



Duke Orthopaedics: Upper Extremity Division

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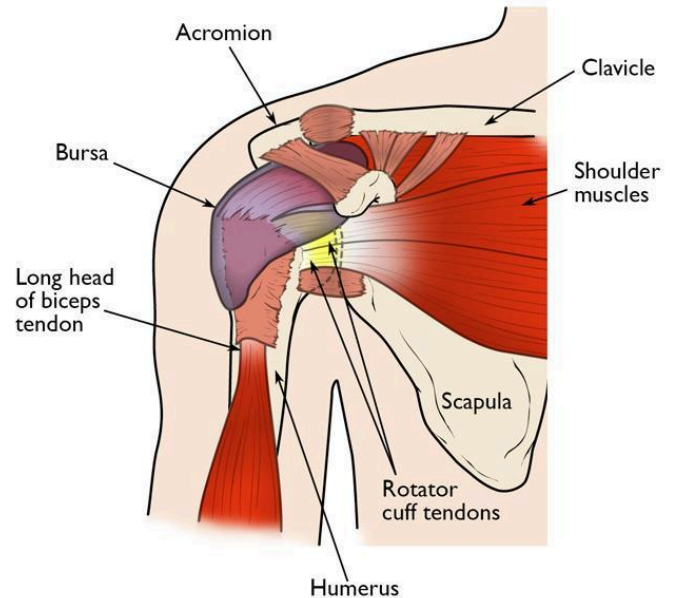
Open Rotator Cuff Repair

What is the Rotator Cuff?

The rotator cuff is made up of four muscles and their tendons (Supraspinatus, Infraspinatus, Subscapularis & Teres Minor) that surround 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 ~3 inch incision across the shoulder. Dr. Klifto then sews the rotator cuff back to the correct (anatomic) position.



Length of Stay

You may go home the same day or stay overnight after this surgery. You will need to have someone stay through the entire length of the procedure and to drive you home after you have been discharged.

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.

Incisions

You will have an incision across your shoulder usually on the top. The incision will be placed within the natural skin lines to improve healing and make it less noticeable.

Pain Control

While admitted to the hospital, you may have pain medication administered through your IV and then you will be transition to pain medication you take by mouth. While admitted, we will make sure your pain is well controlled on the oral pain medication prior to discharge. You will have this pain medication prescribed for when you are discharged home. After the nerve block wears off you will have post-surgical discomfort, so start your pain medicine when the block begins to wear off.

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. 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 may be steri strips over the incisions. The steri strips are to remain in place until they fall off on their own. You may see some blue or clear sutures (stitches) sticking out from the ends of the incision. These will be taken out at your first post-operative appointment approximately 14 days after your surgery.

Physical Therapy

Before leaving the hospital you will be taught your home exercise program. For the first three months of recovery you will do these very gentle stretches at home. The second 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 6: no use of arm, out of work

Months 1-3: opposite hand work only

Months 3-4.5: no lifting and carrying anything greater than 10 lbs and only occasional overhead reaching

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