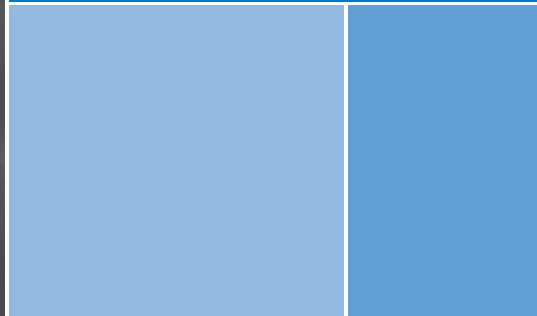
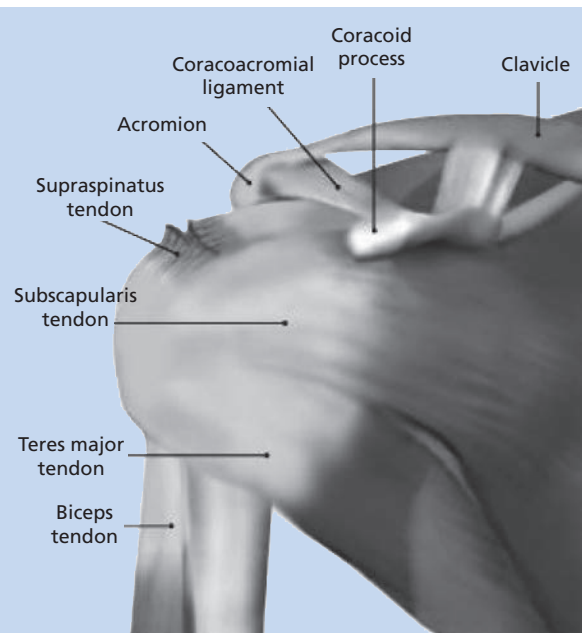


Rotator Cuff Repair



Patient Information

Introduction

This booklet provides information and advice about your rotator cuff repair surgery. This information will aid your recovery and rehabilitation during your stay at the James Paget University Hospital and once you are discharged home.

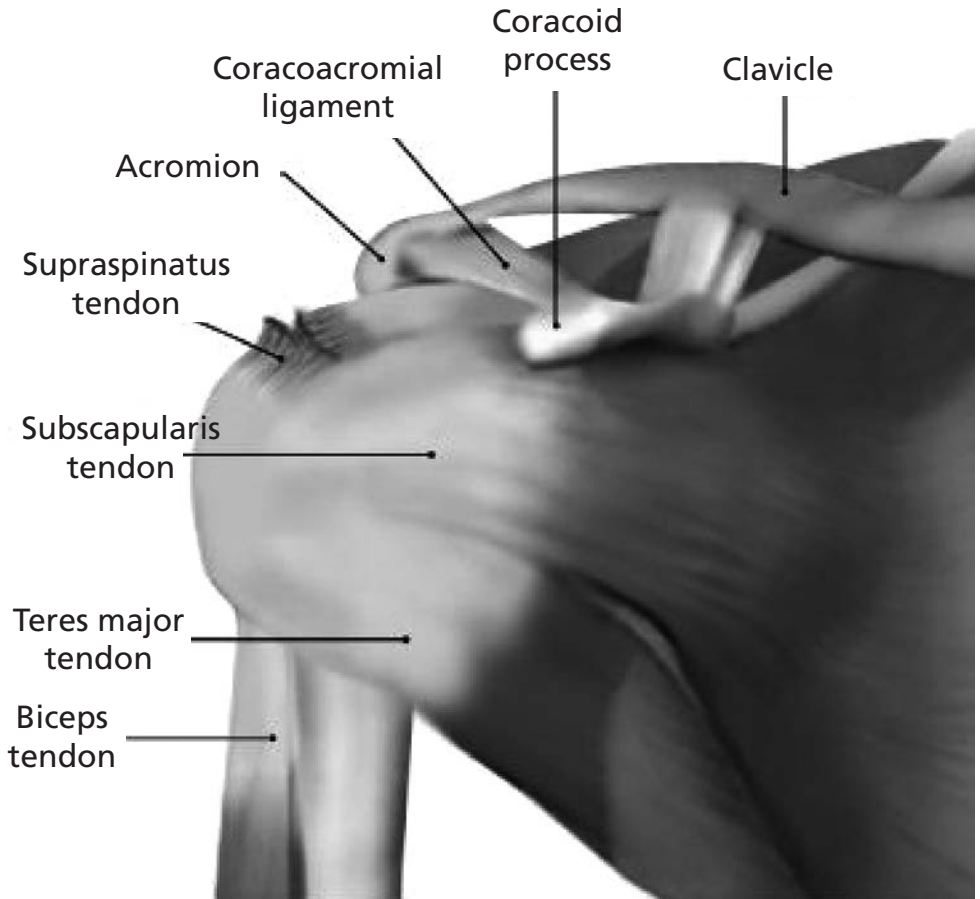
The aim of your surgery is to reduce your pain, repair your shoulder muscles and tendons to eventually improve the function of your shoulder.

