

# Your Rotator Cuff Repair (RCR) at The Royal Bournemouth Hospital



This booklet from the Orthopaedic Directorate has been designed to answer any questions you may have

**Please bring this booklet into the hospital with you**

## Introduction:

Dear Patient,

This booklet tells you about your rotator cuff repair at The Royal Bournemouth Hospital. It is for people who decided to have surgery after discussing the options, benefits and possible risks with their Consultant or Surgeon.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits so please bring it with you.

This booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist or therapist. These alterations should take priority.

All members of the Orthopaedics Team are committed to providing you with the highest standard in care and we look forward to welcoming you.

Best Wishes,

*The Orthopaedic Team*

This guide belongs to:

.....  
Your orthopaedic consultant is:

.....  
Appointment Dates

**Surgery:** .....

**Follow up:** .....

**Other:** .....

Goals

**Goal 1:** .....

**Goal 2:** .....

**Goal 3:** .....

We encourage your questions and enquiries;  
please write them here to ask at your next meeting

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# Educational information

## What is this operation for?

This surgery aims to reduce your shoulder pain and help increase the stability of the shoulder joint. The rotator cuff is a group of muscles which hold the shoulder in the correct position while it moves and rotate the ball in the socket. These muscles can become damaged due to wear and tear or following an accident such as a fall. The damage usually occurs to the tendon. This can cause reduced movement, loss of strength and pain.

If conservative management such as physiotherapy and exercises are not appropriate or successful then an operation may be needed. The aim is to repair the torn tendon so that your pain is reduced, you can regain your strength and movement and so that you can return to normal activities.

## Risks of this surgery

Surgery should not be undertaken lightly and it is always important to know the risks before proceeding. Your consultant will have discussed these risks with you prior to listing you for surgery.

### Common

- Scars
- Re-rupture or failed healing
- Stiffness
- Pain

### Uncommon

- Infection
- Bleeding
- Deep Vein Thrombosis or Pulmonary Embolism
- Anchor failure

### Rare

- Neuro vascular injury
- Fracture
- Worse symptoms

### Very Rare

- Death
- Anaesthetic complications e.g. Heart attack, Stroke, chest pains, breathing problems

## Understanding risk

Where we discuss risk with you we will use the following terms:

Term	Numerical Ratio	Equivalent
Very common	1/1 to 1/10	A person in a family
Common	1/10 to 1/100	A person in a street
Uncommon	1/100 to 1/1000	A person in a village
Rare	1/1000 to 1/10,000	A person in a small town
Very rare	Less than 1/10,000	A person in a large town

Additionally there are risks associated with the anaesthetic used for the operation; your anaesthetist will discuss these with you.



# Before your surgery

## Pre-admission assessment

The Pre-admission Department from Royal Bournemouth Hospital will contact you with the appointment information. If you have any questions about your appointment please call the Pre-Admission Department.

The visit to the Pre-admission Assessment Clinic may require you to be at the hospital for several hours. It is important to attend this appointment or your surgery may be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a nursing assessment and preoperative tests will be done. These tests may include:

- X-rays
- Blood and urine tests
- ECG (Electrocardiogram)

You may be seen by other health care professionals during the visit. These may include:

- Pre-Assessment Specialist Nurse
- Anaesthetist
- Ward Doctor

Please bring the following to your pre-operative assessment appointment:

- All your current medications
- A list of allergies including the type of reaction.

## Actions to take before your surgery

Once you have your date for surgery you can do several things to aid preparation for your operation and to improve your recovery.

### Planning ahead

It is important to plan and make arrangements for how you will manage when home. Stocking up your freezer with easy cook items is advised (particularly if you live alone), as you may find daily tasks such as cooking more difficult initially after your operation. If you have family or friends who can stay with you or visit regularly this may make your recovery easier both for helping with household tasks and moral support.

### Smoking

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking benefit from long term improvements to general health, decrease the risks associated with anaesthetic and have a better outcome from surgery.

If you are interested in stopping smoking please speak to your pre assessment nurse or GP for advice and services available.

### Weight

Even though you may feel fit and healthy at your current weight, patients with a higher body mass index (BMI) are more likely to experience potentially serious complications both during and after surgery.

If you are keen to lose weight before your surgery please speak to your pre assessment nurse or GP for advice and services available.

### Cancellation

If you are unable to attend your appointment, please contact us immediately so that we can offer your appointment to another patient.

# Arriving for your surgery

## Day of surgery

### Eating and drinking

Please follow the instructions given to you about when to stop eating and drinking before your operation. If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs.

