

Your rotator cuff repair (RCR) at University Hospitals Dorset (UHD)

Introduction:

This booklet is about having a rotator cuff repair (RCR) at UHD.

This guide will explain what will happen before, during, and after your surgery.

Please bring it with you to the hospital. This is a general guide.

Your hospital team might change your treatment. If this happens, follow their advice instead of what is in the guide.

Educational information

What is this operation for?

Your shoulder is a 'ball and socket' joint. The rotator cuff is a group of four muscles and tendons that wrap around the ball of your shoulder. They act like strong elastic bands to keep the joint in place and help you lift and rotate your arm.

Sometimes, one or more of these tendons can tear. This usually happens because of an injury or because the tendon has worn thin over time. When it is torn, your shoulder can feel very weak, painful, and difficult to move.

The goal of this operation is to fix the tear. The surgery aims to get rid of your pain and, after lots of exercise, help you get the strength back in your arm.

Risks of surgery

All operations carry risks. Your surgeon will explain these to you before your procedure.

Common (1 in 50 to 1 in 20 people)

- Scarring
- Pain
- Bleeding
- Stiffness or loss of movement
- Unable to repair or failure of the repair

Less common (1 in 100 to 1 in 50 people)

- Infection
- Temporary numbness or pins and needles

Rare (1 in 1000 to 1 in 100 people)

- Injury to nearby nerve or blood vessels
- Break of bone in the shoulder
- Raised or thick scars (hypertrophic or keloid)
- Delayed wound healing

Very rare (fewer than 1 out of every 1,000 people)

- Complex regional pain syndrome (CRPS), which causes severe and long-lasting pain
- Blood clot in the leg or arm (deep vein thrombosis - DVT)
- Stroke
- Heart attack (myocardial infarction)
- Death

Before your surgery

Pre-assessment appointment

You will need a pre-assessment before surgery. We cannot give you a surgery date without this. We will send you the details.

The appointment may take a few hours. A nurse or therapist will check if you are fit for surgery.

Please bring a:

- list of all medicines you take and their doses (include herbal or over-the-counter medicines)
- note of any allergies
- list of past operations

Sometimes you may need more tests. If so, we will explain why. You may also need another appointment.

Once we know you are fit for surgery, we tell the admissions team. They will contact you when a date is free.

Actions to take before your surgery

There are things you can do to prepare once you are on the list for surgery. These will help your operation go smoothly and support your recovery.

Planning ahead

Think about how you will manage at home after surgery. This is very important if you live alone. Some daily jobs, such as cooking or cleaning, may be harder at first. Try to fill your freezer with simple meals you can heat up. This will make life easier while you heal. If family or friends can stay with you, or visit often, it will help. They can support you with housework and daily tasks. Having support can also make recovery feel more positive.

Stopping smoking

Smoking can slow down healing and increase the chance of problems after surgery. Stopping smoking lowers the risks linked to the anaesthetic. Stopping also improves the results of your operation and your long-term health. If you would like help to stop smoking, speak with your pre-assessment nurse or your GP.

Weight management

Your weight can affect your safety during and after surgery. A healthy weight makes problems less likely. Body mass index (BMI) is one way to check if your weight is right for your height. If your BMI is high, there is a greater risk of serious problems during or after surgery. If you want to lose weight before your operation, speak with your pre-assessment nurse or your GP.

What to do if you are unable to attend your surgery date?

If your surgery date doesn't suit, please contact us as soon as possible. This allows us to reschedule and offer the slot to someone else. Call the admissions team on **0300 019 4919**.

Day of surgery

Eating and drinking

You must have an empty stomach for surgery. If you eat or drink too close to the operation, you could be sick. This can harm your lungs.

Your surgery may be cancelled if you do not follow the fasting instructions you are given.

Only stop medicines if the pre-assessment team told you to. Take all other morning medicines as normal, with a small sip of water. Do not drink alcohol for 24 hours before surgery.

Arrival at the hospital

You will come to hospital on the same day as your surgery. Your letter will tell you where to go and what time to arrive.

When you arrive, a nurse will check you in. They may take your blood pressure and sometimes a blood test. The surgeon will see you before surgery.

You can ask any questions.

Before surgery, you will change into a hospital gown. You must remove piercings, jewellery, glasses, false nails, and dentures.

Your surgery

The anaesthetic

Before surgery you will meet the anaesthetist. They will explain the anaesthetic. They will check it is safe for you and answer your questions. For shoulder surgery you will have a general anaesthetic and a nerve block. The nerve block is an injection near your collarbone. It makes your arm numb from shoulder to hand for 24-48 hours. After surgery your arm may feel numb and weak. Be careful not to knock or injure it while the block wears off.

The surgery

This operation can be done through two or three very small 'keyhole' cuts or by using a short cut through the skin over the shoulder. Your surgeon will use a miniature camera to see the damage clearly on a TV screen. To fix the tear, they use tiny 'anchors' (which act like small screws) and strong stitches to pull the tendon back and fix it firmly to the bone. Sometimes, a small piece of bone is also shaved away to create more space and allow the tendon to glide smoothly.

