BMI Healthcare

Shoulder Surgery (Rotator Cuff)

Patient Information

What is the rotator cuff?

The rotator cuff is formed from four muscles and tendons that attach your arm to the top of your shoulder blade (acromion). The rotator cuff lies just below your collar bone (see figure 1). It is difficult to feel because it is covered by a large muscle. If the rotator cuff becomes weak or tears, you can get pain and weakness.

Your surgeon has recommended shoulder surgery. However, it is your decision to go ahead with the operation or not. This document will give you enough information about the benefits and risks so you can make an informed decision.

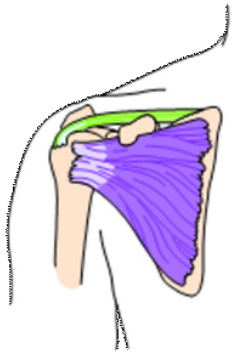
If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How do rotator-cuff problems happen?

There are usually two types of damage that can happen to the rotator cuff.

- Impingement - The area where the rotator cuff moves is protected by special soft tissue called the bursa. The rotator cuff and the bursa can rub on, or get squeezed by, the collar bone or shoulder blade. Over time this can gradually weaken your shoulder and cause pain when you raise your arm above shoulder height or lie down on the shoulder. Impingement (also called painful arc syndrome or supraspinatus tendonitis) can make it easier to damage or tear a tendon.
- Rotator-cuff tear - This is often caused by a fall or lifting something heavy. You will often feel sudden pain and have weakness in your shoulder straightaway.

a



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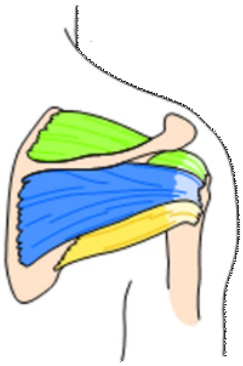

Figure 1

The rotator cuff in a right shoulder

a Viewed from the front

b Viewed from the back

What are the benefits of surgery?

If the surgery is successful, you should have less pain and be able to use your shoulder better. However, you are unlikely to get back the same strength that you had before you damaged your shoulder.

Are there any alternatives to surgery?

Most people with impingement or a small tear can get back good function in their shoulder by changing their activities, and with the help of exercises and physiotherapy. It is usually helpful to not hold your arm above shoulder height.

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can also help.

A steroid and local-anaesthetic injection into your shoulder can sometimes reduce pain for several months but may cause side effects if repeated too often.

All of these measures usually become less effective because impingement tends to get worse over time.

If you have a large tear and your shoulder is weak, it is likely that surgery is your only option to get back some strength in your shoulder.

What will happen if I decide not to have the operation?

Your surgeon may recommend physiotherapy to help strengthen any muscles in your shoulder that have not been damaged.

Sometimes the symptoms improve with time. However, if you have symptoms for longer than nine to twelve months, the problem is likely to continue.

Impingement increases the risk of you tearing one of the rotator-cuff muscles or tendons. Some tears cannot be repaired by surgery.

What does the operation involve?

You may need to have an ultrasound scan or MRI scan of your shoulder to find out the type of damage you have to your rotator cuff. The results of the scan will help your surgeon plan the operation.

Impingement is usually treated by arthroscopy ('keyhole' surgery) which involves only making small cuts and using a small telescope to see inside your shoulder. If you have a tear, you may need to have open surgery which involves a larger cut.

Shoulder surgery is usually performed under a general anaesthetic. However, a variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and will recommend the best form of anaesthesia for you.

- **Arthroscopy**

If possible, your surgeon will use the keyhole technique, as this is associated with less pain, less scarring and a faster return to normal activities.

Your surgeon will make three or four small cuts at the front and back of your shoulder and on the side of your upper arm.

They will place surgical instruments through the cuts along with a telescope so they can see inside your shoulder and perform the operation.

Your surgeon will use the instruments to remove any thickened tissue, release any tight tissue and to shave off some bone so there is more room for your rotator cuff to move. This procedure is called subacromial decompression.

Your surgeon may also be able to repair any small tears using the keyhole technique.

- **Open surgery**

You will usually need open surgery if there is a large tear to your rotator cuff. Your surgeon will make a single cut on the front of your shoulder. They will repair the rotator cuff using special stitches that anchor into the bone.
At the end of the operation, your surgeon will close any cuts with stitches or clips.

What can I do to help make the operation a success?