You will be seen by a physiotherapist before you are discharged. They will go through with you the correct technique for washing and dressing and which exercises you should be completing. Please note that this will differ depending on the extent of your surgery. Once you are discharged from hospital, you will be referred to East Coast Community Healthcare (ECCH) for ongoing rehabilitation.

A structured rehabilitation programme is vital for achieving the best possible outcome in the long term. This booklet contains exercises that will help strengthen the muscles around the shoulder so that you regain full range of movement and function.

Anatomy and function

The rotator cuff is a group of tendons that connects the four muscles of the upper shoulder to the bones. The strength of the cuff allows the muscles to lift and rotate the humerus (the bone of the upper arm).



Reasons for your operation

The tendons run under the acromion (part of the shoulder blade) where they are very vulnerable to being damaged. This can lead to a tear resulting in a painful, weak shoulder. A tear may result suddenly from a single traumatic event or develop gradually. When the tendons or muscles of the rotator cuff tear, the ability to lift or rotate the arm is reduced due to weakness and/or pain.

A large tear within one of these muscles will not heal itself. A rotator cuff repair is an operation where the muscle or tendon is stitched back onto the humerus. This will be performed either through keyhole surgery (arthroscopy) or by making a large incision (open surgery).

Your hospital stay

A rotator cuff repair is usually a day case procedure. You may require an overnight stay depending on your recovery after the operation and the time of day it was done. It is strongly advised that you start to move the shoulder on the day of the surgery as pain allows. Please follow the guidance in this booklet.

What happens during the operation?

Your surgery is likely to be arthroscopic (a procedure where a tiny camera is inserted into the shoulder area). You will have 3 or 4 small puncture wounds which will be closed with small sticking plaster strips.

If the area requires more extensive work, then open surgery will be completed. In this case you will have a 3 to 4 cm cut over the end of collar bone.

You had:

Arthroscopic Surgery

Open Surgery

As mentioned earlier, this will affect how you can use your arm to complete your exercises, washing and dressing.

Post-Operative Advice

Peripheral nerve block

Some patients will have a peripheral nerve block during the operation. This may result in reduced feeling and movement in your operated arm and shoulder. This anaesthetic technique is very safe and effective. Serious complications are very rare.

Normal side effects of regional anaesthesia include numbness and heaviness in your limb. These symptoms might still be present when you are discharged home. They should resolve within 48 hours, and strength and feeling in your limbs should return to normal.

Remember to protect your limb from potential hazards while there is still numbness and weakness (for example hot surfaces).

Please call us for advice if you have any concerns regarding your anaesthetic management once you are at home or experience any of the following symptoms within your first week at home:

- A **suspicion of infection** around the injection site of the nerve block. Signs include a temperature, localised redness, tenderness, swelling or oozing from the wound site.
- Any **pain or weakness** in your arm which did not exist before your surgery and you do not think was caused by your surgery.
- **Persistent numbness** or altered sensation in your arm.
- Any **new numbness or weakness** in your arm which develops after your discharge home.

If you have had a peripheral nerve block and have any queries during the week between 0700 and 1900, please contact the Hospital switchboard on **01493 452452** and ask to speak to the 'Anaesthetist Trouble Shooter'. Outside of these hours or at weekends please ask to speak to the anaesthetist-on-call.

Wound care

The Arthroscopic Surgery will result in two or three small puncture wounds which will be closed with small sticking plaster strips. With Open Surgery you will have a large singular wound, which will require self-dissolving stitches or glue.

Keep the wounds dry until they are healed. We recommend that you strip wash for the first week with your sterile dressing on. After this, you can shower but you must still keep your dressing on, and do not submerge under water, e.g. bath. The dressing will normally be removed at your GP practice approximately 8 to 14 days post-surgery. After this, you may shower without the dressing. Avoid using spray deodorant, talcum powder or perfumes near or on the wounds until they are fully healed to reduce the risk of infection.

Wound infection

If the wound edge becomes red, oozy and/or painful please contact the ward that you were admitted to for your surgery. You will be asked to come into the hospital for a physical review to assess if you need antibiotics and which you might need. Please do not attend your local GP Practice for a review of your wound if you believe it to be infected.

