

ARTHROSCOPIC ROTATOR CUFF TEAR REPAIR

What is wrong with your shoulder?

Your shoulder is painful and weak because one or several of the tendons/muscles that make up the Rotator Cuff are torn. The tear can occur with a single violent injury or have been worn out due to a lifetime of heavy use/ labour.

What I recommend

In view of your symptoms, my examination and review of the scans, I believe that surgery is indicated, because of persistent pain and weakness interfering with your activities of daily living, work or sports.

Are any other options available?

While I believe that surgery is the best course of action, other treatments are available. These range from no treatment, just living with the condition, to physiotherapy, exercises, or medication including injections.

While any of these treatment options may be successful in your situation, particularly in taking the edge off your pain, they are unlikely to restore the shoulder's strength.

We can arrange for any of these options if you would like.

What happens if surgery is not performed?

I acknowledge that your tear could deteriorate in the long term if it is not repaired, however in your case I **recommend surgery now because of your day-to-day severe pain and weakness.**

Cuff tears however can sometimes lead to arthritis, if they are left untreated.

What is the goal of the surgery?

The goal of surgery is to improve your day and night pain, as well as weakness by getting the torn tendon to heal (bond) back to the bone it has torn from.

How is the surgery done?

The surgery is done using an arthroscopic technique. Instead of a large incision I make 4 small (1 cm) incisions. Through 1 incision I insert the arthroscope, which lets me look inside your shoulder. The other incisions are used to insert special instruments.

The whole shoulder is examined, and then the tear is repaired using special sutures and small anchors.

What kind of anesthesia is used?

We use a combination of local and general anesthesia. You will go to sleep (general anesthesia) and during the surgery we inject long acting local anaesthetic into the wounds and shoulder.

We also insert a tube (infusion catheter), which continues to deliver local anaesthetic around the shoulder after the surgery, and you will be taught how to administer your own intravenous painkillers via a special machine (PCA: patient controlled analgesia).

The infusion catheter and PCA lines are removed the next day, when you are comfortable on simple regular Panadol or Nurofen and break through Panadeine Forte and anti inflammatories.

What is it like when you wake up?

You will wake up in the recovery room after your surgery. Your arm will be in a sling. It supports your arm, and through an attached ice pack, helps control pain and swelling.

How long will you stay in hospital?

Patients enter the hospital in the morning, have the surgery and stay in the hospital overnight. About 10% of patients go home the same day.

What about complications?

Failure of the tendon repair to heal: While a satisfactory repair can usually be performed at the time of surgery there is the possibility that the tendon repair may never fully heal back onto the bone where it was torn from, or it may re-tear during the rehabilitation period or later if an excessive load is placed onto the shoulder, like a wrench or fall.

It is therefore recommended that even after successful surgery that you remain cautious with the use of the arm in demanding situations such as heavy lifting or sports.

Occasionally, the torn tendons are scarred and shortened and a repair is not possible.

Other significant complications include:

Nerve damage (occasionally permanent)

Infection, which usually requires more surgery to control the infection with a prolonged stay in hospital for IV antibiotics.

Occasionally the shoulder may develop stiffness after the operation, called capsulitis-frozen shoulder. This will slowly resolve itself, however it delays the time taken till the shoulder recovers.

How successful is the surgery?

This type of surgery is reliably successful about 85% of the time.

There is a risk the repair fails because while I am able to bring the tendon back to the bone in most cases, the healing of it to the bone is dependent on your individual biology (how well you feel).

The aim of surgery is to restore comfortable liftability to your shoulder for activities of daily living.

It is more difficult to get full return of strength, and very difficult to get labouring workers back to work that involves heavy lifting or overhead work.

When can you return to routine activities?

You will be able to use your fingers, wrist and elbow immediately after surgery, for writing, computer, eating and drinking.

You will be able to move your hand and arm from your ear to your buttock.

You can shower 24 hours after surgery. You can walk outdoors, write and cook within a few days.

You must be careful not to lift more weight than a mobile phone or plate of food with your operated arm for about 4 months.

You will wear a sling to bed at night for comfort for a few weeks, and when outdoors in a crowd for 6 weeks. You must not fall on the arm or get bumped.

When can you return to work?

You can return to office work at two weeks.

Most patients can start light duty work involving no lifting, pushing, pulling or carrying more than 2kgs, 6 weeks after surgery.

Work at waist level and 5kgs of lifting is started 4 months after surgery.

You will generally need 4-6 months of recovery before beginning occasional work at shoulder level.

Return to heavy lifting or overhead use occurs between 6-12 months.

Some workers, carpenters, labourers, bricklayers and painters never get back to normal duties, which involve heavy lifting, repetitive duties particularly at chest height and above.

Driving

You can return to driving 4-6 weeks after surgery when you are safe, have minimal pain and have good movement in the shoulder.

You can't travel in a train or bus for eight weeks, as you might wrench your shoulder in the crowd. You will need to get a lift to work or catch a taxi.

How is the shoulder rehabilitated?

Generally you can take the arm out of the sling and use the arm for eating, paper and computer work.

You may enjoy walking after 2 weeks, then stationary bike within 2 months.

Jogging and regular bicycle riding can start 3 months from surgery, as can gentle golf strokes.

Swimming, running, and tennis groundstrokes start 4-6 months after surgery.

Return to overhead throwing, tennis strokes and contact sports require at least 6 months.

Postoperative Consultations

Your first office visit is 2 weeks after surgery so that I can examine the surgical incisions.

Sling wear continues for 6 weeks after surgery.

Your next visit occurs six weeks after surgery when more vigorous use of the shoulder will be allowed.

Office visits occur 5 and 12 months after your surgery.

What about pain medication?

You will be given strong painkillers when you leave the hospital, like Panadeine forte or Endone to take as breakthrough painkillers or on going to bed at night

You can take anti-inflammatories for 1 week.

However almost all the post-op pain is better controlled with regular Panadol every 6 hours and Nurofen 6 hourly, 3 hours after the Panadol.

Make the arm comfortable by positioning it out of the sling, resting it on your tummy or a pillow.

Sleep in a reclining chair and / or with a body-hugging pillow.

Regular icing with the ice pack: 30 mins on 4 times daily and after exercises or physio is very helpful.

How much does the surgery cost?

I charge AMA based fees, which are usually greater than what the Government allows the Insurance companies to fully cover. There will be a "gap" which you are responsible to pay. My Assistant will provide you an accurate quote for the surgery and Assistant Surgeon fee. An estimate for the anaesthetist fee will also be provided.

Hospital accommodation and operating theatre costs should be checked with the individual hospital.

How do you book surgery?

Contact my Assistant on (02) 9409 0500.

What if you have more questions?

Please feel free to give me a call at my rooms on (02) 9409 0500 and I will call you back as soon as I can.

GREGGORY BURROW