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www.jf-ortho.co.uk
www.manchesterorthopaedicgroup.co.uk
www.advancedshoulderclinic.co.uk
www.orthobiologicsclinic.co.uk

Arthroscopic rotator cuff repair

You've been listed for an operation called arthroscopic rotator cuff repair. This is usually carried out at the same time as a subacromial decompression +/- AC-joint excision. You should have received most of the information during your last consultation with me. While the operation is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

Infection: There is always a small risk of infection following any surgery. The risk is small. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection. Deep infection affecting the inside of the joint is even rarer, but this could damage the joint permanently unless it is dealt with promptly with a surgical washout and antibiotics.

Nerve damage: As part of the procedure traction is applied to your arm to make the introduction of instruments into your shoulder joint easier. This can in rare instances result in a traction injury to nerves in the arm, potentially resulting in pain, numbness and weakness. Usually this is a problem that gets better with time. Permanent damage is very rare.

Damage to vessels/bleeding: This is rarely a problem and usually dealt with at the time of surgery but might result in a bruise.

Pain and persistent symptoms: Pain usually settles slowly following surgery. In some patients this can takes months. While the procedure is successful in most patients, there is no guarantee of success. Not every patient is completely pain free following surgery, some patients do have residual pain. Further investigations may be required. For some patients with residual pain further physiotherapy +/-steroid injection can be helpful. Only rarely is further surgery indicated. Some abnormalities in the shoulder may not be treatable by keyhole surgery (like general wear) and can be an ongoing source of pain.

Stiffness: This can sometimes occur following surgery. For most patients this resolves within 6 months of the operation and with help of physiotherapy.

Swelling and bruising: This is normal after surgery and usually resolves quickly.

Bleeding: This is rarely a problem following keyhole surgery. You may end up with a small bruise, rarely a big one. Further surgery to stop a major bleed would be extremely unusual.

Re-tear: The repaired tendon takes a long time to heal and during that time there is always a risk of the repair failing. Even once the tendon has healed there is a risk of the tendon tearing again. For some patients this happens unnoticed and is a pain free process while for other patients a re-tear can cause pain. Some re-tears may benefit from a further attempt to repair the tendon.

Anchors and sutures: I use suture anchors to repair the tendon. This is like a wall plug with sutures attached that gets buried in the bone. If the anchor pulls out it can cause pain and may have to be removed. If the

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sutures fail or become undone they may cause pain and irritation in the shoulder and may have to be removed. These are rare problems.

Weakness: Repairing the torn tendon may help patients who had weakness prior to surgery, but not every patient with pre-operative weakness develops normal strength following the operation.

Diabetic patients: The risk of complications is higher. This is especially the case for problems like frozen shoulder (stiffness), re-tear and infection.

Likely Outcomes: Most patients will experience a major improvement in their symptoms, but it will take time. It often takes 4 to 6 months for everything to settle. About half of all patients may still have some residual niggles in the long term while other patients may be pain-free. There is no success guarantee and there is a very small proportion of patients who don't see any benefits from surgery/have a poor outcome.

Following Surgery: Your arm will be in a sling for 3 weeks. You should be able to go home on the same day.

If the tendon is not repairable: In that case I may decide to introduce an inflatable, biodegradable balloon or an artificial patch into the shoulder to aid your recovery.

Physiotherapy: This is all important to help making the operation a success. The Physios on the ward will give you instructions regarding simple exercises, hygiene etc. They will look after you during your Rehab and will gradually give you more exercises.

Sutures and dressings: The sutures are absorbable. There is no need to remove them. The dressing can be removed after 2 weeks and provided everything has healed well you can then have a shower or a bath without the need to cover the wound.

Pain killers: You will get some to take home from the ward. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Driving: This depends on two factors: The tendon needs to be well enough healed and you have to be able to execute an emergency manoeuvre. Due to the slow tendon healing process this means that the earliest return to driving is after 8 weeks, provided you are comfortable and confident enough to be in full control of the car.

Problems following surgery: Phone the ward for advice on 01625 505416

If you would prefer to discuss this again with me prior to treatment then please contact my secretary: Tel 07935 480188, email jfortho.secretary@gmail.com

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