Pain relief

As with any surgery, you should expect some degree of pain. Painkillers will be prescribed and it is advised that you take them regularly so that you can perform your exercises and you are able to use the arm.

Ice and swelling

You may experience swelling of your shoulder for up to 6 weeks post operatively. Ice can be used to help control the pain and reduce this swelling.

In sitting, rest your arm on a pillow(s) or on the arm of a chair to relax the shoulder. Place a protective layer between your

skin and the ice, e.g. a damp tea towel. Remove the ice after a maximum of 15 minutes. If you do not have ice, a large bag of frozen peas makes an excellent ice pack. You can repeat this up to 4 times a day.

The sling

You will be provided with a sling which you will need to wear continuously for up to 6 weeks, except when you are completing your exercises or getting washed and dressed. It is advised that you wear the waistband at night time to ensure the arm feels secure.

Correct position

When wearing a sling make sure your hand is elevated above your elbow and that your shoulder feels comfortable. Your shoulder should not be raised or feel tense. To reduce this, make sure your elbow is relaxed into the corner of the sling and that the strap is coming around your non-operated shoulder.



Incorrect position

The picture to the left, is how not to wear a sling. You should not allow the wrist to hang out of the sling, as this can damage the nerves at your wrist. The shoulder strap should not pull on your neck as this will cause muscle and nerve damage. Your operated shoulder should not be rounded or pulled forward.



Sleeping

You will need to keep the sling on whilst sleeping for up to 6 weeks. Avoid sleeping on the side of your operation.



When laying on your non-operated side, you can fold or hug a pillow in front of you to support the arm. You can also tuck a pillow along your back to help prevent rolling onto the operated shoulder during the night.

You may find initially, lying on your back in a more upright position to be more comfortable. To help keep the arm in a comfortable position, place a pillow behind it.

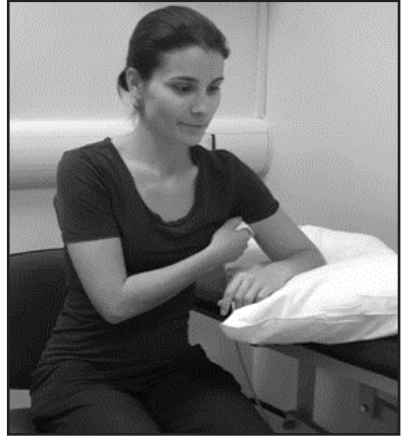


Washing and dressing

You may need assistance to help you wash and dress. It is advised you wash and dress whilst sitting with your arm rested on your lap or on a table with a pillow underneath your operated arm.

Do not use your operated arm to clean your non-operated arm. You may need someone to complete this for you.

You will find it easier to wear front opening clothes. Always dress your operated arm first. Sit on the edge of a chair or with your arm "hanging" by your side. Slide your operated arm into the garment first, do not assist with your operated arm, just let it hang loose. Once this arm is fully in the sleeve bring the garment around your back and put the other arm in. Any fasteners must be fastened only with your non-operated arm. Once you have dressed your upper body, place your arm back in the sling.



Movement and function

For up to 6 weeks post operatively, you will be one-handed and will require some assistance with daily activities. Please arrange this with family, friends or neighbours.

You must continue to wear the sling until your surgeon, in conjunction with your physiotherapist, has informed you to do otherwise.

For the first 6 weeks you must only use your **non-operated** arm for:

- Pushing up from your chair, bed and bath and the toilet. After 6 weeks you may return to using both arms as pain allows.
- Making meals, snacks and drinks for yourself

- Light housework. You may resume light housework after 6 weeks with the operated arm. More strenuous housework should be avoided until three months after your operation.
- Holding the banister when using the stairs. After 6 weeks you may hold the banister with either arm.
- At 6 weeks after surgery you may lift light items with your operated arm. Continue to avoid lifting heavy objects for 3 months.

Return to work

Generally you should be able to return to a sedentary job in 3 weeks following an arthroscopic operation. This may be longer following open surgery, for example within 2 to 3 months. If you have a heavy lifting job or one with sustained overhead arm movement you may require 3 to 6 months off or a return to light duties only. Please discuss this further with your consultant and physiotherapist if you feel unsure. If you require a Fit Note, please ask the ward staff after your operation.

Driving

You will not be able to drive until you no longer require the sling and have good movement in your shoulder. This is likely to be at least 6 to 8 weeks post operatively. You must feel comfortable and be able to safely operate the vehicle before returning to driving. You must not be taking strong pain medication. Talk with your GP or consultant to discuss this further. It is advisable to contact your insurance company to inform them of your procedure, before returning to driving.

