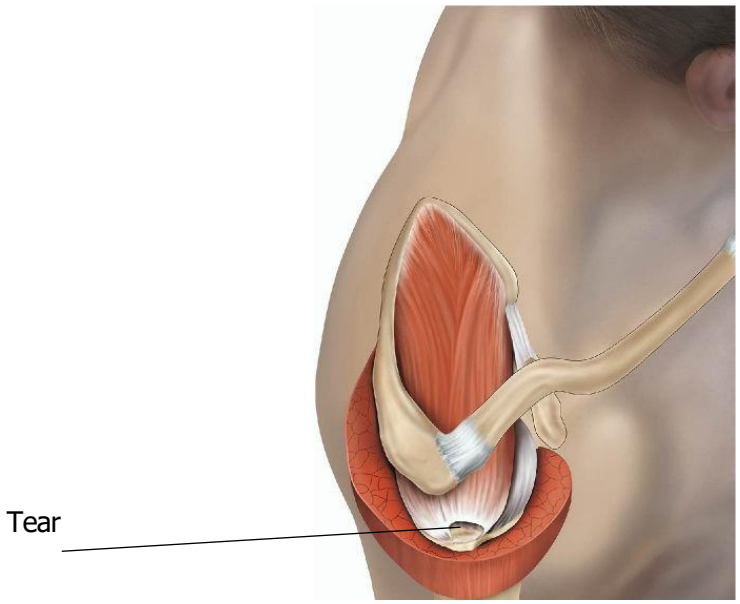
Shoulder Surgery (Rotator Cuff)

What is the Rotator Cuff?

The **rotator cuff** consists of **four muscles and tendons** that connect the upper arm to the **top of the shoulder blade (acromion)**. It is located just beneath the **collarbone** and is **not easily felt**, as it is covered by the **deltoid muscle**. When the rotator cuff **tears** or becomes **worn**, it can lead to **pain and weakness** in the shoulder.

Your surgeon has recommended **shoulder surgery**, but the decision to proceed is **entirely yours**.

This document provides information on the **benefits and risks** of the procedure to help you make an **informed choice**. If you have **any unanswered questions**, consult your **surgeon or the healthcare team**.



A tear in the rotator cuff

Causes of Rotator Cuff Problems

Rotator cuff issues typically result from two types of damage:

- **Rotator Cuff Tear** – Often caused by a **fall or lifting a heavy object**, leading to **sudden pain and immediate weakness** in the shoulder.
- **Rotator Cuff Degeneration** – Develops **gradually due to aging, repetitive wear, or genetic factors**, causing **progressive weakness and pain**, especially when raising the arm above **shoulder height** or lying on the affected shoulder.

Benefits of Surgery

Surgery aims to **reduce pain** and improve **shoulder function**, though **full strength may not be restored** to its pre-injury state.

Alternatives to Surgery

- Many people can regain good shoulder function **without surgery** through **activity modifications, exercises, and physiotherapy**.
- **Avoiding overhead movements** can help manage symptoms.
- **Pain relief** with paracetamol or **anti-inflammatory medications** like ibuprofen may be effective.
- **Steroid injections** can provide **temporary pain relief**, though frequent injections can have side effects. **Steroid injections should not be taken within two weeks of a vaccination**, as they may reduce antibody production.

What Happens if I Choose Not to Have Surgery?

- **Physiotherapy** may help strengthen **undamaged muscles**, improving shoulder function.
- In some cases, **symptoms improve over time** without intervention.

What Does the Operation Involve?

- **Ultrasound or MRI scans** may be needed to assess **the type and extent of damage** to the rotator cuff, helping the surgeon plan the procedure.
- Surgery is usually performed as **keyhole (arthroscopic) surgery**, but **open surgery** may be required for **larger repairs**.

Surgical Procedure

- The healthcare team will verify your **identity and the correct shoulder** before surgery.
- The procedure is typically done under **general anaesthesia**, but other **anaesthetic options** may be available. Your **anaesthetist** will discuss these with you.
- **Local anaesthetic injections** may be administered for **postoperative pain relief**.
- **Antibiotics** may be given during surgery to **reduce infection risk**.
- Surgery usually takes **45 to 90 minutes**.

Keyhole (Arthroscopic) Surgery

- Preferred approach due to **less pain, minimal scarring, and faster recovery**.
- **Three or four small incisions** are made around the shoulder.
- A **tiny telescope and surgical instruments** are inserted to **remove thickened tissue, release tight structures, and shave bone** for improved rotator cuff movement.
- If necessary, **torn tendons** can also be **repaired arthroscopically**.

Open Surgery

- Required for **larger rotator cuff tears**.
- A **single incision** is made at the front of the shoulder.
- The **rotator cuff is repaired with stitches** anchored to the bone.
- **Stitches or clips** are used to close the incision.

Medication Considerations

- Inform your healthcare team about **all medications** you take, including **blood thinners, supplements, and herbal remedies**.
- Follow their advice regarding **medication adjustments before surgery**.

