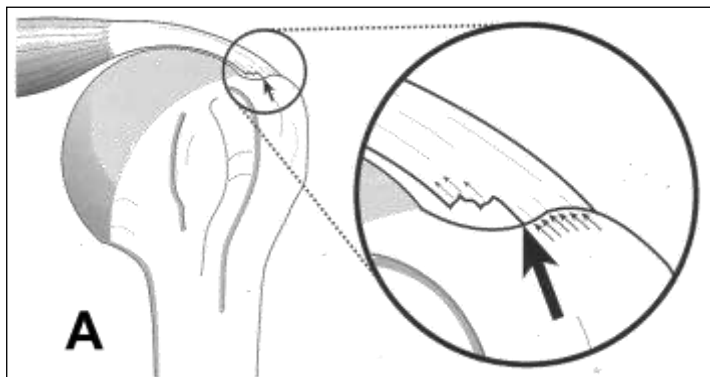


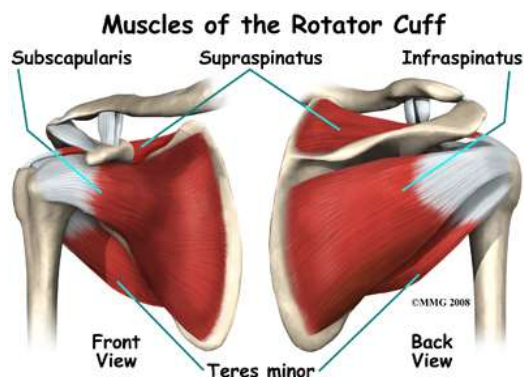
## **ROTATOR CUFF TEAR INFORMATION PACKET**

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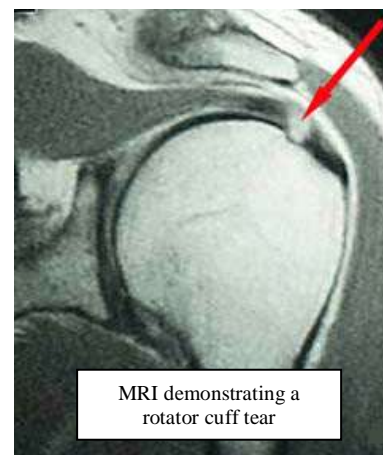
## PATIENT INFORMATION SHEET: ROTATOR CUFF

The rotator cuff is made up of four muscles in your shoulder. These four muscles (subscapularis, supraspinatus, infraspinatus and teres minor) connect your humerus to your shoulder blade and act to stabilize the ball of your shoulder within the shoulder socket. Injury to the rotator cuff may consist of tendonitis, acute tearing or chronic tearing.



### Rotator Cuff Tear:

A rotator cuff tear occurs when one or more of the rotator cuff muscles detaches from its attachment on the humerus. Rotator cuff tears may be acute from injury or chronic from years of impingement or tendonitis. Acute tears may occur from a fall on to an outstretched arm or during a quick movement such as a sudden thrust of a kayak paddle. Often this will be accompanied by extreme shoulder pain that will often linger after the initial insult. Pain will limit shoulder movement and often strength will be decreased. Chronic tears usually occur in patients over the age of 40 and in the dominant shoulder. Patients often report gradually worsening pain and decreased arm mobility. The pain often wakes the patient up from a sleep. In addition to physical examination, an MRI is utilized to detect a rotator cuff tear. The MRI will often reveal the torn cuff and





demonstrate the extent of the tear. The tear may be partially torn or completely torn. The size of the tear may vary from small to massive and this may also be seen on MRI. Surgical repair is the treatment of choice for most symptomatic and disabling rotator cuff tears. The rotator cuff will not heal back to bone without surgical intervention. An arthroscopic rotator cuff repair with subacromial decompression is often preformed. This means that a small camera and small equipment will be used through tiny incisions to stitch the rotator cuff back to it's attachment on the humerus. At the same time, we will decompress or open up the space by shaving down a spur around the rotator cuff to permit healing.

## **EXPECTATIONS ON SURGERY DAY**

### **Pre-Surgery:**

- On the night before surgery, do not eat after midnight (no chewing gum or lozenges)
- On the morning of the surgery you may have your daily pills with a sip of water
- Your surgical time will be confirmed the day before the surgery by the surgical center/hospital.
- Patients should bring their MRI disk to the surgery
- If the surgery is done at our Waltham facility (Boston Outpatient Surgical Suites)

### **Surgery:**

The length of an arthroscopic rotator cuff repair will take up to 2 hours depending on the extent of the tear. Your nurse will bring you into the pre-op area where you will have an IV placed and meet with Dr. Miller and your anesthesiologist. A nerve block may be offered to you at that time. This is done by the anesthesiologist and can give you relief often lasting until the next morning. It is up to you if you want to have this or not.