Leisure activities

Progression to other activities will depend on when you are able to move your operated arm without assistance. Under the guidance of your physiotherapist and consultant you will be able to return to activities such as, golf after 3 months, swimming breast-stroke after 6 weeks and freestyle after 3 months. You will only be able to return to your activities once

sufficient strength and movement has been achieved.

Flying

Discuss with your consultant and with the airline's medical department if you wish to fly within 6 weeks of your operation due to the risk of clot formation. You should also discuss with your GP if there are any other measures to be taken as you may be on new medication due to your operation.

Your recovery

Below is the estimated progress you should be making following your arthroscopic surgery:

- 4 Weeks: More than 50% of movement restored with assistance
- 6 Weeks: Full movement restored with assistance
- 12 Weeks: Full active movement restored.

If you had open surgery, your estimated progress will be slightly slower, due to the precaution of not moving your operated limb independently. The following is an estimation of your recovery pathway:

- 8 Weeks: More than 50% of movement restored with assistance
- 10 Weeks: Full movement restored with assistance
- 16 Weeks: Full active movement restored.

Physiotherapy exercises

The following shoulder exercises should begin straight away following your procedure. They help to stimulate the muscle and nerve pathways in your shoulder. The aim of these exercises is to maintain and improve range of movement, then gradually building to strength training later.

Please ensure you have taken adequate pain relief to allow you to complete your exercises effectively. If the medication that has been prescribed for you is not working, please contact your GP.

The exercises should only be performed as tolerated and within your comfort zone. This means you should not force the movement or over-stretch or continue if too painful.

It is important to have a balance between rest and exercising your shoulder. We recommend you do 5 to 10 repetitions of each exercise 3 to 4 times daily.

Important note

If you had an arthroscopic procedure

please only complete the exercises on pages marked **A**

You will be able to complete these exercises without assistance from someone else, but you must assist the movements with your non-operated side.

If you had an open procedure

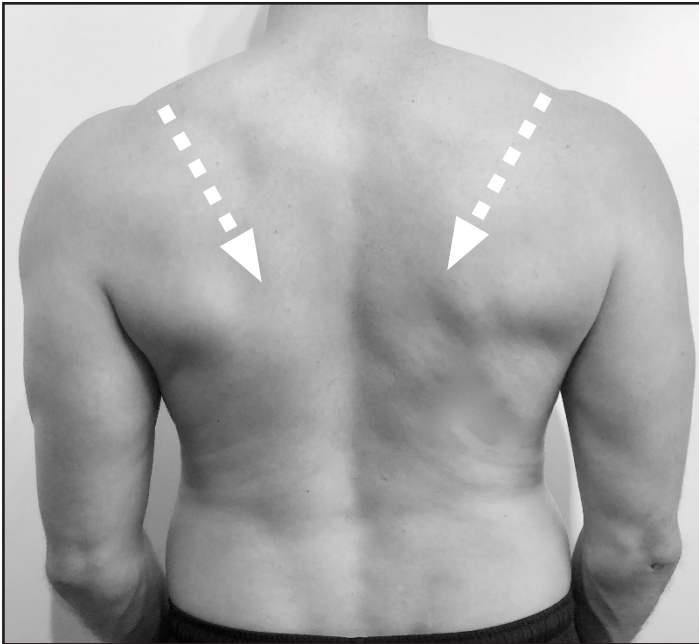
please only complete the exercises on pages marked **O**

You will need to have someone to help you complete these exercises, you cannot complete them alone.

Scapular setting

Achieving the correct posture is one of the most important things to do following your surgery. This will allow the shoulder to move in the way that it is supposed to without placing stress or strain on the joint or muscles.

The shoulder blades (scapula) need to be moved back and down (scapular neutral position) to complete this exercise. Hold for 5 seconds and relax without slouching.



