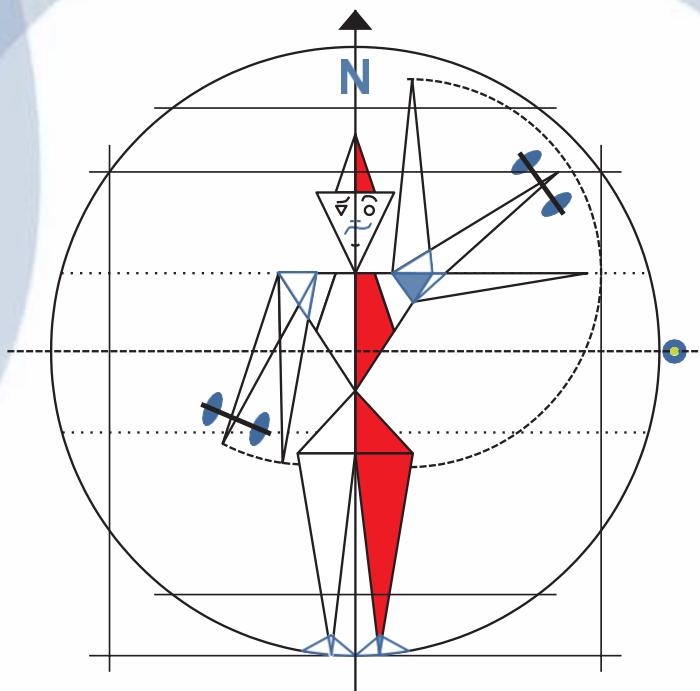


INFORMATION FOR YOU AFTER YOUR SHOULDER OPERATION

Rotator cuff tear surgery

ROTATOR CUFF TEAR SURGERY



This information booklet has been produced to help you gain the maximum benefit after your operation. It is not a substitute for professional medical care and should be used in association with treatment at your hospital. Individual variations requiring specific instructions not mentioned here may be required.

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Help and feedback was given from people who have had rotator cuff repair surgery.

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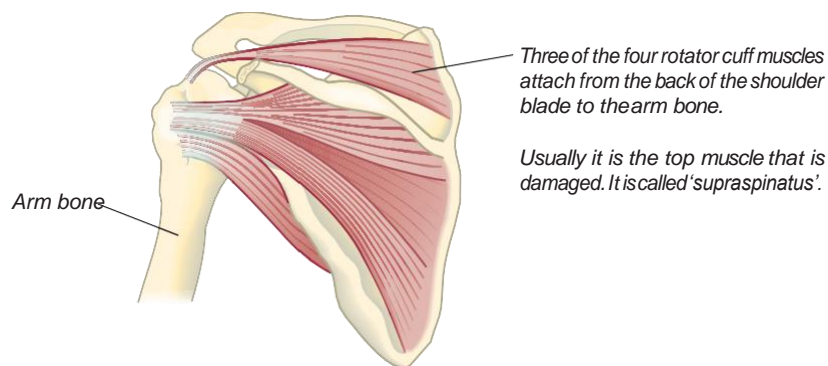
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The 'rotator cuff'

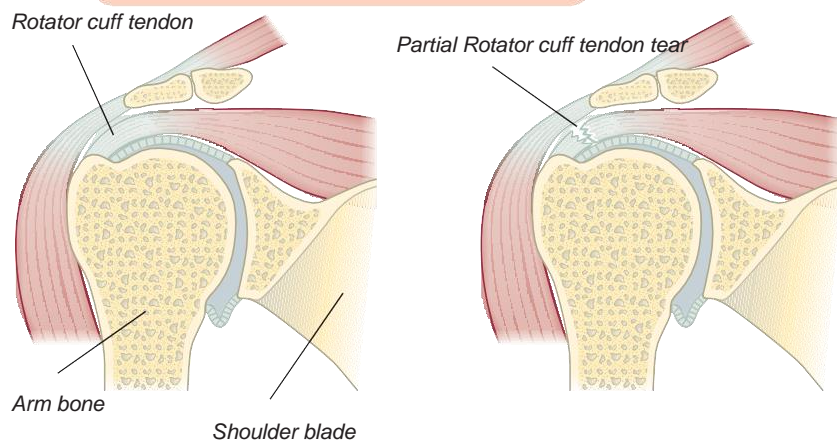
The rotator cuff is a group of muscles closely wrapped around the shoulder. These muscles help keep the joint in the correct position and control shoulder movements. The muscles have tendons that attach them from the shoulder blade on to the top of the arm bone. The tendons can weaken and sometimes tear through general wear and tear or after an accident /fall. See pictures below.

