Arthroscopic rotator cuff repair
This leaflet aims to answer some of the questions you may have about having an arthroscopic rotator cuff repair. It explains the benefits, risks and alternatives to the procedure, as well as what you can expect when you come to hospital. If you have any further questions or concerns, please speak to a doctor or nurse caring for you.

**What is an arthroscopic rotator cuff repair?**

The rotator cuff is the name of a group of four tendons in your shoulder. These tendons allow different types of movement to occur, including elevation and rotation. Any of the tendons can tear, either due to an injury or, more commonly, due to the ‘wear and tear’ that occurs as part of the ageing process.

When a tendon tears, it can no longer function properly and often causes pain and weakness. Therefore you may become less active and find it harder to carry out day-to-day tasks.

During an arthroscopic repair of the torn rotator cuff tendon, a camera (arthroscope) is inserted into the shoulder to allow the tendons to be seen. Fluid (saline) is passed into the shoulder to allow the surgeon to look at the structures within it. Very small anchors are then used to repair the torn tendon back into the bone. Stitches (sutures) are also passed through the tendon to secure it.
What are the benefits of having an arthroscopic rotator cuff repair?
The main aim of this surgery is usually to provide pain relief. Repairing the tendon may also increase strength and active range of movement at the shoulder joint. ‘Active range of movement’ describes the mobility of a joint - how far you can move your joint in different directions. After the surgery, you should also find that you are better able to manage your day-to-day activities, as you are able to do more with your arm.

What are the risks?
In general, the risks of any operation relate to the anaesthetic and to the surgery itself. In most cases you will have a general anaesthetic combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region.

You will be able to discuss this with the anaesthetist before your surgery and he/she will identify the best method for you.

For more information about having an anaesthetic please see our leaflet, Having an anaesthetic. If you do not have a copy, please ask us for one.

Arthroscopic rotator cuff repair is commonly performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of the procedure outweigh any disadvantages. However, to make an informed decision and give your
consent, you need to be aware of the possible side effects and risks/complications.

Complications include:

- **Infection** (affects less than 1 in 100 patients treated)
- **Nerve injury** (affects less than 1 in 100 patients treated)
- **Bleeding** (rare, as this is a ‘keyhole’ procedure)
- **Thrombosis/blood clot** (affects less than 1 in 100 patients treated)
- **Re-tear of the tendon/s.** This can occur, affecting 30 in 100 patients treated over a lifetime.
- **Stiffness of the shoulder** (affects 1 to 2 out of 100 patients treated). This is rarely permanent and usually improves over a three to six month period.

Are there any alternatives?

Surgery is known to be a good treatment for this condition, but in some cases a torn rotator cuff tendon can be managed with a course of physiotherapy and steroid injections into the joint. This does not heal the tendon but can provide some pain relief and allow for other muscles to strengthen and compensate for the dysfunction of the torn tendon.

How can I prepare for the operation?

Please refer to our leaflet, **Surgical admissions lounges (SAL) and day surgery units (DSU) at Guy’s and St Thomas’ hospitals.**

If you do not have a copy, please ask us for one or see our website at [www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk) (type SAL into the search box).
Consent – asking for your consent
We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

What happens during the operation?
On your day of admission you will be seen by a doctor from the surgical team who will mark the site of the surgery and ask you to sign the consent form. The anaesthetist will also review your fitness for surgery and finalise the planned anaesthetic regime. You will then proceed to the operating theatre to undergo the operation.

During your surgery, you are positioned sitting up. The surgeon then introduces the camera into your shoulder and watches the images on a TV screen. Photos are generally taken of the findings.

The surgery involves looking at the tendon tear via the arthroscope and using stitches to repair it. Special bone anchors are used to stitch the tendon back to the bone. The extent of repair required is directly related to the size of the original tear. The length of the operation will depend on the number of tendons involved.
Will I feel any pain?
Your arm will feel numb because of the nerve block (local anaesthetic) used during your operation, but this should wear off within 24 hours. Post-operative pain is normal and you will receive a combination of painkillers to help minimise this pain.

What happens after the operation?
Following the operation you will be taken to the recovery department. This is where you are monitored for the initial post-operative period. You will then be transferred either to the orthopaedic ward or to ambulatory care in the Day Surgery Unit. You may go home on the day of surgery or you may require an overnight stay on the ward. When you go home depends on your individual circumstances and the time of your procedure, and this will be discussed with you before your operation.

You may be seen by an orthopaedic physiotherapist who will teach you how to put on and take off your sling, along with some basic exercises. He/she will also provide advice on ways of managing daily tasks after your surgery, and will organise your outpatient physiotherapy referral at your local hospital.

What do I need to do after I go home?
You can remove the outer, cream-coloured layer of your dressing two days after your operation. The plaster that is underneath this dressing should be left in place. If this becomes loose please cover it with an extra plaster that will be provided to you on discharge.
Keep your wound dressing dry. Your wound will be checked and the stitches removed at your follow-up appointment about two weeks after your surgery.

It is essential that you continue to take your painkillers as advised after your surgery. Your pharmacist and nurse will discuss the management of your painkillers with you before you go home.

If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment, or you can contact your GP for advice and pain management. Depending on the nature of your employment, you may be signed off work for 1 to 12 weeks.

What should I do if I have a problem?
Please contact your GP if you experience any of the following:
- increasing pain
- increasing redness, swelling or oozing around the site of the wound
- fever (temperature higher than 37.5°C)
- sudden inability to move your arm.

Will I have a follow-up appointment?
Two weeks following your surgery, you will be asked to attend the outpatients department for a review, wound check and the removal of your stitches. Your dressings will be changed and reduced as appropriate.
Contact details
If you have any concerns about your operation, please contact the following (Mon to Fri, 9am to 5pm):

- Mr Corbett’s and Mr Richards’ secretary, t: 020 7188 4471
- The clinical nurse specialist – call the hospital switchboard, t: 020 7188 7188 and ask for the bleep desk. Ask for bleep 2567 and wait for a response. This will connect you to the clinical nurse directly.

Please contact your GP or attend your local Emergency Department (A&E) if you have any urgent medical concerns outside of these hours.

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.
 t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
 t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk
 t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

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