

Rotator cuff repair operation

Information for patients

This booklet contains information about the shoulder surgery that you have been advised to have, and aims to answer some of the questions you may have about the operation and your stay in hospital.

About shoulder surgery at Sherwood Forest Hospitals

At our King's Mill Hospital site, there is an elective orthopaedic ward and an elective day case unit (DCU). At our Newark site, there is an elective day case unit/ward (Minster ward). The ward and site of your shoulder or elbow surgery will be discussed with you by your consultant team in the outpatient clinic before your operation.

You will be admitted to one of these wards during your stay in hospital. On each ward a "named nurse" will be allocated to you to co-ordinate your nursing care. You will also have named physiotherapists to supervise your rehabilitation.

You will usually be admitted to the hospital on the day of your operation, and you will usually go home the same day. If you think you will need transport to get home or help when you get home, please tell your named nurse when you first come in.

What to bring

You need to bring in with you any medicines that you are taking, toiletries, a towel, nightwear and some loose and comfortable clothing. Please leave valuables at home.

Operation day

Your anaesthetist will see you on the morning of the operation to discuss your anaesthetic with you. You will be able to eat and drink as usual the day before your operation. You may be able to have an early morning drink even on the day of your operation but you need to discuss this with the ward team before you have any drink.

You must not smoke after midnight the day before the operation.

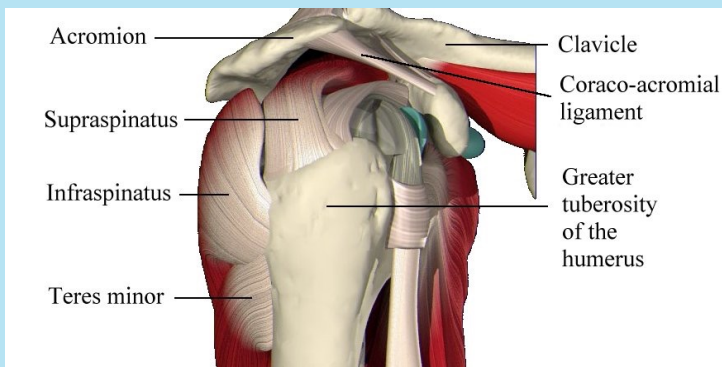
Rotator cuff repair – what is the problem?

Your shoulder is the most mobile joint in your body and therefore relies on strong muscles to move and stabilise it. The most important muscles for this purpose are your rotator cuff muscles. These muscles originate from your shoulder blade and their tendons form a hood covering the ball of your shoulder joint.

Your tendons can get damaged in two ways, either by an accident, or by weakening and “wearing out” over time. As you get older, your muscles and tendons can get thinner and bony spurs can develop underneath the arch of bone above your shoulder joint (the acromion).

When you move your arm into certain positions, such as reaching up or behind the back, these spurs can press on your tendons, or your torn tendon may be stretched, making them feel painful.

Side view
of the right
shoulder



Rotator cuff repair operation – what is it?

We will find any tears in your rotator cuff muscles and tidy up the torn muscles or tendons. Then we will fasten them into place again. We will also smooth the bone on the underside of the acromion (the arch of bone over your shoulder). Any scarred or inflamed tissues will be cleared out.

After the operation, it will take three months for the repair to your muscles and tendons to heal. This is quite usual.

How is it done?

The procedure may be carried out as a keyhole procedure (arthroscopically) using a telescope about 5mm in diameter and instruments of similar size. This will give you 2-4 small scars of about 5-7mm in length on the back, the side and the front of your shoulder.

During your operation, we will also examine your shoulder joint.

Arthroscopic



Open



There may be technical reasons why we cannot carry out the procedure arthroscopically. This means it will be done in the traditional way (open), which will leave a scar about 4-7cms in length along the top or the front of your shoulder, along the bra/vest strap line. You will probably have a little pain after your operation -slightly more if you have had the 'open' procedure.

When will the stitches come out?

If you have had stitches, they will be removed at your GP surgery, usually 10 days after your operation. An arthroscopic wound does not usually need stitches.

After my rotator cuff repair operation

Your shoulder wounds will have dressings on them and you will have to wear a splint or a sling.

You will have your arm supported in a sling straight after your operation. Because this is to protect the repair to your tendon, you must wear the sling all the time for the next four to six weeks (you will be told exactly how long after your operation). This may mean that you will need to organise some help at home.



How do I fit my sling?

Please scan the QR code to view a video demonstration.



1. Support your arm on a pillow before you start. Slide your sling underneath the arm, so that your elbow is tucked into the corner of the sling, as shown.
2. Now using the non-operated arm feed the strap around your back and over the non-operated shoulder, as shown.
3. Now pull the strap up on itself and fix the velcro at a level where the arm feels comfortable and supported, as shown.

You will be taught how to manage your sling by the physiotherapists or nurses. You will also be taught exercises to keep your shoulder, elbow and hand moving.

How can I sleep?