- **Lifestyle changes**

If you smoke, try to stop smoking now. There is strong evidence that stopping smoking several weeks or more before an anaesthetic reduces your chances of getting complications.
If you are overweight, losing weight will reduce your chances of developing complications.
If you need help to stop smoking or lose weight, ask a member of the healthcare team or your GP for advice.

- **Medication**

You should continue your normal medication unless you are told otherwise.
Let your surgeon know if you are on **warfarin** or **clopidogrel**. Follow your surgeon's advice about stopping this medication before the operation.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.
The complications fall into three categories.

1 Complications of anaesthesia
2 General complications of any operation
3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- **Bleeding** during or after surgery. It is unusual to need a blood transfusion.
- **Infection in the surgical wound** (risk: 1 in 100). This usually settles with antibiotics but occasionally the wound needs to be drained.
- **Unsightly scarring** of the skin. The risk is higher if you have open surgery because the wound is bigger and is at the front of your shoulder. However, it usually heals to a neat scar.

3 Specific complications of this operation

- **Bleeding into the shoulder** (risk: 1 in 100). This causes swelling and pain. You may need a further arthroscopy to wash out the shoulder.
- **Restricted shoulder movement** (frozen shoulder). Treatment for a frozen shoulder may involve physiotherapy, medication and injections.
- **Infection in the shoulder**. If this happens, you will need antibiotics and sometimes another operation to clean out the shoulder.
- **Blood clot** (thrombosis) in the axillary vein, which is just under the shoulder joint. If this happens, you will get a swollen arm and will need further treatment.
- **Severe pain, stiffness and loss of use of the arm and hand** (Complex Regional Pain Syndrome) (risk: 1 in 200). The cause is not known. If this happens, you may need further treatment including painkillers and physiotherapy. It can take months or years to improve.
- **Damage to nerves** around the shoulder, leading to weakness, numbness or pain in the shoulder or arm (risk: less than 1 in 100). This usually settles on its own but may be permanent.

How soon will I recover?

- **In hospital**

After the operation you will be transferred to the recovery area and then to the ward.
If you had keyhole surgery, you will need to keep your arm in a sling. If you needed open surgery, you may have a special foam support that keeps the tension away from your shoulder joint. Your surgeon and physiotherapist will tell you how long you need to keep your shoulder supported.
You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, **a responsible adult should take you home in a car or taxi, and stay with you for at least 24 hours**.
If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

- **Returning to normal activities**

Any stitches or clips are usually removed about one to two weeks after the operation.
Your physiotherapist may give you exercises and advice to help you to recover from the operation. Follow any instructions carefully to improve the chances of getting strength and movement back in your shoulder.
Your surgeon, physiotherapist and occupational therapist will tell you when you can return to normal activities. You should avoid contact sports and lifting anything heavy until they have advised you that it is safe. It can take up to a year to get back enough strength in your shoulder to return to normal activities.
Do not drive until you are confident about controlling your vehicle and always check with your insurance company first. If your surgeon repaired a tear in your rotator cuff, you should not drive for at least two months.

- **The future**

8 out of 10 people have a major improvement. However, it does take time for pain to reduce and movement to increase. You are unlikely to get back the same strength that you had before you damaged your shoulder.
The shoulder is a complex joint and often symptoms come back with time. If this happens, you may need another operation.
Sometimes the rotator-cuff can tear again (risk: 1 in 3). This usually happens if the tissues in the shoulder are poor quality and do not heal well.

Summary

Rotator-cuff problems can cause pain and weakness in your shoulder. An operation can help to reduce any pain and to get back some strength in your shoulder.
Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Paying for your operation

The costs of a Shoulder Surgery (Rotator Cuff) are covered by most medical insurance policies. However, we strongly advise you to check with your insurer before you are admitted to the hospital. If you are paying for your own treatment, the cost of the operation will be explained to you, and confirmed in writing, when you book the operation. Your consultant's secretary or the hospital can give you an estimate beforehand.

Further information

You can also get further information from:

- **Your local BMI Hospital**
- www.aboutmyhealth.org - for support and information you can trust
- Reflex Sympathetic Dystrophy and Complex Regional Pain Syndrome UK at www.rsd-crps.co.uk
- American Academy of Orthopaedic Surgeons at www.aaos.org
- NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)
- www.eidohealthcare.com

Tell us how useful you found this document at www.patientfeedback.org

Acknowledgements

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