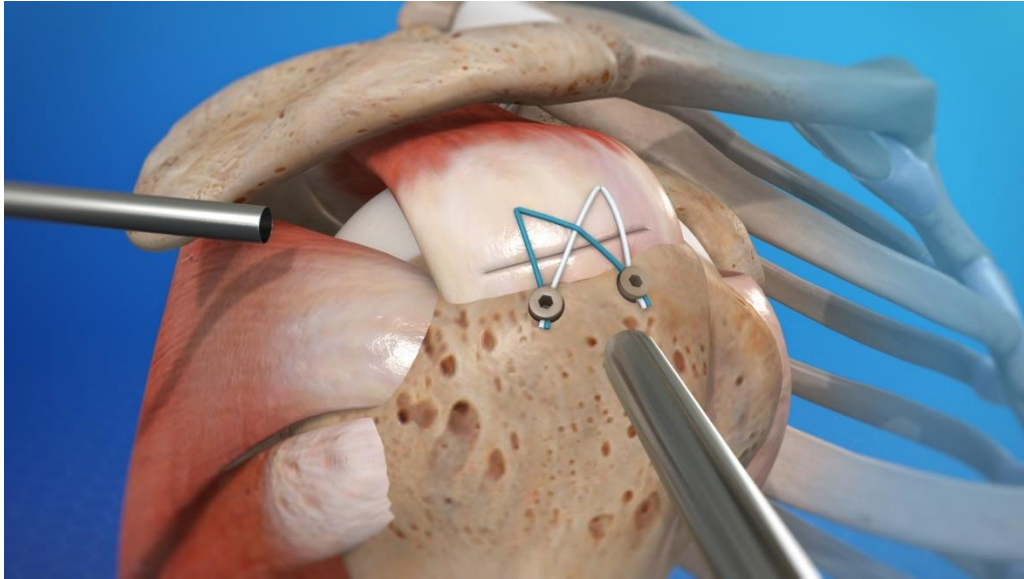




Shohada Educational & Treatment Hospital

Rotator cuff repair: after surgery care



Pain relief

You won't feel any pain during the procedure. After the operation, although you will only have either a mini open or two or three small keyhole surgery incisions, you might have some pain due to the surgery performed inside your shoulder. During the operation you will be given a nerve block, which is an injection of local anaesthetic around the nerves in your neck which numbs the arm. This may last several hours after the procedure, and can last for up to a day. As the nerve block wears off, the feeling of sensation will start to return to the arm. This is often initially in the form of pins and needles.

You should start taking pain medication before the block wears off, and keep taking this medication regularly to begin with to keep the pain under control. You will be sent home with adequate painkillers and clear advice on using them and looking after your arm. You should take great care of your arm while it is numb, so you don't injure your arm when you are unable to feel it.

Wearing a sling

You must wear a sling at all times while the arm is numb and the shoulder is immobilised. After this, you should wear a sling for up to six weeks to protect the repair in the early phases of healing. Your arm will feel more comfortable resting in a sling. You will be shown how to take your arm in and out of the sling by the nurse or physiotherapist in the ward so you can wash.

If you have had a major repair, you will need to wear the sling for five to six weeks. You can then slowly reduce wear, spending a couple of hours in the morning and afternoon out of the sling and slowly building up that time.

If you are lying on your back to sleep, you might find it comfortable to place a towel or pillow under your upper arm for support. Always wear the sling at night for the first five to six weeks. You will need to remove the sling three or four times a day to do the regular exercises, as instructed by your physiotherapist.

Exercises

For the first three weeks, you will be moving the joint in a specific range below shoulder level, as shown by your physiotherapist. It is important not to put any weight through your arm. Even simple activities such as pouring a kettle are too much resistance for the shoulder in the first three weeks. Your exercises should be done two, three or four times a day. You will need to get into the habit of doing regular exercises at home for several months after this operation. This can sometimes be for up to nine months to enable you to gain maximum benefit from your operation.

Wounds and stitches

The wounds after keyhole surgery are very small, although the dressing may seem quite large. You will not have stitches, but have small sticking plaster strips to keep the skin edges together, and waterproof dressings over these so you can wash and shower. If the dressings get soaked through, they will need to be changed.