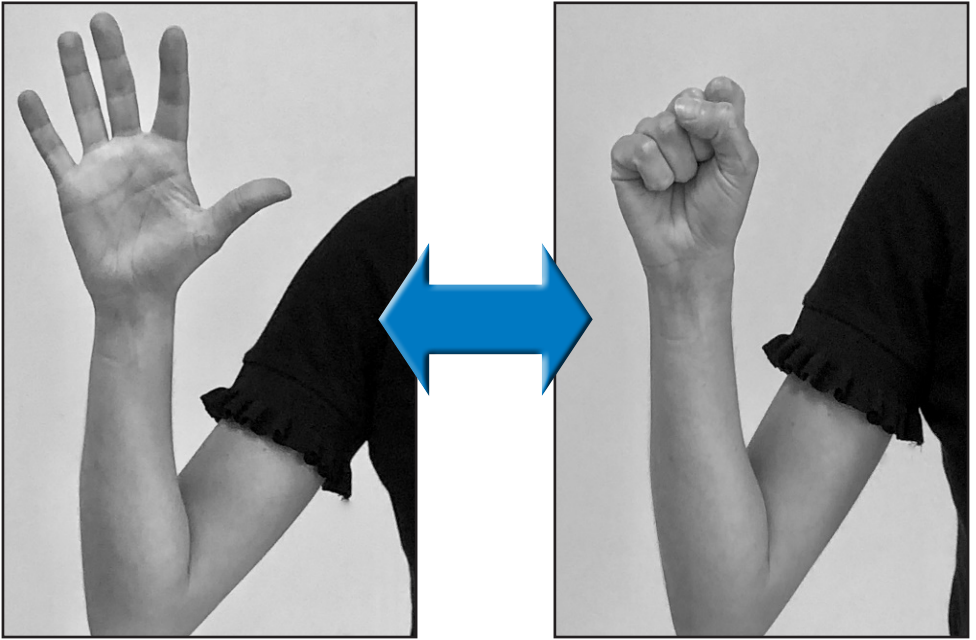
When completing the other exercises try to ensure you are achieving the **scapular neutral position** before starting the movement. **Only complete as pain allows,**

Exercises following arthroscopic surgery

Exercise 1 – Hand open and close

A

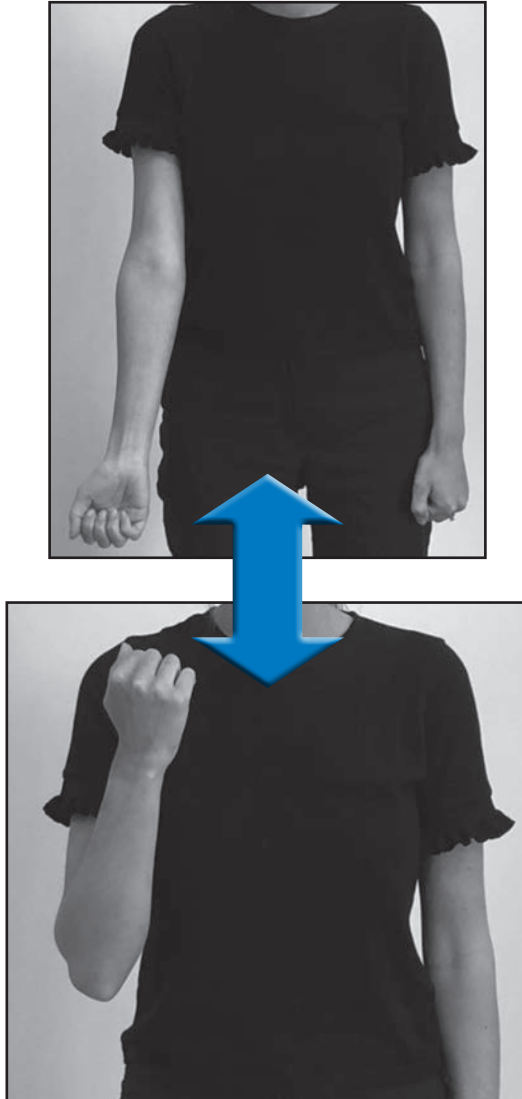
Achieve the scapular neutral position. Open and close your hand as shown. You can complete this exercise with your elbow bent or straight.



Exercise 2 – Elbow bend and straighten

A

Start by achieving the scapular neutral position. Allow your operated arm to hang by your side. Move your hand up towards your shoulder, bending at the elbow. In a controlled manner, return your hand to the start position.



Exercise 3 – Flexion on table top

A

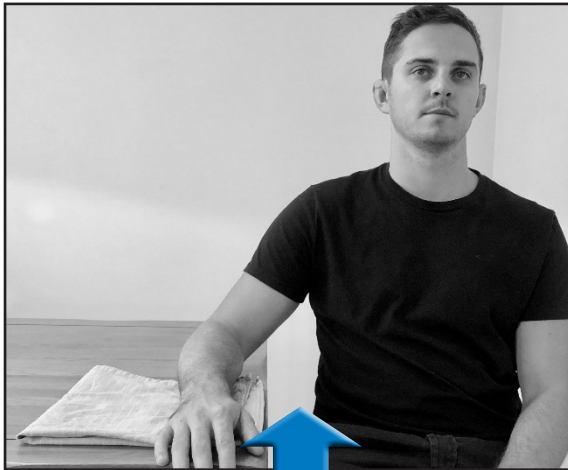
Achieve the scapular neutral position. In sitting, using your non-operated arm, take your operated arm out of the sling and place it on the table. Use a duster or cloth to slide both hands forward as far as comfortable. Allow your shoulders and neck to relax by letting your head drop forward as shown. Carefully return to the starting position.



