

## ARTHROSCOPIC ROTATOR CUFF REPAIR

### What Can I Expect?

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#### ***What is the rotator cuff?***

The rotator cuff is made up of four muscles and their tendons (Supraspinatus, Infraspinatus, Subscapularis & Teres Minor) that surround the shoulder joint. When you raise or rotate your arm the rotator cuff helps to power these motions and to stabilize the ball (humeral head) of the shoulder within the socket (glenoid).

#### ***How do you repair the rotator cuff?***

The rotator cuff will be repaired by making small incisions around the shoulder and by use of an arthroscope (camera) to see all the structures of the joint. Special instruments allow Dr. Ko to sew the rotator cuff back to the correct (anatomic) position.

#### ***What if other tears are seen during surgery?***

In addition to the rotator cuff, there can be other tears that are identified at the time of surgery. If we encounter them, they will be addressed. Commonly, the long head of biceps tendon can be torn in conjunction with the rotator cuff. If it is torn, it can be released (tenotomy) to relieve post-op discomfort, or reattached (tenodesis). If a tenodesis is performed, it is done through a small open incision in the front of the shoulder and is the only portion of the repair that can't be done arthroscopically.

#### ***Length of Stay***

This is an outpatient surgery and you should go home the same day of the surgery. You will need to have someone who can take you home.

#### ***Anesthesia***

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep and unaware during the surgery. The second type of anesthesia is a nerve block which numbs the operative arm. The nerve block will last about 12-18 hours and during this period you will not be able to control your arm and it will feel strange to you. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

#### ***Incisions***

You will have several small incisions around your shoulder. They will only be about 1 cm long and will each have 1-2 stitches.

### ***Pain***

All surgical procedures are associated with some discomfort and all patients perceive pain differently. In general, the pain associated with this procedure is well controlled with the pain medication that will be prescribed for you prior to discharge. After the nerve block wears off you will have discomfort which may not have been present initially after the procedure when the nerve block was working. Most of the pain is related to your very swollen shoulder. That swelling will resolve in 24-48 hours.

### ***Sling***

Your arm will be placed in a sling prior to leaving the operating room. You are to remain in your sling 24 hours a day. This includes sleeping in your sling. For the four weeks that you are in your sling, **you are not permitted to drive.**

### ***Dressings***

You will go home with a gauze and tape dressing. After 2 days you may remove the dressings. There will be small black sutures (stitches) that will be taken out at your first post operative appointment 5-7 days after your surgery.

### ***Physical Therapy***

For the first two to three months of recovery you will do very gentle stretching at home. The next three months you will continue to do your home exercises and also attend formal physical therapy.

### ***Restrictions***

Recovery from rotator cuff repair surgery is six months. During that time you will have restrictions on the use of your operative arm.

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| <b>First Month:</b>  | remain in sling, no use of arm, out of and physical work, no driving                            |
| <b>Months 1-3:</b>   | opposite hand work only   |
| <b>Months 3-4.5:</b> | no lifting and carrying anything greater than 10 lbs and only occasional over shoulder reaching |
| <b>Months 4.5-6:</b> | no lifting and carrying anything greater than 20 lbs  |