Left shoulder viewed from the back.

Please note: in your body there are many more muscles on top of these muscles and bones!



A section through the shoulder from the back.



About the rotator cuff operation

This operation can be done through key-hole surgery. Sometimes the operation aims to just tidy up the tendon edges and at other times aims to repair the tendon to the bone which involves sewing the torn tendon back to the bone. In addition, a prominence of bone is often shaved away to give the repaired tendon more space in which to move and can help you to strengthen the muscles in your shoulder. The smoothing of the bone is known as 'sub-acromial decompression'.

What are the risks?

All operations involve an element of risk. We do not wish to over-emphasise them but feel that you should be aware of them before and after your operation. The risks include:

- complications relating to the **anaesthetic** such as sickness, nausea or rarely cardiac, respiratory or neurological (less than 1% each, i.e. less than one person out of one hundred).
- infection. These are usually superficial wound problems. Occasionally deep infection may occur after the operation (less than 1%).
- persistent pain and/or stiffness in (and around) the shoulder in 10–20% of people.
- sometimes it is impossible to repair the tendon because it is too badly torn.
- damage to nerves and blood vessels around the shoulder.
- a need to redo the surgery. Sometimes the tendon can re-tear and if pain and reduced function in the arm persists a re-operation may be suitable.

Please discuss these issues with the doctors if you would like further information.

Questions that we are often asked

Will it be painful?

Although the operation is to relieve pain, it may be several weeks until you begin to feel the benefit. During the operation you will usually be given a nerve block. If you are, an injection of local anaesthetic is given around the nerves in your shoulder. This usually means that you will **have a funny feeling and not much movement in your arm** when you awake from the anaesthetic. This may last several hours and its best to take any pain medication that your medical team have suggested before the block wears off. Whether you have a nerve block or not, it is recommended that you take pain medication regularly to begin with, to keep the pain under control. If you require further medication, you may need to visit your General Practitioner (GP).

Once the sensation has returned, you may find ice packs* over the area helpful. Use a packet of frozen peas, placing a piece of paper towel between your skin and the ice pack. Leave on for 10 to 15 minutes and you can repeat this several times a day.

* avoid using ice packs on left shoulder if you have a heart condition.

Do I need to wear a sling?

You will be provided with a sling to rest your arm. This is mainly for comfort and to allow your shoulder time to heal in the early phase after having surgery. You will be shown how to get your arm in and out of the sling by a nurse or physiotherapist. You may need to use the sling for up to 2 weeks.

You may find your armpit becomes uncomfortable whilst you are wearing the sling. Try using a dry pad or cloth to absorb the moisture.

If you are lying on your back to sleep, you may be more comfortable if you place a small towel or pillow under your upper arm to support it.

Do I need to do exercises?

Yes! To begin with you will have specific exercises which the physiotherapist will show you while you are in hospital. You will continue with these exercises at home for between 2–6 weeks. Outpatient physiotherapy appointments will be organised to start after this if you need them. However, if your shoulder is particularly stiff or you are having problems with the exercises, you may be seen earlier.

You will need to get into the habit of doing regular daily exercises at home for several months. They will enable you to gain maximum benefit from your operation.

The early exercises are shown at the back of this booklet.

What do I do about the wound and the stitches?

Keep the wound dry until it has healed. This is normally for 10–14 days. You can shower/wash and use ice packs but protect the wound with cling film or a clean plastic bag.

Avoid using spray deodorants, talcum powder or perfumes near or on the scar.