Sleeping can be a little uncomfortable if you try to lie on your operated shoulder. We recommend that you lie on your opposite side.

Ordinary pillows can be used to give yourself comfort and support (feather pillows are easier to use than foam ones). **Wear your sling whilst sleeping and do not remove it at night time.**



If sleeping on your side, having a pillow or two under your head usually gives enough support for most people. A pillow tucked along your back helps to prevent you rolling onto your operated shoulder in the night. A pillow in front of your tummy is a nice place to rest your hand to help you sleep.



If sleeping on your back, use a pillow under the elbow of your operated arm as shown. Again, important in helping you get a good night's rest.

Rehabilitation

Rehabilitation is important to get the most out of your shoulder after the operation. The first stage is to keep your shoulder moving, with the following exercise.


This is the only exercise you should do for the first four to six weeks. Your arm should be in the sling for the rest of the time.

You should do your exercise at least twice a day at home, until you are seen again after four to six weeks. Try to do 10 repetitions twice daily.




While standing up, lean forwards from your hips and hang your arms down as shown in the picture. Circle your arms from your shoulder in gentle, pendulum type movements. Keep your palms facing forwards as you go clockwise and anticlockwise.

From lying on your back with your elbows supported as before, use your unoperated arm to lift the other up towards your head. Try to get your hands on top of your head if you can.



In standing carefully, place your hands on a tabletop. Then gently step back and without putting any weight through your arm, perform a forward bow as shown in the picture.



When can I go home?

- When you have recovered from your anaesthetic
- When your pain is controlled
- When you can manage your sling
- When you have seen the physiotherapy team.

Is that the end of my treatment?

Following your operation, you will be referred to physiotherapy for on-going rehabilitation. This will be timed for when your sling can come off (usually four or six weeks) or sooner if you are having difficulties with the sling or pain.

When you are allowed to remove the sling the physiotherapist will progress your exercises and advise you on how and when you should start to increase your arm use and return to activities of daily living.

You will also go to the follow-up clinic at the King's Mill or Newark Hospital. This is run by the advanced practice physiotherapist and/or nurse specialist. They will see you six weeks after your operation. They can arrange a quick appointment with your surgical team if necessary.

At six months, you will have your final clinic check-up, and the physiotherapist and/or nurse specialist will discharge you unless your surgeon's opinion is needed.

If you are at all worried about your shoulder you should contact the hospital's shoulder and elbow team. The telephone numbers are at the end of this booklet.

What will I do as an outpatient?

You will continue with your exercises as given to you by the physiotherapist. You will gradually work on developing the strength and control of your shoulder, progressing to full functional movement. We will encourage you to learn how to use your shoulder comfortably. If you have a heavy or demanding job, you may also be helped by our occupational therapists.

When can I do my normal activities?

This depends upon your symptoms. Driving can be resumed when you are comfortable and safe to control a car. It is wise to discuss this with your insurance company. We would advise you not to drive for at least four weeks after the operation as your arm will be in a sling.

Guide:

- | | |
|---|-----------------|
| • Light work (no lifting) | 4-6 weeks |
| • Medium (light lifting below shoulder level) | 6 weeks onwards |
| • Heavy (above shoulder level) | 3-6 months |

Most people are comfortable by between six to 12 weeks after surgery. However, it may take six to 12 months to feel the full benefit of the operation, particularly if you do heavy work. If you feel that your work or leisure activities come into the 'heavy' category, please discuss this with the physiotherapists so that they can plan the best rehabilitation for you.

Driving can be resumed when you are comfortable and safe to control a car. It is wise to discuss this with your insurance company.

Summary

For the first four to six weeks after your operation you will be in a sling all the time and will do passive exercises only. For the next six to eight weeks after your operation you can do mobilising exercises but no lifting. After this you can start strengthening exercises, as shown by your physiotherapist.

If you are at all worried about your shoulder you should contact the hospital's shoulder and elbow team. The telephone numbers are below.

Useful contact numbers

King's Mill Hospital

Telephone: 01623 622515

Mr Kurian's secretary

Mr Bidwai's secretary

Mr Mitra's secretary

Nurse surgical care practitioner

Advance practice physiotherapist

King's Mill Day Case Unit

King's Mill orthopaedic ward

Newark Hospital Day Case Unit
(Minster ward)

King's Mill physiotherapy department

Newark Hospital physiotherapy
department

Newark Hospital

Telephone: 01636 681681

Extension number

4117 (Monday to Friday, 8am-5pm)

4175 (Monday to Friday, 8am-5pm)

6318 (Monday to Friday, 8am-5pm)

4104 (Monday to Friday, 8am-5pm)

6148 (Monday to Friday, 8am-5pm)

3048 (Monday to Sunday, 24 hours)

2414 (Monday to Sunday, 24 hours)

5850 (Monday to Friday, 8am-5pm)

3221 (Monday to Friday, 8am-5pm)

5885 (Monday to Friday, 8am-5pm)

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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