



InSpace balloon for irreparable cuff tear

You've been listed for arthroscopic rotator cuff repair. While most rotator cuff tears are repairable, there can be situations where the quality of the tendon repair might be poor or where a repair is not possible. In these situations I may decide to use a biodegradable inflatable balloon to aid your recovery. In this leaflet I will try to answer some common question regarding the use of the balloon. I will also explain the potential risks and complications specific to the use of the balloon (most general complications are covered in the leaflet for arthroscopic subacromial decompression that you should have received as well). Please don't hesitate to get in touch with me if you've got any further questions about this.

How does it work: The theory is that the balloon will act as a movement interface between the mobile arm bone and the bony shoulder roof in patients where the rotator cuff can't be repaired. This helps patients recovering better by improving the biomechanics and reducing pain levels.

What happens when the balloon has disappeared: The balloon will get absorbed by the body after about 3 months. Some patients will temporarily experience a decline in function and pain levels at about this time. Most patients will then improve again.

What are the outcomes like: According to the latest research the balloon works well in about 60% of all patients. Keep in mind that the treatment of irreparable rotator cuff tears is difficult and at the moment, there is no simple, quick, or more successful treatment available in such a situation. Since using the balloon doesn't seem to come with any major disadvantages, using it at least offers a reasonable opportunity of a better recovery.

Pain: In a very small proportion of patients, using the balloon can cause severe postoperative pain. Very rarely the balloon may have to be deflated by puncturing it using a simple needle.

Rehab: Your rehab will progress quicker, than in patients when the rotator cuff tendons have been repaired.

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

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

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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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