If you have stitches or they will need to be removed by the nurse at your GP surgery after 10 days. You will need to make an appointment to have this done.

When do I return to the clinic at the hospital?

A review appointment will be made for you on your discharge from hospital. This is so your surgeon and team can see how you are progressing. The appointment will be between 2–6 weeks following your operation. Please discuss any queries or worries you have at this time. Appointments are made after this as necessary.

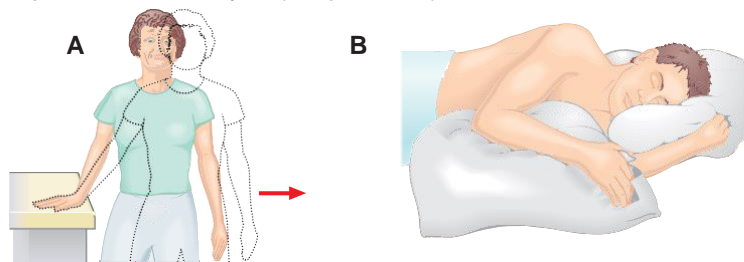
Are there things that I should avoid doing?

Whilst you have the sling on in the first 2 weeks:

Take care in the first 2 weeks and do not try and force your arm to do everyday activities, especially those taking your elbow away from your body. In this early phase your pain is often a good guide of how much you feel you can do. When washing your armpit or putting on deodorant, place your hand (or elbow) on a surface and move your body away (see picture A below).

Keep your arm in the sling for comfort, except when you are doing your exercises. Continue with this until you are told otherwise by the consultant, hospital doctor or physiotherapist.

Avoid letting your elbow move or stretch across the front of your body. This can happen at night when you are lying on your unoperated side. So, once you stop using the sling, place your arm on pillows in front of you (see picture B).



When you no longer use the sling:

Avoid moving your arm out to the side and twisting it backwards at the same time until advised and do not lie on your operated side. After 2 weeks be guided by pain. Avoid lifting anything heavier than a 1kg weight for 4-6 weeks (e.g. a full kettle). This is to avoid stressing your tendon. After 6 weeks you will need to gradually build up the strength of your muscles with the aim to be able to do heavier lifting (e.g. digging the garden, manual work) at approximately 4-6 months.

There may be other movements that are restricted for you. You will be told if this is the case.

Within these general instructions be guided by pain. It is normal for you to feel discomfort, aching and stretching sensations when you start to use your arm. Intense and lasting pain (e.g. continual pain for a few hours or into the following day) is an indication to reduce that particular activity or exercise. In addition, avoid sudden, forceful movements involving weight.

How I am likely to progress?

This can be divided into three phases:

Phase 1. Sling on, less movement except for exercises

You will basically be one-handed to begin with and for the first 2 weeks. This will affect your ability to do everyday activities, especially if your dominant hand (right if you are right-handed) is the side with the operation. Activities that are affected include dressing, bathing, hair care, shopping, eating and preparing meals.

Some guides to common problems are given later in this booklet (page 11). If you are having particular problems, an occupational therapist can suggest ways to help you. Before you are discharged from hospital, the staff will help you plan for how you will manage when you leave. In addition, we may be able to organise or suggest ways of getting help once you are discharged from hospital.

Phase 2. Regaining everyday movements

This starts once you are given the go-ahead by the hospital doctors or physiotherapist (usually between 2-4 weeks after your operation). You will have outpatient physiotherapy and start exercises to gain muscle control and movement. The arm can now be used for daily activities. Initially these will be possible at waist level but gradually you can return to light tasks with your arm away from your body. It is also important to generally increase your activity levels e.g. going for walks, using stairs.

Phase 3. Regaining strength

After 6 weeks you will be able to increase your activities, using your arm away from your body and for heavier tasks. The exercises now have an emphasis on regaining strength and getting maximum movement from your shoulder. There are still some restrictions on lifting and fast sudden movements.

You are likely to see the most progress in the first 6 months. Set small, achievable goals and try and keep a positive attitude. You may continue to see improvement in the use of your arm and shoulder for 1 to 2 years following the operation.

