Arthroscopic Rotator Cuff Repair

Preoperative Patient Information

Why this letter?

I think most people find going to see the doctor a difficult and emotional experience that I think is made more stressful when surgery is considered. While many of the things we discussed are simple, the details may be easily forgotten. Hopefully, this letter will serve as a reminder of our meeting and will answer any questions that arise.

What is wrong with your shoulder?

A tendon is torn in your shoulder. Tendons are thick cord-like structures that connect a muscle to a bone. The name of the tendon in the shoulder is “Rotator cuff tendon.” Rotator cuff tendon injuries most commonly occur due to the wear and tear of aging. Often, what appears as a minor injury causes the tendon to give way. On occasion, a single injury will cause the problem.

Is the tendon always repairable?

In the majority of cases, tendon repair is possible. About 5% of the time this is not possible. In this situation, the removal of inflammation, scar tissue and bone spurs helps to diminish the pain but overhead use usually does not return to normal.

What happens if surgery is not performed?

Rarely will the condition improve without surgery when the tendon tears. Most often, the pain increases and the movement and strength decrease. Fortunately, this occurs slowly over the years.

What is the purpose of the surgery?

Surgery is performed to suture the torn tendon ends to the bone. During surgery, I also remove any inflamed bursa or bone spurs that would delay...
tendon healing. When you arrive at Texas Orthopedic Hospital a nurse will have you sign the Operative Permit. The name of the operation I will be doing is “Operative Arthroscopy, shoulder: subacromial decompression, Rotator Cuff Repair.”

What is the surgery like?

The surgery is done using arthroscopic technique. Instead of a large incision I use 3 small (about 1/2") incisions. Through 1 incision I insert the arthroscope that lets me look inside your shoulder. The other 2 incisions are used to insert special instruments that allow the removal of scar tissue and bone. I then insert small metal screws into the shoulder. There are sutures attached to the eyelets of the screws. We use special instruments to weave the sutures through the torn tendon. The screws are inside the bone and you cannot feel them. They do not have to be removed.

Are any other options available?

While I believe that surgery is the best course of action, there are other available treatments including no treatment, just living with the condition; physical therapy exercises; medication or injections. Any of these treatment options may be successful in your situation, but in my experience they will not work reliably. Of course, we can arrange for any or all of these options if you desire.

What kind of anesthesia is used?

Since this type of surgery cannot be done with local anesthesia we use general anesthesia that allows us to work deep inside your shoulder. Before you go to sleep, the anesthesiologist will give you an injection. A type of novocaine that lasts 4-24 hours is injected around the nerve that goes to the shoulder. This will help decrease the pain after the surgery.

What is it like when you wake up?

Following surgery you will awaken in the recovery room with your arm in a sling. On top of your shoulder is an ice pack to control the pain and swelling.

The ice pack is called a Cryo Cuff. We have enclosed some information on this device. Nothing can eliminate the pain completely. Medication, sling and the ice pack will control it so that you will be as comfortable as possible. The use of the Cryo Cuff may or may not be covered by the particular health insurance plan you have selected. You should check with your insurance company.

How long will you stay in the hospital?

You will enter the hospital in the morning, have the surgery and stay in the recovery room...
After I remove any bone spurs, bursitis and scar tissue, I then repair the tendon tear. I insert bone screws with sutures, pass the sutures through the tendon and tie the knots.

2-3 hours until you recover. You then will be taken upstairs to the hospital and stay in the hospital overnight. The main reason for this is to make sure no medical problems develop and to start the critical phase of physical therapy and exercise that will eventually allow your shoulder to recover. Most patients go home the next morning.

**Will you need to wear a brace?**

No. A regular sling is all that you will use. Patients wear the sling for 6 weeks but remove it for bathing and dressing. Use of the sling is important to maximize tendon healing.

**What about complications?**

Shoulder surgery is a complex and delicate process designed to repair damaged structures deep within the human body. Complications can occur. Fortunately, these are rare. The most common complication involves the bone screws (suture anchors), which occurs in less than 1% of patients. I use these small metal implants to reattach the torn tendons. There is always a possibility that I would have to remove them surgically if they loosen or cause irritation. Infection can require oral antibiotics, antibiotics by injection and rarely surgery. Wound problems including swelling, bleeding, delayed healing, unsightly or painful scar. Bone infection or fracture could occur. Joint problems including stiffness or arthritis could occur.
Failure to achieve the desired result is not strictly a complication but it can be a source of disappointment. This operation may result in incomplete motion, strength or function. Nerve injury is extremely rare but may result in temporary or permanent, partial or complete loss of feeling and/or movement in the arm. My purpose in listing the types of complications that could possibly occur is to inform, not frighten you. While it would be preferable if we could perform surgery without any risk, this is not the case. The complications are rare (less than 1%) but regretfully, in spite of our best efforts, they do occur. I feel it is your right to know.

Is a blood transfusion needed?

A blood transfusion is unlikely. While a transfusion is possible, I think the odds are so small that I do not advise donating your own blood in advance of surgery. In over 2,000 cases, I have never given a transfusion to a patient for this type of surgery.

How successful is the surgery?

This type of surgery is successful about 85-95% of the time. No shoulder operation is 100% successful in every individual but the procedures we perform are reliable and will help restore the potential function in your shoulder. The operation is most successful at relieving pain. What is harder to accomplish is the return to vigorous overhead use of the arm in work and/or sports. Whether you can return to your previous level is an individual matter and depends on the damage to your shoulder, how well it heals, how well you rehabilitate and how strenuous is your desired level of work or sports. Because of the many variables involved, I can make no guarantees other than to assure you I will deliver the very best medical care possible.