Exercise 4 – Abduction on table top

A

Sit with your operated arm next to a table. Achieve the scapular neutral position. Using your non-operated arm, take your operated arm out of the sling and place it on the table. Do not lean through the arm. Place your hand on a duster or cloth to slide the hand across the table as far as comfortable. Allow your shoulders and neck to relax by letting your upper body move slightly with the movement. Carefully return to the starting position.



Exercise 5 – Pendulum back and forward

In standing, lean onto a kitchen work top or high stool. Let your arm hang down. Swinging your arm gently forwards and backwards, as pain allows.

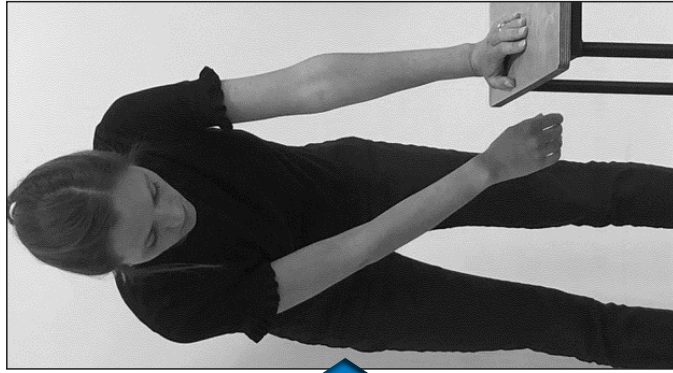
A



Exercise 6 – Pendulum side to side

In standing, lean onto a kitchen work top or high stool. Let your arm hang down. Swinging your arm gently from side to side, as pain allows.

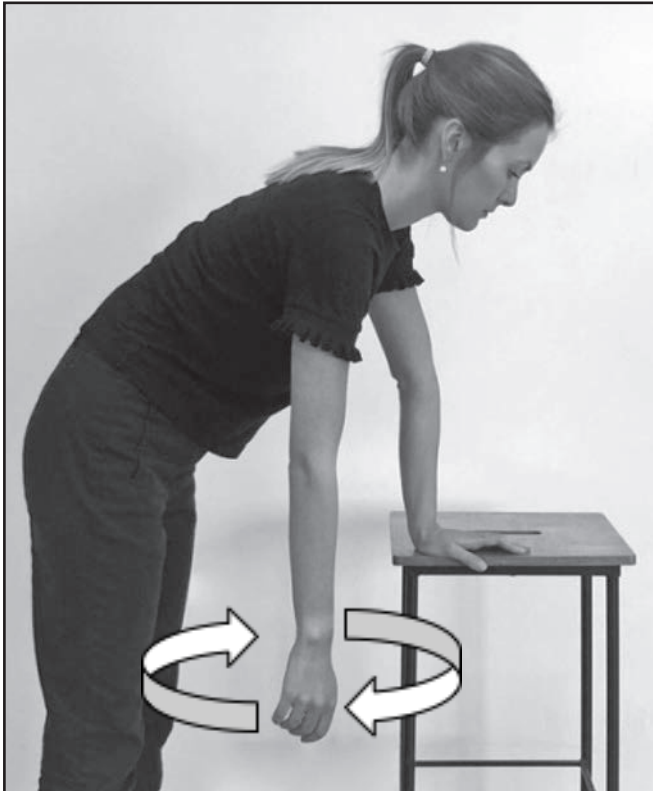
A



Exercise 7 – Pendulum circular

A

In standing, lean onto a kitchen work top or high stool. Let your arm hang down. Swing your arm gently around in a circular motion clockwise and anti-clockwise.