Preparing for the Operation

- **Smoking cessation** before surgery can lower the risk of complications and improve long-term health.
- **Maintaining a healthy weight** reduces the likelihood of complications.
- **Regular exercise** before surgery can aid recovery and overall health. Seek advice from your **GP or healthcare team** before starting an exercise routine.
- **To reduce the risk of infection in a surgical wound:**
  - Avoid **shaving or waxing** the area where the incision will be made **one week before surgery**.
  - Take a **bath or shower** either the **day before or on the day of the procedure**.
  - **Stay warm** around the time of surgery and inform the healthcare team if you feel cold.
  - **For diabetic patients**, maintaining **stable blood sugar levels** around the time of surgery is crucial.
- Discuss with the healthcare team whether **vaccinations** are needed to lower the risk of serious illness during recovery.
- In the hospital, practice **hand hygiene** and wear a **face covering** when instructed.

Possible Complications

The healthcare team will take steps to **minimize risks**. Some complications can be serious. Your **doctor can assess whether your risk is higher or lower** based on factors such as **age, obesity, smoking, diabetes, heart disease, or lung disease**.

If you have any concerns, discuss them with your **doctor or anesthetist**, who will explain the **potential complications of anaesthesia**.

General Complications of Any Surgery

- **Bleeding** during or after surgery (a blood transfusion is rarely needed).
- **Wound infection** (risk: **1 in 100**) – Usually settles with **antibiotics**, but in some cases, further treatment may be required. Keep the **wound dry and covered**. Contact the healthcare team if you experience **fever, pus, redness, pain, or swelling**.
- **Allergic reaction** to medications, materials, or surgical equipment. Inform the doctor of any known **allergies**.
- **Chest infection** – The risk is lower if you **stop smoking** and have been **free from COVID-19 symptoms** for at least **7 weeks** before surgery.

Specific Complications of This Surgery

- **Bleeding into the shoulder** (**1 in 100**) – May cause **pain and swelling**; in some cases, another **arthroscopy** is required.
- **Frozen shoulder** (**1 in 50**) – Can restrict movement. Treatment may include **physiotherapy, medication, and injections**.
- **Shoulder infection** (**less than 1 in 100**) – Requires **antibiotics** and, occasionally, another **surgical procedure**.
- **Blood clot in the axillary vein** (under the shoulder joint) (**less than 1 in 100**) – May cause **arm swelling** and requires **further treatment**.

- **Complex regional pain syndrome (CRPS)** – Characterized by **severe pain, stiffness, and loss of function** in the **arm and hand**. Recovery can take **months to years**, and in some cases, pain and stiffness may become permanent.
- **Nerve damage** (**less than 1 in 100**) – May lead to **numbness, pain, or weakness** in the **shoulder or arm**. This typically improves but can be **permanent**.
- **Re-tear of the rotator cuff or failure of the repair to heal** (**10 to 20 in 100**) – More common in **older individuals with long-standing tears**.
- **Persistent shoulder weakness** – Full **pre-injury strength may not be restored**.

Consequences of the Procedure

- **Pain Management:** The healthcare team will provide **pain medication**, and it is important to take it as instructed to facilitate movement and recovery.
- **Scarring:** There may be **visible scarring**, especially if **open surgery** was performed, as the incision is larger and located at the **front of the shoulder**. However, scars usually heal neatly over time.

Recovery Timeline

In the Hospital

After the procedure, you will be moved to the **recovery area** before being transferred to the **ward**.

- You will need to **keep your arm in a sling**, and your **surgeon or physiotherapist** will inform you how long support is required.
- Most patients can **go home the same day**, but some may need to stay longer based on medical recommendations.
- If you experience **any concerns or complications**, contact the **healthcare team** for guidance.

Resuming Normal Activities

If you had **sedation or general anaesthesia** and are discharged on the same day:

- A **responsible adult** must accompany you home by **car or taxi** and stay with you for at least **24 hours**.
- Keep a **phone nearby** in case of an emergency.
- Avoid **driving, operating machinery, or engaging in hazardous activities** (such as cooking) for **at least 24 hours**.
- Do not **sign legal documents** or **consume alcohol** for at least **24 hours**.
- **Wound Care:** Keep the wound **dry** for **4 to 5 days** and use a **waterproof dressing** when bathing.
- **Stitches or Clips:** Usually removed after **1 to 2 weeks**.
- **Physiotherapy:** A **physiotherapist** will provide **exercises and guidance** to support recovery. **Following these instructions carefully** will help restore **strength and movement** in the shoulder.
- **Activity Restrictions:** Avoid **contact sports** and **heavy lifting** until **approved** by the healthcare team. Full recovery may take **up to a year**.
- **Driving Restrictions:**
    - Do not drive **until you regain full control** of your vehicle, including in an **emergency**.
    - Always **check your insurance policy** and consult the healthcare team before resuming driving.
    - If your **rotator cuff tear was repaired**, you should avoid driving for at least **2 months**.

Long-Term Outlook

- **9 in 10 people** experience **significant improvement**, but **pain relief and mobility restoration take time**.

- **Complete strength recovery may not be possible**, depending on the **extent of the initial injury**.
- **Shoulder problems may recur over time**, and in some cases, **additional surgery may be required**.

Summary

- **Rotator cuff injuries** can lead to **pain and weakness** in the shoulder.
- **Surgery** aims to **relieve pain** and **restore some function** to the shoulder.
- While **generally safe and effective**, complications can occur.
- Being informed about **potential risks and complications** will help in making a **well-informed decision**.

Keep this **document for reference**, and use it to discuss any concerns with your **healthcare team**.

Some **risk and complication statistics** are based on **global studies and databases**.

For **personalized risk assessment and treatment options**, consult your **surgeon or doctor**.

Note: This document is for **informational purposes only** and **should not replace medical advice** from your **healthcare provider**.

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