When can you return to routine activities?

You will be able to use your fingers, wrist and elbow immediately after surgery. You may walk with assistance as soon as you have recovered sufficiently from anesthesia. If you live alone it may be helpful to have someone stay with you for 1-2 days. You may shower or bathe with regular soap and water 24 hours after surgery. Bend from the waist and let your operated arm move away from your side; then use your good arm to wash under your armpit. Some patients find it helpful to put a plastic stool or chair in the shower for a day or two. Remember that you are doing everything with one hand. You may walk outdoors, write, cook, and drive a car (automatic shift) within a few days. Connecting the seat belt is awkward. Take your time and move slowly. You might consider practicing this a few times before surgery with your bad arm in your lap. Do not lift more than 1-2 pounds with your operated arm.
When can you return to work?

For most sedentary jobs I recommend taking a week off work. When you return to work your arm will be in a sling for 6 weeks after surgery, but you should be able to manage as long as you do not lifting, pushing, pulling or carrying. You are not to raise your arm without help for 6 weeks after surgery. This allows the tendon to heal in the best possible position. Of course, instruction in the proper use of your arm will be given to you before you leave the hospital. You may begin light duty work involving no lifting, pushing, pulling or carrying more than 1-2 pounds, two weeks after surgery; you may work at waist level and lift 5-10 pounds 3-4 months after surgery. Most patients can tolerate occasional work at shoulder level 3-6 months after surgery. Return to heavy lifting or overhead use may require 6-12 months. There are no fixed rules for return to work. What I have described above are reasonable guidelines that I hope will help you and your employers ease your return to the workplace.

How is the shoulder rehabilitated?

Fortunately, the exercises you need you can usually perform by yourself at home. You will start your rehabilitation the afternoon following surgery. A machine will move your arm in the correct movement. The device is called a Continuous Passive Motion (CPM) chair. You will use this at home for 2 weeks after the operation. The company that we use will deliver the chair to your home and pick it up when you have completed the 2-week exercise period. Patients use the chair one hour, 4 times a day. Use the ice pack for ½ hour after each chair session. I believe that the CPM chair is more convenient and inexpensive when compared to going to a physical therapy facility. The use of the CPM chair may or may not be covered by the particular health insurance plan you have selected. You should check with your insurance company. Only about 10% of patients require regular visits to a physical therapist. When I examine you 2 weeks after surgery I will determine if this is appropriate and arrange for physical therapy. If you are doing well we stop using the chair and the therapist will instruct you how to exercise your arm. You will still use the sling and cannot raise your arm up or away from your side. I will see you next 6 weeks after surgery and you should be able to remove the sling. You will see the therapist for additional exercises and start raising your arm up on your own. At the 3 month visit we start strengthening exercises. The above are guidelines. I will adjust your individual rehabilitation based on the severity of the tendon tear and your progress at each office visit.

What about pain medication?

You will be given a prescription for pain medicine when you leave the hospital. Fill this at a pharmacy near to your home. Please take this as directed. That means that you may take the pills every 3-4 hours as needed. You do not have to take the pills if simple rest, arm repositioning or the Cryo Cuff ice pack controls the pain.
pain. When you need more medication, contact your pharmacy and they will call the office so that we may refill the prescription. We cannot do this after 5:00 PM, as no one will be in this office. We cannot refill narcotic medication on weekends. One of my colleagues at Fondren Orthopedic Group is available 24 hours a day, 7 days a week but we ask that you restrict after hours and weekend calls to emergencies only and let us handle less urgent problems during the week.

**When do you return to the doctor’s office?**

Your first office visit is 2 weeks after surgery so that I can examine the surgical incision. I will give you additional instructions for exercises discuss your allowed activity level. Six weeks after surgery more vigorous use of the shoulder will be allowed. Office visits then occur 3,6 and 12 months after your surgery. At each visit I will evaluate your progress and instruct you in specific exercises designed to maximize motion, strength and coordination. The successful outcome of your surgery is dependent on a constant process of evaluation that occurs at the office visit. This is not the type of surgery that I can perform and achieve success without your help. A successful result requires that patient, surgeon and therapist work together. Regular office visits are a critical part of your care.

**How much does the surgery cost?**

Since you (or your employer) have chosen an insurance carrier with particular benefits and because insurance coverage is a complicated business with no fixed rules, please check with your insurance carrier in regard to the specifics of your proposed shoulder surgery. Also note that the hospital bill is not something that I can control, so please direct any questions regarding the specifics of the hospital, x-ray, laboratory and anesthesia bill to the hospital billing office. The insurance codes for your surgery are 29827 and 29826. Arthroscopic operations such as rotator cuff repair are complex and require a trained surgical team. I work with another fully trained physician who assists me during the operation. Normally this is Steven Hammerman, M.D. You will receive a bill for his services.

**What if you have more questions?**

We encourage you to return to the office for a further discussion at any time. There is no charge for pre-operative conferences.

**When is surgery performed?**

I perform surgery on Tuesday, Thursday and Friday.

**How do you schedule surgery?**

Contact Evelyn by phone at (713) 799-2300. Call her on a Tuesday, Thursday or Friday so that she can spend time with you on the phone and answer all your questions.

**What about your health?**

Although the operation involves your shoulder, your entire body will react to the anesthesia and surgery. Your general medical condition is obviously important. Before surgery you must see the anesthesiologist. They will go over your medical condition and request any tests (blood tests or EKGs) or consultations with other physicians if necessary.