

What are the risks involved with this operation?

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

- a) complications relating to the **anaesthetic**
- b) **infection**. These are usually superficial wound problems. Occasionally deep infection may occur after the operation
- c) unwanted **stiffness** and/or **pain** in (and around) the shoulder
- d) Sometimes it is **impossible to repair the muscles** because they are too badly torn
- e) damage to the **nerves** and **blood vessels** around the shoulder
- f) a need to **redo the surgery**. Sometimes the muscles can re-tear.

Please discuss with the doctors if you would like further information. You will have these opportunities:

- if you have further out patient clinic appointments
- at the 'Pre-admission clinic' which you attend before the operation

Who to contact if you are worried or require further information

For general enquiries about appointments, please phone:

Mr Smibert's secretary on 01935 384597
Mr Chamblor's secretary on 01935 384779

For enquiries regarding admission dates, please phone the Admissions Office on 01935 384619

Please note that neither surgery nor any other treatment will be done without your agreement (consent). It is your right to re-fuse treatment at any time, or until you have enough information to feel comfortable about giving your consent.

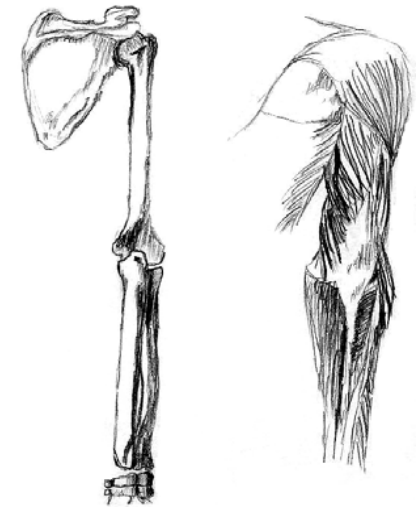
If you do not see a physiotherapist before you go home, please make sure you have an out patient appointment with your local physiotherapy department or contact 01935 384358 (Rehabilitation Department reception at Yeovil District Hospital) to arrange one.

We would like to thank the Nuffield Orthopaedic Centre (Upper Limb Unit) for allowing us to reprint the information in this leaflet.

If you require this leaflet in any other format, eg, large print, please telephone 01935 384590

Information about your operation

Rotator Cuff Repair



Orthopaedics

The doctors have suggested that you may benefit from having this operation. This leaflet is designed to give you some brief written information about a rotator cuff repair operation, and to explain some of the risks involved.

Before your shoulder operation you will be given another booklet. This will give you more detailed information and some exercises to guide you through recovery.

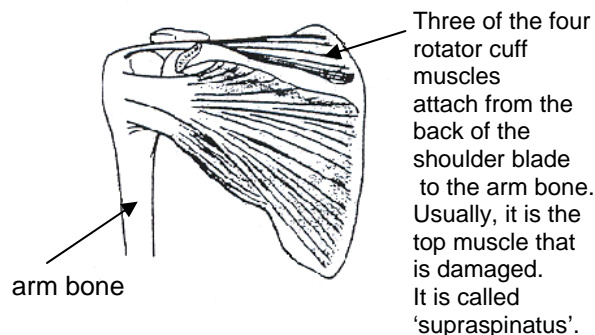
Sometimes the doctors may need to do a different operation once they can see inside your joint in which case you will be given further information. For example, the tear may be too large to repair and a smaller operation may be done in which case the rehabilitation is much quicker.

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. They attach from the shoulder blade on to the top of the arm bone.

Left shoulder - viewed from the back

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

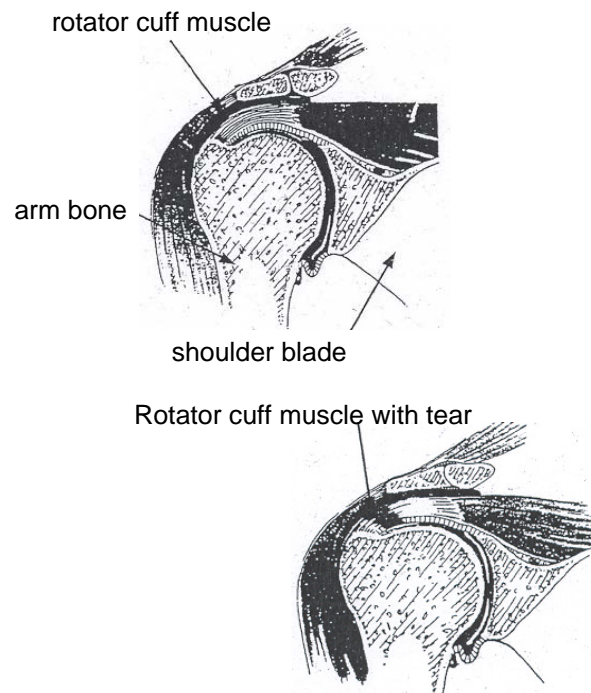


The muscles can be damaged through general wear and tear or after an accident/fall. The damage usually occurs close to where the muscle joins the bone (called the tendon') If one or more of these muscles is torn, movement is no longer smoothly controlled and the shoulder becomes weak and painful.

About the rotator cuff repair

The operation is to repair the damage in the rotator cuff. The torn muscle is reattached onto the bone. Repairs can be made to more than one cuff muscle. The strength and size of the repair can vary.

Often a ligament is also released and a prominence on a bone cut away to give the repaired muscle more space in which to move. The surgeon and therapists will be able to discuss your individual surgery after the operation.



General advice

You will be asked to attend a pre-admission clinic just before your operation. At this time you will be given a more detailed booklet and you will have the opportunity to discuss issues and concerns with staff.

The operation is performed under a general anaesthetic. Usually the anaesthetist will administer a 'block' of the shoulder and arm beforehand by injecting local anaesthetic into the neck. This reduces pain after surgery and makes the whole operation smoother. The benefits of this method outweigh the small risk of complications associated with this technique.

You will usually be in hospital for one day after your operation. You will be seen by a doctor and physiotherapist before you are discharged. After a rotator cuff repair you will have a sling which you will wear all the time (except for doing exercises) for 3 weeks, possibly 6 weeks. You will be more or less one-handed during this time, which affects daily tasks quite considerably.

Once your period of immobilisation is over, you will gradually be able to use your arm more. However, you will not be able to lift any weight with this arm for 12 weeks. Heavy or overhead work is not advised for 4-6 months. **Therefore, although you are not in hospital very long you will have a long period of rehabilitation, including out patient physiotherapy appointments.**