If you normally take prescribed medicines in the morning, please continue to take these on the day of surgery, apart from tablets you have been specifically told not to take by the pre-assessment team. Take them with a sip of still water.

Please do not drink alcohol for 24 hours before surgery.

### Arrival

You will come into hospital on the same day as your operation. You will need to present yourself to the Sandbourne Admissions Suite to be admitted for surgery. Most rotator cuff repairs are performed as day surgeries and will be able to go home on the day of the operation however you may be required to stay overnight depending on the time of your operation and your recovery.

When you arrive at the Sandbourne Admissions Suite a nurse will check you in. You may also be visited by the surgeon and anaesthetist before your operation.

You will then be asked to put on a hospital gown. All patients who are able will walk to theatre for their operation accompanied by a member of our nursing staff. You will be asked to remove any loose items such as glasses and false nails prior to your surgery.

# Your surgery

## Anaesthetic

A rotator cuff repair is performed under a general anaesthetic. This means you will be unconscious throughout the operation. You may also have a nerve block which will assist with pain control. The nerve block will affect sensation and muscle strength in the arm. It can take 24 to 48 hours before this wears off completely.

## Surgical procedure

This operation can either be performed arthroscopically (this is another word for 'key hole' surgery, where two or three very small incisions(cuts) are made to access the shoulder joint) or by using a short incision through the skin over the shoulder. If the tendon can be repaired the surgeon will stitch it back together. Sometimes a small piece of bone is also removed from the shoulder to prevent further damage to the rotator cuff tendons.

## Closure and dressing

Once the surgery is finished, the incision will be closed with stitches and covered with dressings. When you wake up from the anaesthetic your arm will normally still feel numb and be resting in a sling.

## What happens after the operation while I am in hospital?

We hope that you will be able to go home on the same day as your procedure, however depending on your recovery and your home situation you may be required to stay overnight.

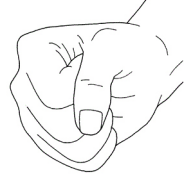
# After your surgery

## Physiotherapy

Following your operation you will be seen by a physiotherapist to go through the following exercises and advice with you. Physiotherapy is important to get the most out of your shoulder after the operation. We advise you to complete the following exercises at least 4 times a day unless otherwise stated.

### Exercise 1: Wrist and hand

Make a fist with your fingers and then open up your hand. Repeat 10 times every hour. Keep your wrist moving also.



### Exercise 2: Elbow flexion/extension

You should take your arm out of the sling every hour to bend and straighten your elbow fully 10 times. This will stop it from becoming stiff whilst you wear the sling.

### Exercise 3: Shoulder shrugs

Gently bring both shoulders up towards your ears then slowly return them back to their relaxed position. Repeat this 10 times.



### Exercise 4: Neck side flexion

Facing forwards, gently take your right ear down towards your right shoulder. Hold for 5 seconds and slowly return your head to the starting position. Next, take your left ear towards your left shoulder and hold for 5 seconds before slowly returning your head to the starting position. Repeat this three times on each side.

## What happens when I go home?

### Will I have a sling?

You should wear your sling for as long as your consultant and physiotherapist instruct you to. This is usually for 6 weeks. When you are wearing the sling ensure your forearm is well supported and do not allow your hand to be lower than your elbow. You may take it off for washing and dressing and to do your exercises. The sling will support the weight of your arm and prevent you from moving your shoulder too much. When your arm is out of the sling, ensure it remains by your side as the rotator cuff repair needs to be protected and given time to heal.

### Rest

It is important that you have a balance between exercise and rest. You will be expected to complete your exercises at least 4 times a day. However you will need to ensure that you spend some of the day resting your shoulder.



## **Pain relief**

As the nerve block wears off and the feeling returns to your arm and shoulder it may feel painful, therefore you should take painkillers regularly as advised by the nursing staff. This will keep you more comfortable and allow you to complete your exercises. You may also use an ice pack (or bag of frozen vegetables) wrapped in a towel for 15 minutes. This will help to reduce any swelling and pain.

## **Sleeping**

Lying on your back or on the opposite side will be most comfortable. A pillow can be used for additional support. You should wear your sling at night time also.

## **Dressings and stitches**

You will have stitches or steri-strips to close the wounds on your shoulder and these will be covered by splashproof dressings. This means that you can have a shower but you should not use soap or rub over the area. This will cause the dressing to peel off. The nursing staff will advise you regarding having your wound checked and the removal of stitches/steri-strips. This will normally be 10 to 14 days following your operation and will be performed by the practice nurse at your GP surgery.

