools are used to pull the tendon back to its original position on the bone. The tendon is then repaired back to the bone using anchors (screws) and sutures (thread). The anchors are placed into the bone and the suture is run through the tendon. This allows the tendon to be tied down and secured.

Anchors can be made of different types of materials such as metal, plastic, suture, or bio-degradable composite materials. A variety of factors such as age, bone quality, and tear pattern can determine the type of fixation needed. Dr. Smith usually performs this procedure with highly durable plastic or bio-composite anchors.

The size of the tear, the strength of the bone, and the quality of the torn tendon can determine how many anchors are needed. This can range anywhere from one to four or more anchors. More anchors may be needed if a graft is being used.



WHAT SHOULD I EXPECT?

Before Surgery

- You may need medical clearance from your medical specialist (primary care doctor, cardiologist, etc.) before surgery.
- Our office will contact you to book your surgical time and location. Typically, outpatient (same day) surgeries are done at a surgery center conveinent to your location or at Flowers or Southeast Hospital. Overnight stay procedures will be done at Flowers or Southeast Hospital.
- You will receive a confirmation call from the hospital the day before surgery telling you what time you should arrive. They will usually go over last-minute details such as hygiene tips, and let you know which medications to bring. It is normal to arrive several hours ahead of your scheduled time to allow for the check-in process.
- **Do not eat or drink anything after midnight the night before surgery.** You may take sips of water to swallow pills if required and cleared by your medical team. **Your surgery may need to be canceled if you do not adhere to these instructions.**

Morning of Surgery

- Arrive at the hospital or surgery center at your instructed time.
- If possible, arrive with a family member or friend who can assist with your check-in and help you remember any last-minute questions. There will be a place for family and friends to wait while you are in surgery. **You will require someone to take you home if you are leaving the same day of surgery.**
- Dr. Smith will meet with you before you enter the operating room to answer any questions and perform an initial safety check.
- The anesthesia team will meet with you to discuss their anesthesia plan during surgery and be able to answer any questions you may have for them.

After Surgery

Hospital Stay

- Most patients having arthroscopic surgery leave the same day, several hours after surgery.
- During this time, your nurse and anesthesia team will help to manage your post-operative pain**. It is important to know that you will have some pain, but the medications should help make your pain manageable.**
- You will need someone to take you home.
- A Case Manager can be available to help if you need any other services when you are discharged home.

Home

- **Wear your sling at all times except for bathing and doing your gentle post-operative exercises.** These exercises include moving your hand and wrist and coming out of the sling to fully straighten and bend your elbow. You should do this 3-4 times a day.
- Keep your bandage dry while bathing. This may require covering it with a plastic wrap (i.e., “press-and-seal”) or taking sponge baths.
- **Do not use your operative arm to carry or lift anything**. Do not use your operative arm to push yourself up from a chair or when getting off the toilet.
- **No driving while using your sling and while you are taking your narcotic pain medications.**
- Do your best to wean off your narcotic pain medications. Over-the-counter medications such as Tylenol and Ibuprofen can be very helpful.

- Many people are most comfortable sleeping in a more upright position after surgery. You can opt to sleep in a recliner or prop yourself up on pillows in bed. **You need to wear your sling while sleeping.**
- If you received an ice machine, please use it as instructed to help reduce swelling. You may also use ice packs or bags. Do not use for longer than directed and always avoid direct skin contact.
- Follow your initial physical therapy instructions carefully if you have been given them.

Follow-Up

- Your first follow-up appointment is usually 10-14 days following surgery.
- At this visit we will discuss your progress and check your incision. We may take x-rays. We may also remove your sutures/staples at this time.
- We will determine if you are ready for outpatient physical therapy.
- If you can start physical therapy, you will be given a referral with the specific instructions both you and your therapist should follow.
- We will then book your next follow-up visit before you leave, which is typically 4-6 weeks later.

I hope this has helped clarify some of your questions surrounding the Arthroscopic Rotator Cuff Repair. You can find additional resources including video demonstrations at www.southernbone.com.

As always, do not hesitate to ask questions and schedule a follow-up appointment should you require any further discussion.

Best,

Cory D. Smith, MD