General anesthesia is utilized to assure a comfortable surgery. This means that you will be “asleep” and completely unaware of the surgery until you wake up in the recovery area. Most patients will have a small tube placed in their windpipe; formal



intubation may not be required. Like any surgical procedure, there are risks. These risks are extremely rare and consist of nerve injury, infection, shoulder stiffness, re-tear, or incomplete healing of the tendon.

### **Post-Surgery:**

After the surgery is completed, you will awaken in the operating room with a sling on and you will be moved to the recovery area. Most patients generally recover smoothly and have minimal pain due to the nerve block administered to you in the pre-operative area.

## **POST-OPERATIVE INSTRUCTIONS: ROTATOR CUFF REPAIR**

### **Post-operative Medications:**

- You will be given a prescription for **pain medication** prior to discharge. This medication may be taken as directed. Once the pain or discomfort is minimal, you may switch to Tylenol which is available over-the-counter. We ask that you avoid NSAIDs (Advil, Motrin, Aleve, ibuprofen, etc.) for the first few weeks after your surgery as these may interrupt tendon healing.
- You should take a **stool softener** while you are taking narcotics. The pain medication can cause significant constipation. Peri-Colace can be purchased over the counter and is taken twice daily.
- Anti-coagulation or **blood thinners** are critical to minimize the risk of a DVT (or blood clot). We recommend you take Aspirin 81mg once daily for two weeks as a precaution unless instructed otherwise.

### **Ice:**

- An ice device or an ice bag (not directly touching the skin) should be utilized to reduce swelling and pain. Please ice every 3-4 hours for about 15-20 minutes each time for at least the first 5 days or until swelling subsides. We have Polar Ice devices in our office available for purchase and our staff would be happy to assist you with this. Although this is helpful, it is not mandatory and available to you only if you would like one.

### **Sling:**

- You will be given a sling with an abduction pillow. This should be worn for at least 4-6 weeks or until directed by Dr. Miller. The sling may be removed for hygiene and for exercises. You should sleep with the sling on.

**Physical Therapy:**

- You will begin PT usually 2 weeks after surgery and a PT prescription and protocol will be given to you at your first post-operative appointment. You will schedule this on your own but we can assist you in finding a convenient facility.

**Wound:**

- Leave your surgical dressing on for 2 days. After 2 days you may remove your dressing and shower. Dry the incisions well and apply a small dressing or Band-Aid over the incisions.

**Follow Up:**

- If you do not already have a follow-up visit scheduled, please call 617-264-1100 to schedule one with Dr. Miller within 7-10 days for suture removal and to receive the PT prescription and protocol.

## **FREQUENTLY ASKED QUESTIONS: ROTATOR CUFF REPAIR**

**When do I have to wear the sling and for how long?**

The sling must be worn at all times except for bathing and exercises. At the initial post-op appointment, further sling wear will be addressed. The sling should be worn as directed by the doctor, usually for about 4-6 weeks.

**How do I sleep?**

Sleeping in a propped or partially sitting position, such as a recliner, is usually more comfortable as your shoulder is elevated. You can sleep in bed if you can tolerate this.

**How long will I need to be in Physical Therapy?**

This is variable and depends on the patient. In general, you should expect to be in PT for about 3-6 months. The specific PT program and goals will be per Dr. Miller's protocol. You will be provided with a prescription for PT and you can choose a facility that is a convenient location for you or we can assist you with this.



### **When can I drive?**

You may not drive while taking narcotic medications or while wearing the sling so you should plan on not driving for *at least* the first 6 weeks.

### **What signs should I look for that is suggestive of an infection?**

Infection is not a common complication after this surgery but if you develop a fever of >102 degrees or if there are signs of spreading redness or increased tenderness around an incision or any drainage (other than blood) through the bandages please contact our office immediately at 617-264-1100.

### **When will I see the doctor again?**

You will be seen 7-10 days after surgery. A follow-up visit should already be scheduled for you. If not, please call our office to schedule this.

### **How long is recovery?**

Recovery is typically 4-6 months, although you can continue to improve even up to one year after surgery. You can return to activities like golfing usually by 4-5 months, but heavy lifting is closer to 6 months.