



LONGVIEW ORTHOPAEDIC CLINIC ASSOCIATION

Personalized Medicine. Quality Care.

ARTHROSCOPIC ROTATOR CUFF REPAIR

Rotator cuff (RTC) repair surgery has certainly gotten a bad name over the years. Yet, don't think that all RTC tears are created equal. Some of the nightmares you may have heard about this procedure are associated with attempted repair of a massive tear. If we can get to a tear soon enough the surgery can be very rewarding. If your tear is too big then nonsurgical treatment may be better for you.

Symptoms

Symptoms of RTC tears can be varied. The typical story of a traumatic tear is that of an injury followed by the inability to lift the affected arm temporarily. Another common story is long term pain. This typically starts out as bursitis (or more appropriately termed impingement) and leads to a degenerative tear over time and more commonly occurs in ages fifty and up. The best way to prove the diagnosis is by MRI.

Day of Surgery

Prior to surgery I am extremely concerned about your avoidance of infection. After you are scheduled for surgery, pay particular attention to your posterior shoulder while bathing. It's not an area that is cleaned very well because it is hard to reach. Also, avoid sun or tanning on the shoulder. You will be given some benzoyl peroxide to use on your shoulder for a few days prior to surgery along with antibiotics.

Benzoyl peroxide will be used on your shoulder upon arrival to the hospital. It will then be prepped again during the scalene block. I or one of my assistants will prep your shoulder with alcohol upon arrival to the operating room and we will prep it two more times with Duraprep or something similar prior to surgery. You will also be given IV antibiotics.

After all the paperwork is done you will be changed into a hospital gown. An IV will be started and you will meet the operating room nurse and anesthesiologist. At this point you will most likely be taken to a procedure room where a scalene block will be placed. This keeps your shoulder numb for six to twelve hours! This nerve block also keeps the anesthesiologist from having to give as much narcotic medication while you are asleep. This, in turn, minimizes nausea in the postoperative period. I will see you and mark your shoulder some time during this whole process.

Surgery includes an arthroscopic subacromial decompression and usually a distal clavicle resection followed by an arthroscopic repair of the RTC. The surgery lasts about an hour and a half. That does not include the anesthesia and surgical prep time which may add another fifteen to thirty minutes. Once I am done I will then come out and let the family know how everything went.

Postop

You will be discharged from the hospital in an arm sling with pain medication and medicine for nausea. How long you wear the arm sling depends on how big your tear is and how good your bone is.

You will take your dressing off forty eight hours after surgery and take a shower. Let soap and water run over the wounds. If there is any drainage after this then get some gauze from the drug store and change the dressing every eight hours until the wound is dry. Please do not use band aids or antibiotic ointment as these will interfere with drainage. If your shoulder wants to drain then we want to let it! Don't be surprised if you prefer to sleep in a recliner for a while. Remember; don't lift your arm up on its own power for six weeks, even if it doesn't hurt to do so.

I typically do these on a Thursday and you follow up with me the following week. At that time I will check your wound and possibly give you exercises to do. These videos are on my website.

I will then see you a few weeks after that and possibly give you another set of exercises.

Remember that just because I repaired your RTC does not mean that it has healed. The patients that scare me the most are those that don't hurt enough! I always worry that they will lift their arm inadvertently.

At six weeks postop you will start lifting your arm on its own power. I want you to use it for activities of daily living such as brushing your teeth, lifting a glass of water, scratching your head – whatever. Don't use it to lift a gas can out of the back of your truck or even a gallon of milk. That's a little much!

I usually don't do any formal physical therapy. If I do it usually starts three to six weeks after surgery. I would say I use formal PT about 20% of the time. I find I get better results when people make very small increments of progress continuously!

Return to Work

That's up to you! As long as you follow the limitations of not lifting your arm up on its own power for six weeks you are probably safe. Heavy lifting jobs may require three months. Return to golf is safest at twelve weeks but putting is allowed at six weeks.

I appreciate your allowing me and Longview Orthopedic Clinic to be involved in your care!

Stephen G. Littlejohn, M.D.