It is also important to try and stay strong with your upper body and do some exercise to maintain strength especially as you get older so that you can avoid recurring symptoms.

When can I return to work?

You may be off work between 2–12 weeks, depending on the type of job you have. If you are involved in lifting, overhead activities or manual work you are advised **not** to do these for 4 months. Please discuss any queries with the physiotherapist or hospital doctor.

When can I drive?

This is likely to be about 2–4 weeks. You will need to get out of the sling and have good movement in the arm with little pain so that you feel you are safe to operate a car. Check you can manage all the controls and it is advisable to start with short journeys. The seat-belt may be uncomfortable initially but your shoulder will not be harmed by it. In addition, check your insurance policy. You may need to inform the insurance company of your operation.

When can I participate in leisure activities?

Your ability to start these will be dependent on the pain, range of movement and strength that you have in your shoulder following the operation. **Please discuss activities you may be interested in with your physiotherapist or consultant.** Start with short sessions, involving little effort and gradually increase.

General examples:

Gentle swimming – after 6–8 weeks

Gardening (light tasks e.g. weeding) – after 12 weeks Bowls,

golf – after 16 weeks (4 months)

Tennis, squash, badminton – after 4 to 6 months

Generally, do not be frightened to start moving the arm as much as you can. Gradually the movements will become less painful.

Guide to daily activities in the first 4–12 weeks

Some difficulties are quite common, particularly in the early stages when you are wearing the sling and when you first start to take the sling off. If necessary, an occupational therapist (OT) can help you. Below are listed some common difficulties with tips which may help. Please discuss anything you are unsure about with the staff.

1. **Getting on and off seats.** Raising the height can help. e.g. extra cushion, raised toilet seat, chair or bed blocks.
2. **Getting in and out of the bath.** Using bath boards can help, though initially you may prefer to strip wash.
3. **Hair care and washing yourself.** Long handled combs, brushes and sponges can help.
4. **Dressing.** Wear loose clothing, either with front fastening or that you can slip over your head. For ease also remember to dress your operated arm first and undress your operated arm last. In addition, dressing sticks, long handled shoehorns, elastic shoelaces and a 'helping hand' may help.
5. **Eating.** A non-slip mat and other simple aids can help when you are one-handed. Use your operated arm once it is out of the sling as you feel able. Strengthening your grip can help with recovery to your shoulder.
6. **Household tasks/cooking.** Do not use your operated arm for activities involving weight (e.g. lifting kettle, iron, saucepan) for 6–12 weeks. Light tasks can be started once your arm is out of the sling. To begin with you may find it more comfortable keeping your elbow into your side.

Exercises

Use pain-killers and /or ice packs* to reduce any pain before you exercise.

It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. However, if you experience intense and lasting pain (e.g. more than 30 minutes), reduce the exercises by doing them less forcefully, or less often. If this does not help, discuss the problem with the physiotherapist.

Certain exercises may be changed or added for your particular shoulder.

Do short, frequent sessions (e.g. 5–10 minutes, 3- times a day) rather than one long session.

Gradually increase the number of repetitions you do. Aim for the repetitions your therapist advises, the numbers stated here are rough guidelines.

Get into a habit of doing them! Good luck.

NB: all pictures are shown for the right shoulder unless specified.

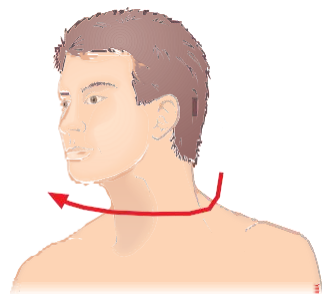
* avoid using ice packs on left shoulder if you have a heart condition.

Phase 1 exercises (when you are wearing the sling i.e. first 2 weeks)

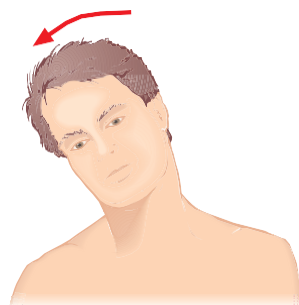
Do ALL the exercises in this section unless the therapist specifically advises you not to.