## **Outpatient physiotherapy**

We will arrange your outpatient physiotherapy appointment at the hospital closest to where you live. The physiotherapist will progress your exercises and assist you in your recovery. You will be required to attend a few physiotherapy appointments and continue your exercises regularly between these sessions. Your first appointment is likely to be around 2 weeks after surgery.

## **Clinic review**

You will also receive an appointment through the post for a review with your consultant or member of their team. This will be for about 6 - 8 weeks after your operation. They will be able to monitor your progress and answer any questions you may have.

## **How will I manage everyday activities?**

Before you come into hospital, think about and practice how you will manage everyday tasks when you return home after your operation. Bear in mind that you will not be able to use your operated arm as this will need to be kept in the sling for 6 weeks (except when washing and dressing or to complete your exercises). Examples of activities which you may find difficult are:

### **● Mobility:**

If you currently use a walking aid in the hand which is being operated on, you need to consider whether you could use it in the other hand or whether an alternative walking aid may be required. You may need to discuss this with the physiotherapist on your admission.

You will need to be able to stand up from a chair without using your operated arm. You may need to consider avoiding sitting on low furniture or placing an extra cushion on the chair to sit on. This may make it easier to stand up.

### **● Personal Care:**

Getting washed and dressed needs to be done carefully. Sitting down is usually best as you can support your arm on a pillow while it is out of the sling. Loose clothing with front fastenings are usually easiest to put on. When getting dressed, dress your operated arm first. When getting undressed, this arm comes out last.

### **● Food preparation and cooking:**

Freezing some meals or stocking up on ready meals is a good idea as food preparation and cooking will be difficult following your operation.

## **Expectations**

The recovery time after a rotator cuff repair is variable for each patient. It can take up to a year to get the best out of things. You should not undertake any substantial lifting or strengthening exercises until at least three months after the operation (your physiotherapist will advise you on appropriate strengthening exercises). This would include any manual work and sporting activities such as swimming, golf or weight lifting. For some patients it can take substantially longer than this to be able to complete these activities and there is no guarantee that you will be able to return to your pre injury level of activity.

## **When can I start driving again?**

You will not be able to drive until at least eight weeks after your operation but for some people it can be longer. You must feel you have the strength and confidence to be in complete control of the vehicle. Your outpatient physiotherapist will be able to guide you when it is appropriate that you can start to drive. You should start with short journeys initially, with someone accompanying you. You should check your insurance policy too as you may need to inform your insurance company of your operation.

## **When can I return to work?**

Returning to work depends upon the nature of your job. Manual workers may not be able to return to lifting duties for 6 months. Please ask the physiotherapist or your surgeon if you are unsure when you can start.

## **When can I return to leisure activities?**

This will depend on the size of the rotator cuff tear and the condition of the tendons. Your surgeon will discuss the operation findings with you. For specific guidance regarding sport, please speak to your physiotherapist.

# Frequently asked questions

## If I have any questions who should I contact?

If you have any questions about returning to activities, you can ask your surgeon or physiotherapist on the day of the operation. Use the notes section at the front of this leaflet to notes down these questions and any instructions given to you by your surgeon or physiotherapist.

## 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

Royal Bournemouth Switchboard: **01202 303626**  
Sandbourne Suite: **01202 726104**  
Ward 12: **01202 704770**  
Pre-Assessment: **01202 704102**

Exercise Images courtesy of RG PhysioTools

## Our mission

**Providing the excellent care we would expect for our own families.**

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

The Bournemouth Hospital Charity raises funds for the Bournemouth and Christchurch Hospitals to enhance patient care and purchase items which directly benefit patients and staff above and beyond that which can be funded by the NHS alone. If you would like to contribute to the Bournemouth Hospital Charity please contact them on **01202 704060**, email **charity@rbch.nhs.uk** or visit **www.bournemouthhospitalcharity.org**.

If you have any queries or concerns about your care at the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, the Patient Advice and Liaison Service (PALS) would be happy to help you and can be contacted on **01202 704886/704301** or **pals@rbch.nhs.uk**.

If you would like this leaflet printed in a larger font, please contact the Communications Team on **01202 704905** during the office hours of 8.30am-5pm Monday - Friday.



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**Website:** [www.rbch.nhs.uk](http://www.rbch.nhs.uk) ■ **Tel:** 01202 303626

Addressograph

# Rotator cuff repair acknowledgement of understanding

I have read and understood this booklet with information regarding Rotator Cuff Repair surgery. This includes:

- ☐ Risks to this surgery
- ☐ What to expect before my surgery
- ☐ What to expect from my surgery
- ☐ What to expect after my surgery
- ☐ Exercises and after care

Signed: .....

Date: .....

This sheet will be stored in your medical records before your surgery