With a mini open incision, you may have dissolvable stitches. The ends will need trimming after 10 to 14 days. A wound check will be organised at your GP practice at around five days and 14 days, when the steri-strips and dissolvable stitches can be trimmed. The stitches do not need to be pulled through as they will dissolve under the skin.

Outpatient clinic

A follow up appointment at the outpatient clinic is usually arranged for two to three weeks after your operation for the shoulder physiotherapist specialist to check your progress. An appointment with the shoulder consultant will be made for six to eight weeks after your operation. Further clinic appointments will be arranged as necessary.

What not to do after surgery

For at least three weeks and possibly five, depending on the size of your repair operation, do not use your arm for everyday activities, especially those taking the elbow away from the body. Keep your arm in a sling, except when you are doing your exercises, and continue to do so until you are told by the physiotherapist or hospital doctor. Don't let your elbow stretch across the front of your body; this can happen at night when you are lying on the un-operated side.

When you stop using the sling at five to six weeks, place your arm on pillows in front of you. For six weeks, do not lie on your operated side. After this time, be guided by pain. Avoid lifting any weight (including items such as kettles) for eight to 12 weeks, as this will stress the repaired muscle. Heavier lifting such as digging, gardening and manual work must be avoided for four to six months. You must also be careful not to load the shoulder pushing yourself out of chairs or the bath, for three months after surgery. There may be other movement restrictions that you will be told about if they apply.

Progress after surgery

Phase one – sling on

No movement except exercises. You will basically be one-handed immediately after your operation for three to five weeks. This will affect your ability to do everyday activities including dressing, bathing, shopping, eating and preparing meals.

Phase two – regaining everyday movements

This starts when you have been given the go ahead by the hospital doctors or physiotherapist to start to regain muscle control and movement. You can now start using your shoulder for daily activities. To start with, these will be at waist level, but you can gradually return to light tasks with your arm away from your body.

Phase three – regaining strength

After 12 weeks, you will be able to increase your activities, using your arm away from your body for heavier tasks. The exercises now have an emphasis on regaining strength and getting the maximum movement from your shoulder. Generally, don't be frightened to start moving the arm as much as you can; gradually the movements will become less painful.

Going back to work

When you go back to work will depend on what you do. Most people in desk based jobs are able to return in six to eight weeks. Jobs requiring significant manual work or heavy lifting often require at least three to four months off work.

Driving

You can drive as soon as you feel confident, competent and in complete control of the vehicle. You should start with short journeys, initially with somebody accompanying you. You should not try to drive until after six weeks, and after the sling is removed entirely. Your physiotherapist will guide you on the best time to start a short journey.

Leisure activities

Please discuss the activities you want to do with your physiotherapist or consultant. Your level of activity will increase as your rehabilitation progresses.

Generally it is six months before you can return to non-contact sports, and 9 months to a year before returning to contact sports.

Swimming is very good for strengthening your shoulder. You can try a gentle, modified stroke at six to eight weeks and aim for free style after 12 weeks. Always be guided by pain with introducing new activities and do not push through sharp pain.

Rotator cuff repair: exercises

It is useful to use painkillers or icepacks to reduce pain before you exercise. It is normal for you to feel aching, mild discomfort or stretching sensations when you do these exercises. Intense or long-lasting pain of more than half an hour should not occur. If reducing the level of your exercise does not improve these symptoms, please discuss the problem with your physiotherapist.

Do short and frequent sessions, for example five to ten minutes, four times a day, rather than one long session.

Gradually increase the number of repetitions you do under the guidance of your physiotherapist.

Phase 1 - exercise from operation to six weeks afterwards

1. Neck exercises

In a standing or sitting position, turn your head to one side. Repeat five times.

1. Turn your head to the one side and repeat five times
2. Turn your head to the other side and repeat five times
3. Tilt your head to the right, right ear to right shoulder, repeat five times
4. Tilt your head to the left, left ear to left shoulder, repeat five times.