1. Neck exercises

Standing or sitting.



- Turn your head to one side. Repeat 5 times. Then turn your head to the other side and repeat 5 times.

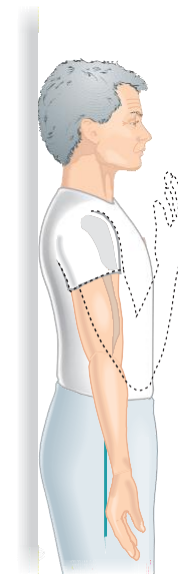


- Tilt your head towards one shoulder. Repeat 5 times. Then tilt your head to the other side and repeat 5 times.

2. Elbow exercise

Standing or lying.

- Straighten your elbow and then bend your elbow.
- Repeat 5 times.



3. Shoulder blade exercise

Sit or stand.

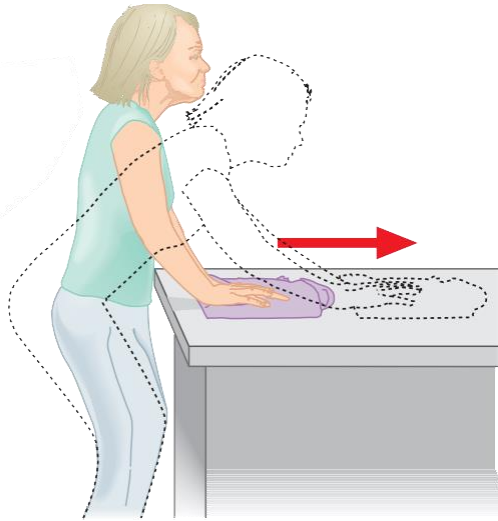
- Shrug shoulders up and forwards. Then roll them down and back.
- Repeat 10 times.



4 Shoulder exercises

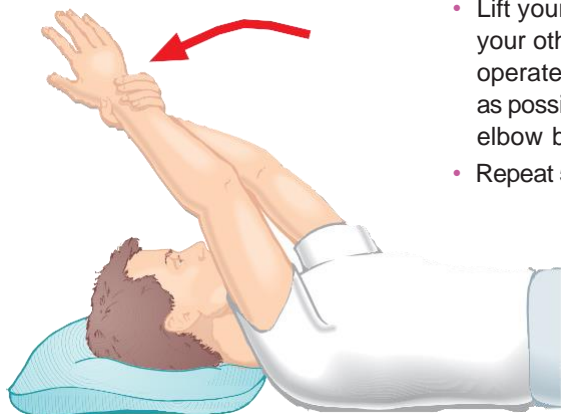
These exercises may be modified, changed or omitted. You will be advised by your physiotherapist or surgeon.

a) Stand facing a flat horizontal surface at waist height e.g. table (work surface).



- Place both hands on a slippery towel, on the surface.
- Bend your knees and push your backside away from the table as you slide your arms forward at the same time.
- Do this movement gently then stand up again bringing hands back.
- Repeat 5 times.

b) Lying on your back on bed or floor.



- Lift your operated arm with your other arm. Keep the operated arm as RELAXED as possible. Can start with elbow bent.
- Repeat 5 times.

c) Lying on back (on bed or floor), towel under arm.

- Keep elbow into your side and bent. Hold stick or rolled up newspaper in your hands.
- Move the stick sideways, gently pushing hand on your operated arm outwards.
- Repeat 5 times.



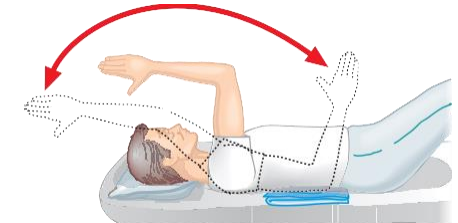
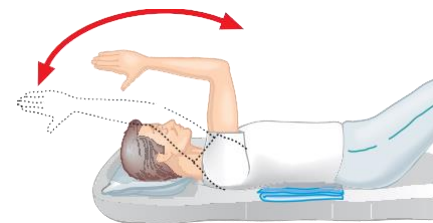
Phase 2 exercises

Only start these when advised to do so. This is not until you are beginning to wean out of the sling (2 to 3 weeks).