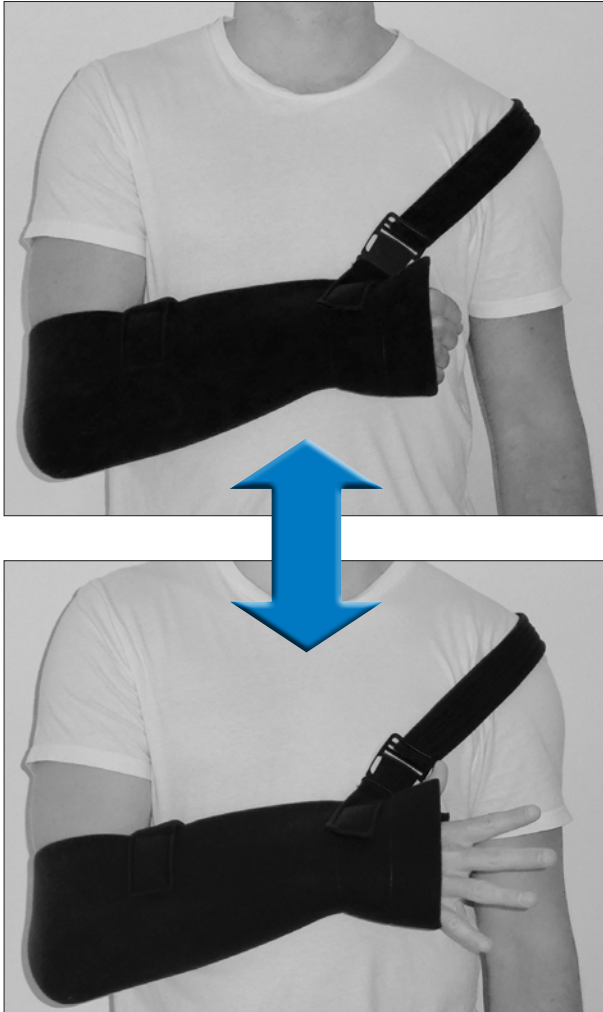


Exercises following open surgery

Exercise 1 – Hand open and closed in sling

0

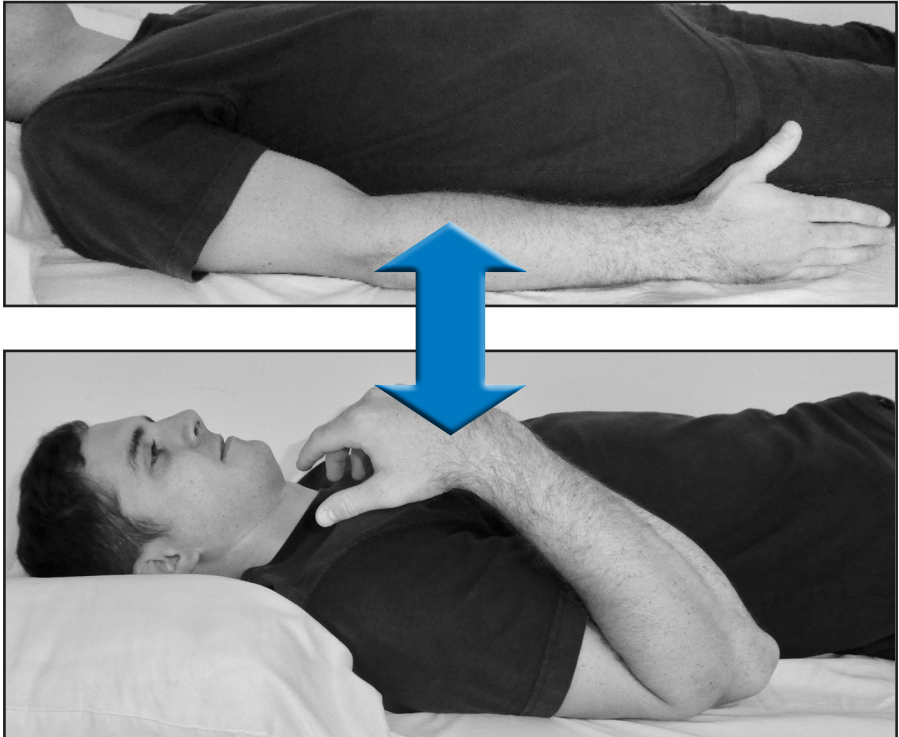
Achieve the scapular neutral position. With your operated arm in the sling with your shoulder relaxed, open and close your hand. This will help with preventing swelling of the hand and maintain range of movement. You can do as often as you like for 30 seconds each time.



Exercise 2 – Bend and straighten the elbow, laying down

0

Lay down onto your back with pillows supporting our arm and head. Relax the shoulder and allow the person assisting you to take your arm out of the sling and lay it by your side. You must not assist with this movement. Once the arm is by your side, you can bend and straighten your elbow as far as comfortable. Do not move your shoulder whilst doing this.



Exercise 3 – Passive shoulder flexion, laying down

0

Lay down onto your back with pillows supporting your head. Keeping your shoulder relaxed, allow the person assisting you to take your arm out of the sling and lay it by your side. Make sure your thumb is pointing up. The person assisting you will need to support the arm fully. The helper stands to the side with a hand just above the elbow and the other hand at the wrist. They will then lift your arm straight up to the ceiling as far as you are comfortable. Carefully return to the start position.