Closing the cuts

After the surgery the cuts will be closed with stitches or strips. They will then be covered with a dressing.

After your surgery

When will I be able to go home?

We expect that you will be able to go home on the same day as your procedure. You must have someone at home with you for the first twenty-four hours while you recover from the anaesthetic.

Will I have a sling?

You will return from theatre in a sling. When you wear the sling, make sure your forearm is supported and that your hand is not hanging lower than your elbow.

After your surgery you will be seen by a physiotherapist. They will tell you how long the surgeon wants you to use your sling based on the size of the tear that was repaired.

You can take it off to wash, dress, and do your exercises. You should wear the sling the rest of the time you have been advised. This includes in bed. The sling helps support your arm and stops your shoulder from moving too much. When your arm is out of the sling, keep it by your side. This is so your shoulder can heal.



What exercises should I do?

The physiotherapist will provide you with an exercise sheet after surgery. This will be based on the size of the repair. Doing your exercises is important for your recovery. Try to complete them at least four times a day, unless told otherwise.

Recovering at home

How will I manage daily tasks?

At first daily tasks may be more challenging when your arm is in a sling.

Some things may be harder:

- **Getting around:**

If you normally use a walking stick in the arm that had surgery, try using the other hand. You may need a different walking aid. Ask the physiotherapist at the hospital.

You should stand from a chair without using the operated arm. Avoid low chairs. Adding a cushion can make standing easier.

- **Washing and dressing:**

Sit down and rest your arm on a pillow when it is out of the sling. Your wounds will be closed with stitches or strips and covered with splash-proof dressings. You can shower but avoid soap or rubbing the area. Wear loose, front-opening clothes. When dressing, put your operated arm in first. When undressing, take it out last.

- **Making food:**

Cooking may be difficult to begin with. Freeze some meals or buy ready-made ones before your operation.

Rest

Balance exercise with rest. You need to do your exercises at least four times a day but also make sure you rest your shoulder.

Pain relief

As the nerve block wears off, your arm and shoulder may hurt. Take painkillers as advised. This will make you more comfortable and help you keep up with your exercises.

Sleeping

Avoid lying on your operated side. Use a pillow for support if needed. You should use the sling at night for as long as your surgeon or physiotherapist tells you.

Follow up appointments

Wound check

Your wound will be checked 10–14 days after surgery, usually by a nurse at your GP practice.

Physiotherapy follow-up

You will be referred to your local hospital for outpatient physiotherapy. Your first appointment is usually two to three weeks after surgery..

Surgical follow-up

You will also have a follow-up with your consultant's team between two and six weeks after surgery. They will check how you are healing.

Expectations

Daily activities

This will depend on your recovery and the size of the tear that was repaired.
Most people will be able to use the arm for light activities from six weeks after surgery.

Returning to work

When you go back to work depends on the type of job you have:

- Desk jobs and light manual/mobile jobs: from six weeks after surgery
- Medium/heavy manual work: from three months for activities involving lighter lifting.
Six months + for heavy lifting and working involving repetitive overhead activity.

Leisure activities

How quickly you return to your hobbies depends on the size of the tear repaired, your pain, movement, and strength.

Your physiotherapist will guide you on returning to sport and hobbies.

As a guide:

Swimming: usually after three months if pain free.

Golf and racket sports: usually four to six months.

Driving

You must not drive while still wearing your sling. You should only drive when:

- you feel comfortable
- you have enough strength and movement to control the car safely at all times

Check your insurance policy. Some companies need you to tell them about your operation before driving again.

Most people can return to driving within six to eight weeks.

Frequently asked questions

Who should I contact if I have questions?

If you have any questions, you can ask your surgeon or physiotherapist on the day of the surgery.

What should I bring with me to hospital?

What to take

- This booklet
- All current medications in their original boxes
- Elbow crutches or walking sticks if you use them
- Flat trainers or shoes
- Mobile phones/books
- Telephone numbers of friends/relatives
- Glasses and case

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Please remove nail varnish and piercings.

Useful contacts

Main orthopaedic ward: 0300 019 6223 (24 hours a day, seven days week)

Pre-assessment: 0300 019 4102 (Monday to Friday 9am until 4pm)

Admissions: 0300 019 4919 (Monday to Friday 9am until 4pm)

Exercise Images courtesy of RG PhysioTools

To read this leaflet in a different language,
please visit our website: www.uhd.nhs.uk/visit/patient-information-leaflets
and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499**
or email uhd.patientexperienceteam@nhs.net.

The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW

Author: Aaron Bailie Date: July 2026 Version: Four Review date: July 2029 Ref: 132/23

t: 01202 303626 w: www.uhd.nhs.uk f: @UHDTrust i: @uhd_nhs

Some of our hospital services are moving.
Visit www.uhd.nhs.uk/future to find out more.