1.

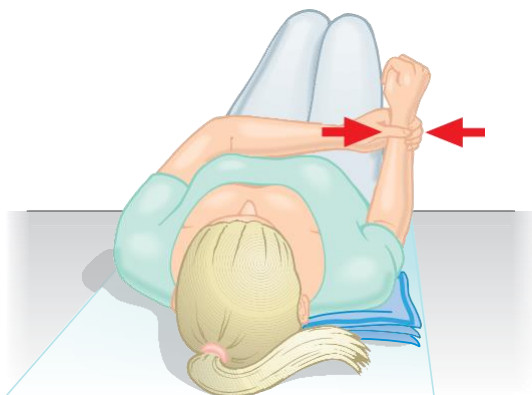
Lying on your back, elbow bent.

- Help the operated arm up with your other arm as before, but once the arm is vertical, try and keep it there without support of the other arm.
- Once you can balance your arm, begin to stretch it upwards (overhead) and back down to the start point (vertical).
- Gradually let your elbow lower, towards the bed and then raise the arm, so the movement is increasing.
- Aim to lift your elbow from the bed to stretch overhead.
- Repeat 5–10 times.



2.

Lying on your back, elbow bent and close to side.



- Hold the wrist of your affected arm with your good hand.
- Try and move your hand on the operated arm inwards but prevent it from moving by using the other hand. Hold for 5 seconds.
- Repeat 5 times and gradually increase to 20 times.

3.

In the same position

- In the same position, try and move hand outwards without allowing movement.
- Hold for 5 seconds.
- Repeat 5 times and gradually increase to 20 times.

Both exercises (2 & 3) can also be done standing or sitting.

4.

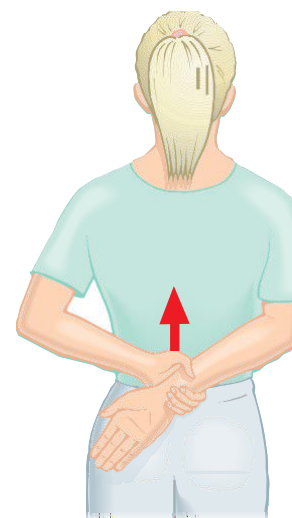
Standing facing a wall.

- Elbow bent and hand resting against wall.
- Use a paper towel between hand and wall (to make easier).
- **Slide** your hand up the wall.
- Initially you can give support at the elbow with your other hand.
- Gradually reach higher up the wall.
- You may find it easier if you bend and straighten your knees at the same time.
- Try to make movement smooth.
- Repeat 5 times and gradually increase to 15–20.
- Progress by moving away from the wall, losing the support.



5.

Standing with arms behind your back.



- Grasp the wrist of your operated arm.
- Gently slide your hands up your back.
- Repeat 5 times. Do not force!

Phase 3 exercises

These will concentrate on increasing the strength and mobility around your shoulder. The exercises will be selected for your individual shoulder and your lifestyle. You will also become familiar with exercises to help keep your rotator cuff and surrounding shoulder muscles healthy and strong for life to do a couple of times a week to help prevent recurring problems as you get older.

Who to contact if you are worried or require further information?

If you have an **appointment** query or any other questions regarding your shoulder, contact your surgeon's secretary between 8.30am and 5.00pm. They can then contact the appropriate person depending on the nature of your enquiry. Secretary's numbers are usually available through the hospital switch board.

If your wound changes in appearance, weeps fluid or pus or you feel unwell with a high temperature, contact your GP urgently.

If you have a query about **exercises or movements**, contact the **Physiotherapy department** at the hospital where you are having treatment.

For queries regarding **self care** e.g. dressing, bathing, contact the **Occupational Therapy department** at the hospital where you are having treatment.

Contact details:



Partial Rotator Cuff Tear Repair Trial



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