Exercise 4 – Passive shoulder abduction, laying down

0

Lay down onto your back with pillows supporting your head. Keeping your shoulder relaxed, allow the person assisting you to take your arm out of the sling and lay it by your side. Make sure your thumb is pointing up. The person assisting you will need to support the arm fully. The helper stands to the side with a hand in the middle of the upper arm and the other in the middle of the forearm. They will then lift your arm out to the side as far as you are comfortable. Carefully return to the start position.



Exercise 5 – Passive shoulder internal rotation, laying down

Lay down onto your back with pillows supporting your head. Keeping your shoulder relaxed, allow the person assisting you to take your arm out of the sling and lay it by your side. Make sure your thumb is pointing up. The person assisting you will need to support the arm fully. The helper bends your elbow and then takes your hand towards your stomach as comfort dictates, then return to the start position. The upper arm should remain close to your side.



Exercise 6 – Passive shoulder external rotation, laying down

Lay down onto your back with pillows supporting your head. Keeping your shoulder relaxed, allow the person assisting you to take your arm out of the sling and lay it by your side. Make sure your thumb is pointing up. The person assisting you will need to support the arm fully. The helper stands to your side. Keeping the upper arm against the body, allow them to bend your elbow to 90 degrees. Allow them to take your hand away from your stomach and then bring it back to the starting position. Do not exceed 30 degrees of movement.



Daily exercise completion

It is really important once you are home to continue with your exercises.

Those that complete regular exercises will have the best functional outcomes. It will also give you an advantage when you attend your community physiotherapy appointment to get the best out of your time with them.

You could use the table on the following page to keep record of when you are doing them.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							

What happens when I am discharged?

You are expected to complete your exercise regime on discharge.

A follow up appointment with your consultant will be arranged shortly after discharge. The date of this appointment will be sent to you in the post.

If you need any follow up for your wound care this will be organised for you by the nurses on the ward before you are discharged.

Community physiotherapy

On discharge, your ward physiotherapist will refer you to East Coast Community Healthcare (ECCH) for community physiotherapy.

ECCH will be in contact to arrange your appointment. If you have not heard from them by the end of your first week following your discharge, please contact ECCH directly on 01493 809977. The location of your appointment will be where it is most convenient for yourself. Please refer to the table on the following page for possible locations.

In some circumstances you may not have been seen by a ward physiotherapist prior to your discharge home. In this instance please follow the guidance given to you by the nurse on the day care unit. The integrated therapy team at the James Paget University Hospital will endeavour to contact you the next working day via telephone to ensure you are managing and discuss any immediate questions you may have

They will continue to see you until about 6 months after the procedure and will discharge you once you have completed the rehabilitation programme.

GP Area	Outpatient Clinic
Beccles	Beccles Hospital, St Mary's Road, Beccles NR34 9NQ
Great Yarmouth	Northgate Hospital, Herbert Matthes Block, Northgate Street, Great Yarmouth NR30 1BU
Gorleston	Shrublands Health Centre, Magdalen Way, Gorleston NR31 7BP
Lowestoft	Kirkley Mill Health Centre, Cliff Road, Lowestoft NR33 0DR
Halesworth	Patrick Stead Hospital, Patrick Stead Outpatients Department, Bungay Road Halesworth IP19 8HP
Martham	Martham Medical Centre, Hemsby Road, Martham NR29 4QG
Reydon	Sole Bay Health Centre, Teal Close, Reydon IP18 6GY

Useful Contact Numbers

Hospital Switchboard	01493 452452
Day Care Unit, Primary Number	01493 452022
Day Care Unit, Secondary Number	01493 453006
Elective Unit, Ward 22	01493 452331
Orthopaedic Therapy Office	01493 453849
British Red Cross	01493 452080
ECCH, Community Physiotherapy	01493 809977
Website	www.physio.ecch.org

If you encounter any problems after discharge related to your wound, or medications, please contact the Day Care Unit, orthopaedic clinic or your consultants' secretary for advice as soon as possible.

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Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

TRUST VALUES: We CARE for...
our patients... each other... ourselves

BEHAVIOURS:

Courtesy and respect

Attentively kind and helpful

Responsive communication

Effective and professional

**#Proud
of the
Paget**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

**For a large print version
of this leaflet, contact
PALS 01493 453240**

Authors: Trudie Lewis, Senior Physiotherapist
Mr Sunil Garg, Consultant Orthopaedic
Surgeon

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