

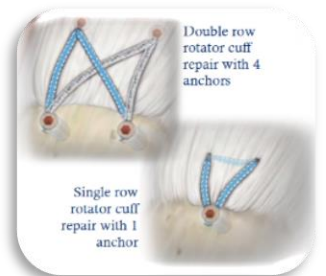
Rotator Cuff Repair

Rotator Cuff Anatomy: The rotator cuff is a set of four muscles and tendons that stabilize the shoulder joint and allow for a wide range of arm movements. These muscles - the supraspinatus, infraspinatus, subscapularis, and teres minor - work together to keep the ball of the upper arm bone (humerus) securely within the shallow shoulder socket (cup). When functioning normally, they help facilitate actions like lifting, rotating, and controlling arm movement. Proper rotator cuff function is essential for shoulder stability, function, and strength.



Why Surgery? The pain and weakness caused by many smaller or degenerative tears can improve without surgery using other treatments including physical therapy. Therapy can strengthen the muscles around the damaged tendon, leading to pain and function improvement. However, for traumatic tears or degenerative tears that don't improve with therapy, surgery can be considered. The surgery is designed to improve pain, movement, and function of the shoulder.

The Surgery: Surgery is performed arthroscopically, using a small camera and tools placed into the shoulder through 4 small incisions. The rotator cuff tendon is repaired by reattaching the torn tendon to the humerus - back to the site it was torn away from. A combination of bone anchors and sutures are used to reattach the tendon to the bone. This combination holds the rotator cuff in the proper healing position, which takes some time as you'll see below. The anchors are made of a material that slowly dissolves and the anchor area fills back in with bone over time. These anchors are not made of metal and are compatible with MRI's. Occasionally, a graft of tissue (superior capsular reconstruction) is added to augment or take the place of severely damaged rotator cuff tissue. If this is graft is added, there are no additional incisions or restrictions after surgery.



[Scan this QR for a video animation of our typical surgical technique for roator cuff repair](#)

Early Healing and Recovery: The 6-week period after surgery is the most important part of your healing. During this time your rotator cuff is healing back to the bone, so it's important to follow the restrictions.

- **Motion:** In order to let your repair heal, you can NOT actively move your shoulder away from your body for the first 6 weeks. Gentle use of the hand and elbow is encouraged.
- **Sling:** Initially, you'll be in a sling, but this is for comfort only. We encourage you to come out of it to move your hand and elbow gently as soon as your pain allows. The sling is for your comfort, but also serves as a reminder to follow the shoulder restrictions. It should be worn at night and when out in public.

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- **CPM:** The CPM (continuous passive motion) machine and gravity (pendulum exercises) can move your shoulder for you. This helps prevent scar and stiffness. The biggest risk of this surgery is scar formation, so we want you to reach the CPM goal of 140/60 as quickly as possible – hopefully within the first week or two. Plan to use the CPM 3-4 hours per day in 1-hour increments. Start your CPM machine the day after surgery. You'll be using this for a total of 4-6 weeks.
- **Sleep:** Many patients have difficulty finding a comfortable sleeping position at first. You may find that sleeping in a recliner or propped up with pillows is more comfortable, although you may sleep in a bed anytime.
- **Pain:** We generally use a combination of medicines to help with pain. The pain medicine (oxycodone or hydrocodone) is a narcotic drug that helps with the initial surgical pain and should be weaned off of as soon as tolerable. An anti-inflammatory medicine (meloxicam) is often added to help with pain and inflammation. This should be taken once per day and can be discontinued when the pain levels stabilize. Aspirin is also often prescribed to help with pain, but is primarily used to prevent post-operative blood clots. If prescribed, you need to take this medicine consistently for the first 6 weeks. The polar ice pack is also used as needed to help decrease the inflammation and pain – especially during the first few days.
- **Driving:** You may drive once you are off your pain medication and feel safe to drive.
- **DVT Prevention:** Deep Venous Thrombosis is a risk of any surgery – even a shoulder scope. If you are prescribed aspirin, take this for the full 6 weeks. The compression socks and devices should be used for the first week and can be discontinued after that.
- **Sutures:** Your sutures will be removed at your post-op visit about 1 week after surgery. Steri-strips will be placed over the incisions and typically fall off in a week or so. You can shower over these strips.

Physical Therapy: You'll start therapy about 3 weeks after surgery. We will give you the referral at your first post-op visit. You'll be in PT about 2 times per week initially, tapering down over about 12 weeks. Continue your CPM (especially on non-PT days) for the first two weeks of therapy to maintain your motion and reduce scar.

Long-Term Expectations: We expect patients to ease back to many normal activities including golf and gentle physical activities around 12 weeks after surgery. Full contact sports or repetitive overhead sports can take 6 months for return.

Ortho Lazer is a recommended, FDA approved treatment that expedites healing and decreases pain, inflammation, and infection risks. It reduces the need for postoperative narcotics. It also reduces scar formation which is the number one risk of shoulder surgery. It is a series of 6 (10 minute) treatment sessions available at Franklin and Brookfield facilities. Although optional, this treatment has been extremely effective in our rotator cuff repair patients. The 6 visits cost \$420 in total.



To arrange Ortho Lazer treatment, please contact our surgical coordinator Sheila : 414-643-4002 -or- ssullivan@theorthoinstitute.com

Thanks for choosing Dr. Pennington to care for your painful shoulder.

He and his team are dedicated to helping you improve your pain, function, and quality of life.