2. Elbow exercises

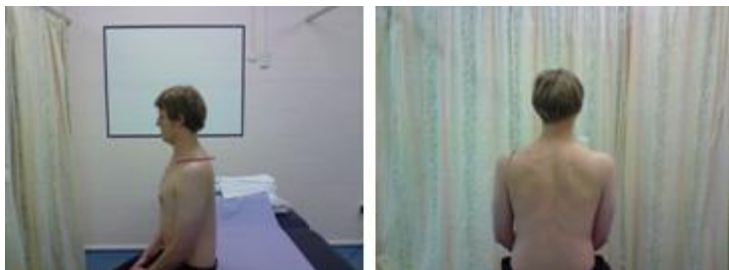
These can be performed in a standing or lying position.

1. Straighten and then bend your elbow. Repeat five times.
2. Try to work towards achieving full flexion and extension of your elbow joint.

3. Scapular setting exercises

1. Gently flatten your shoulder blade on your rib cage as if moving your shoulder blade to your back pocket
2. Maintain a neutral spinal posture
3. Avoid slumping

Optimal posture



Avoid poor posture



Assisted flexion in lying to shoulder height only

1. Elbow supported on a pillow
2. Thumb up grip on walking stick
3. Use unaffected arm to push involved arm into flexion just to shoulder level (initially you will be comfortable to 30 or 40° but aim for 90°, shoulder level, by five to six weeks)
4. Do not hitch the shoulder.

Flexion



External rotation

1. Elbow supported on a pillow
2. Thumb up grip on walking stick

3. Elbows bent to 90° and held at side of body
4. Push involved arm outward using the stick just until it is in alignment with the shoulder. Do not over push this movement in the first two weeks or it could place strain over the shoulder rotator cuff repair. If it feels comfortable you can slowly increase the range.



Phase 2 - exercises from five weeks to 12 weeks after your operation

1. Shoulder flexion in standing

- Assisted elevation through flexion in lying on your back or standing. Grip walking stick handle with the arm to be exercised.
- Use the opposite arm to push the involved arm into elevation moving at 90° to the plane of the body. By five to six weeks you should be able to reach shoulder level and you can gradually increase your range as pain allows.



2. Shoulder external rotation in standing



- Grip walking stick handle with the arm to be exercised
- Upwardly rotate shoulder blade
- Elbow bent to 90° and held comfortably at your side
- Push involved arm outward using the stick
- Keep shoulder blade still.

Remember to avoid excessive hitching of the shoulder



3. Static medial rotation muscle contraction

Using a wall

- Upwardly rotate shoulder blade
- Elbow bent to 90° and held comfortably by side, palm placed against wall
- Gently push into the wall
- Work at 30% maximal voluntary contraction or at 3/10 effort.



You can perform the same exercise using a stick

- Upwardly rotate shoulder blade
- Thumb-up grip on walking stick
- Elbow bent to 90° and held comfortably by side
- Gently push involved arm in while resisting with unaffected arm. There should be no arm movement.
- Work at 30% maximal voluntary contraction or at 3/10 effort

- Repeat each exercise ten times and hold for ten seconds, building up to 30 repetitions.



4. Static external rotation muscle contraction

- Upwardly rotate shoulder blade
- Elbow bent to 90° and held comfortably by side, back of hand placed against wall
- Gently push out into the wall
- Work at 30% maximal voluntary contraction or at 3/10 effort
- Repeat each exercise ten times and hold for ten seconds, building up to 30 repetitions.

Using a wall



You can perform the same exercise using a stick



Phase 3 exercises - ten weeks to three months

Your strength and mobility will slowly increase with time and the more challenging exercises your physiotherapist will select for you. Improvements in your shoulder strength will continue for 12 to 18 months.

1. External rotation in 30 – 60° flexion

- Upwardly rotate shoulder blade
- Thumb up grip on walking stick
- Keep elbows bent to 90° and elevate shoulders to 30 to 60° forward flexion
- Gently pull out involved arm while resisting with unaffected arm. There should be no arm movement.
- Work at 30% maximal voluntary contraction or at 3/10 effort
- This exercise can also be repeated using a light resistance yellow tubing or band.



2. The above exercise can be repeated at 90 degrees flexion and above



Reference: <https://www.uhs.nhs.uk>