



Understanding Rotator Cuff Repair Surgery

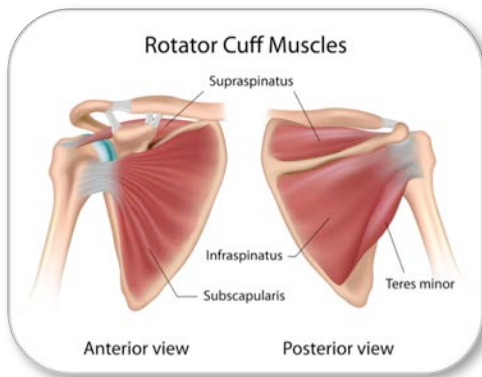


William T. Pennington, M.D.
wpennington@theorthoinstitutē.com

Our goal at The Orthopedic Institute of Wisconsin is to provide high quality care, both non-surgical and surgical. This approach allows our patients to regain lost function and experience pain relief that will hopefully result in the improvement of their quality of life. If you have any additional questions, please call: (414) 643-8800

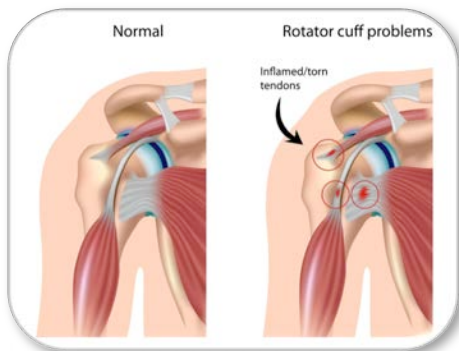
Shoulder Anatomy

The shoulder is a large ball and socket joint composed of bones, tendons, muscles, and ligaments. The bones of the shoulder joint include: your collarbone, upper arm bone (humerus), and shoulder blade. The rounded head of the humerus fits into a shallow socket in the shoulder blade, known as the glenoid. The rotator cuff is comprised of four muscles that originate on the shoulder blade and attach to the upper arm bone (humerus). It keeps the humeral head inside the glenoid cavity during shoulder motion, while also providing muscular force for movement of the shoulder.



Common Causes of Rotator Cuff Injury

- *Tendinitis* – Overuse causes the tendons to become inflamed.
- *Bursitis* – The fluid-filled sac (bursa) between the shoulder joint and rotator cuff tendons becomes inflamed.
- *Strain or tear* – Long-term tendinitis can lead to a weakened tendon, leaving it vulnerable to a tear. Stress from overuse or injury (falling, lifting, pulling) can also cause a rotator cuff tear
- *Presence of a bone spur* – Bone spurs on the bone directly above the rotator cuff can cause inflammation to these muscles.

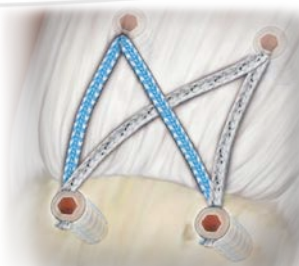


Who Needs Rotator Cuff Surgery?

Common symptoms of a rotator cuff tear are significant weakness and inability to move the arm. Pain is often concentrated on the top of the shoulder and spreads down the front and sides of the arm, commonly when performing reaching or lifting. The attachment sites of the rotator cuff tendon lacks its own blood supply, and therefore will not typically heal without intervention.

The Surgery

Surgical intervention is typically performed arthroscopically, using a small camera placed into the shoulder through 3 or 4 small incisions. The rotator cuff tendon is repaired by reattaching the torn tendon to the humerus, on the site that it was torn away from. In a single row repair, a device called a rotator cuff anchor, made of bioabsorbable plastic, is used to perform this reattachment. The anchors are placed into the bone and the sutures that are attached to these anchors are passed through the rotator cuff where it is torn away. In a double row repair, typically used on larger tears, two rows of anchors are utilized to allow two points of fixation as well as increase pressure over the site of repair to facilitate healing.



Double row rotator cuff repair with 4 anchors

Single row rotator cuff repair with 1 anchor



Typical Schedule of Follow-Up Visits

Five-to-seven day assessment:

- Suture removal
- Check in with your surgeon

Five-to-seven week assessment

- Passive motion check
- Progress into the active range of motion phase

Monthly assessments

- Range of motion check
- Strength check



Arthrex Inc.
"SwiveLock®." <http://www.arthrex.com/shoulder/swivelock-fiberchain-knotless-technique>

Post-Operative Expectations

A polar ice pack is placed on the shoulder to help decrease the inflammation and pain.

Patients are typically kept in a sling after surgery to serve as a reminder to not actively move the shoulder. You can expect to need assistance in dressing, putting your arm into the sling and polar ice pack, and in using the continuous passive motion (CPM) machine. The goal is to have no active motion of the shoulder for 6 weeks following your surgery, although movement of the wrist and elbow is permitted. Many patients have

difficulty finding a comfortable sleeping position at first, and find that sleeping in a recliner or propped up with pillows is more comfortable, although you may sleep in a bed anytime. You may drive once you are off your pain medication. No strengthening exercises can be performed until 12 weeks. You may return to work within several days unless your job requires heavy lifting, in which case, your return may be delayed. Return to athletic activities can be expected in 3-4 months.

Physical Therapy

The continuous passive motion (CPM) machine that is supplied is generally started the day after surgery and is advanced with the patient's tolerance. Physical therapy typically begins three weeks after surgery and focuses on pain relief and passive motion, followed by active motion and strengthening of the repaired rotator cuff. We have studied long term outcomes of arthroscopic rotator cuff repairs in patients and recovery can be expected in three to five months on average. Occasionally conditions such as excessive postoperative stiffness may prolong this period.



A Leader in Orthopedic Excellence
Dana Hahn, Patient Care Coord.
Brian Bartz, PA-C
William Pennington, MD
Joann Pitton, PA-C