



Duke Orthopaedics: Upper Extremity Division

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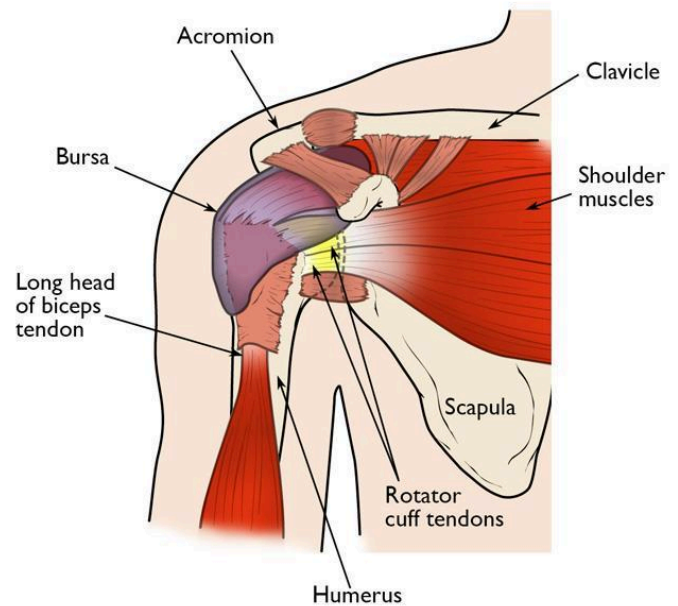
Arthroscopic Rotator Cuff Repair

What is the Rotator Cuff?

The rotator cuff is made up of four muscles and their tendons (Supraspinatus, Infraspinatus, Subscapularis & Teres Minor) that surround and stabilize the shoulder joint. When you raise your arm the rotator cuff holds 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 poke holes around the shoulder and by use of an arthroscope (tiny camera) to see all the structures of the joint. Special instruments allow Dr. Klifto to sew the rotator cuff back to the correct, anatomic position. If the rotator cuff is too big to repair to the bone, he may perform a superior capsular reconstruction where he takes a cadaver graft and covers the top of the shoulder joint where the rotator cuff usually sits to provide stability to the shoulder joint.



Length of Stay

This is same-day surgery not requiring hospital admission as long as there are no complications or other health comorbidities that require attention before discharge. You will need to have someone who can stay the entire length of the procedure and take you home.

Anesthesia

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block with sedation so you will not remember the procedure. Your arm will be numb and will feel very strange. The nerve block will last approximately 12 hours. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

Incision

You will generally have approximately 4 small incisions around your shoulder. They will only be about 1 cm long.

Pain Control

Rotator cuff repairs are initially very uncomfortable. You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have post-surgical discomfort, so start your pain medicine when the block begins to wear off. Most of the pain is related to your very swollen shoulder. That swelling should improve greatly in the first 24-48 hours after surgery.

Diet

The combination of anesthesia and pain medications can cause nausea in some patients. If you are prone to nausea or show signs of nausea prior to discharge, a prescription for an anti-nausea medication will be provided. You may wish to advance your diet slowly the day of surgery to avoid exacerbation of nausea. Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits and vegetables.

Sling

Your arm will be placed in a sling prior to leaving the operating room. If your rotator cuff is repaired, you are to remain in your sling full time, 24 hours a day, until our staff tells you otherwise. This includes sleeping in your sling. You may remove the sling only for showering, changing clothes, and exercises as instructed by our staff or your physical therapist. For the four weeks that you are in your sling, **you are not permitted to drive.**

Dressings

You will go home with gauze dressings on your shoulder. After 3 days you may remove the dressings. There will be small black sutures (stitches) that will be taken out at your first post-operative appointment approximately 14 days after your surgery.

Physical Therapy

Physical therapy begins 3-5 days following surgery. For the first two months of recovery you will do very gentle stretching. 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.

Day of surgery to Week 4: remain in sling, no use of arm, out of work, no driving

Months 1-3: opposite hand work only

Months 3-4.5: no lifting and carrying anything greater than 10 lbs and only occasionally over shoulder reaching

Months 4.5-6: no lifting and carrying anything greater than 20 lbs

Return to Work

-Desk job-expect to return to work after your 2 week post-op appointment

-Manual Laborer-expect to return to work 4-6 months after surgery depending on your job and ability to have activity modification