

You will be unable to drive for at least two months and no heavy activities are allowed until at least three months following your operation.

Your sutures will all be absorbable. Some sutures may be internal and some external, but your wounds can be washed and moisturised from 10 days after your operation and no dressings are required from this point onwards.

Exercises are commenced the day after your operation and most patients go home the day following the operation. Formal out-patient physiotherapy visits are not usually required until 4-6 weeks post-operatively.

Good luck in recovery from your rotator cuff tear.

Paul



Rotator cuff sling



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Your Guide to Rotator Cuff Tears



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ROTATOR CUFF TEARS & REPAIRS

Rotator cuff tears symptoms

The rotator cuff is a series of four large tendons in the shoulder which help control shoulder motion. These tendons are called subscapularis, supraspinatus, infraspinatus and teres minor. It is possible for these tendons to become worn and sometimes the rotator cuff tendons can tear either part way through the thickness of the tendon (partial thickness tear) or all the way through the tendon (full thickness tear). If one or more of these tendons are torn then this can result in reduced function or strength in your shoulder and pain.

Abnormalities present

A large number of individuals in the general population, especially those in later middle age and in the elderly, have rotator cuff tears with little symptoms resulting from these tears.



The rotator cuff

However, younger patients and some older patients with cuff tears will develop symptoms as a result for which there is treatment.

Partial thickness tears are usually less symptomatic than full thickness tears but often become full thickness tears with time. Full thickness tears themselves can enlarge in size with time. Very large rotator cuff tears can be difficult to repair and massive rotator cuff tears can in time become irreparable.

Treatment options

Some partial thickness rotator cuff tears and some full thickness tears in older people can be treated with physiotherapy and at times steroid injections. Often periodic ultrasound examinations of the rotator cuff tendons in these circumstances will be required to ensure the tear does not enlarge.

Partial thickness tears involving a large amount of the tendon thickness (high grade partial thickness tears) in younger individuals and most full thickness tears in people who have symptoms associated with the tear will require the tendon to be repaired.

A rotator cuff tendon repair involves repairing the tendon using small absorbable anchors to stitch the tendon back onto the bone. This repair is initially relatively weak and must be protected using a special shoulder sling for between 6 weeks before the tendon has healed enough to give the repair good strength. In addition to repairing the tendons a small amount of bone is shaved from the overlying acromion bone to make room for the tendon repair.

The surgery is carried out using small wounds and an arthroscope (telescope) with or without a small approximately 4 cm wound on the side of your shoulder. A general anaesthetic is required and local anaesthetic will be placed into your shoulder to reduce your pain.

Risks of the operation include infection, stiffness (3%), re-rupture of the cuff repair, some persistent symptoms and nerve and blood vessel injury (rare).

In irreparable cases of rotator cuff tear some forms of tendon transfer surgery or shoulder replacement may offer help. If these are appropriate for you I will go into further details with you regarding this.

Post-operative tendon repair care

The sling used for between 6 weeks is quite incapacitating. For the first two weeks most functions of the affected limb are restricted further by discomfort. I will request a physiotherapist see you before leaving hospital.



Rotator cuff repair