

Rotator Cuff Surgery

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Our website is an excellent resource. Please refer to our website ctortho.com. It contains additional educational materials including video and animation of shoulder arthroscopy as well as postoperative exercises and physical therapy protocols.

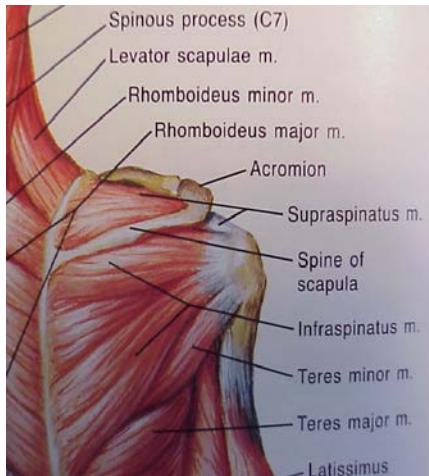
Please review the enclosed pamphlet. It goes over your upcoming surgical procedure and what to expect during your recovery.

If you have any questions about the surgical procedure itself please call and speak to Dr. Kimmel or Elizabeth

If you have any questions about scheduling , medication issues, preoperative clearance, disability , time off from work etc Please call our enfield office 860-253-0276 and speak to Dr. Kimmel's medical assistant **Sharon Racine**.

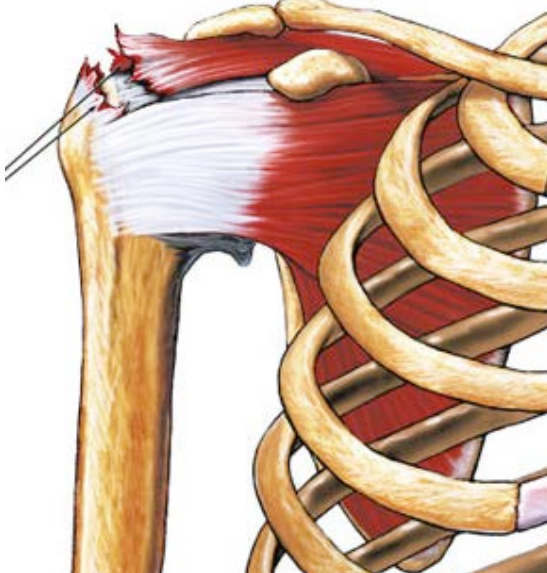
THE ROTATOR CUFF

The rotator cuff is composed of four muscles that enable you to lift your arm. These are the supraspinatus, infraspinatus, teres minor, and subscapularis.



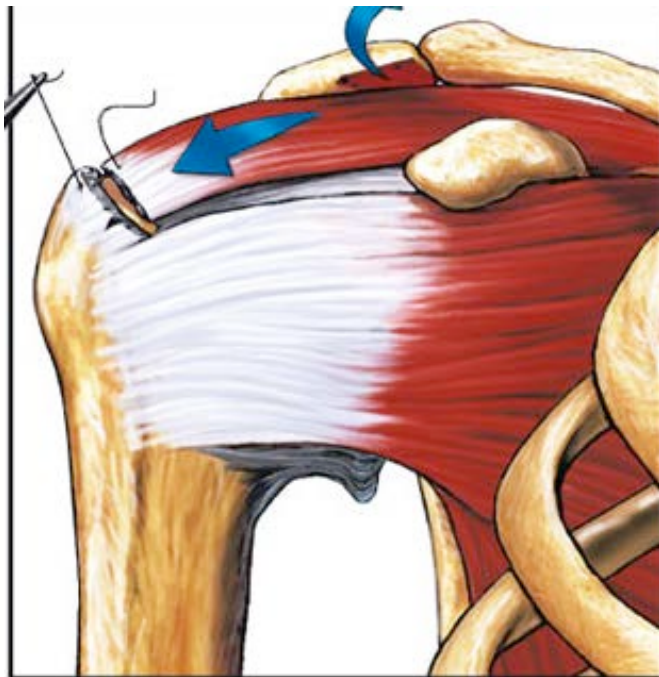
Rotator cuff tears

Rotator Cuff tears can occur from trauma such as a fall or wear and tear over time. Many rotator cuff tears in patients over the age of forty are due to bone spurs that impinge on the rotator cuff causing a tear. Rotator cuff tears may be partial or complete. Complete tears can vary in size from small tears to massive tears.



Rotator cuff repair

Rotator cuff repair usually involves reattaching the tendon to the bone. If the tear is partial it may only be necessary to smooth the torn portion. If it is complete the rotator cuff is repaired back to the bone using sutures or suture anchors. Frequently it is necessary to remove any bone spurs that are contributing to the problem .For more info please see video on web site)



Many times the rotator cuff can be repaired through small incisions. This is called a all arthroscopic repair. When the tear is large or the tissue quality is less than optimal it is sometimes necessary to make a small incision to repair the rotator cuff. This is called a miniopen repair. The decision to do an all arthroscopic or a miniopen repair is made at the time of the surgery. Dr. Kimmel has many years of experience in repairing these tears and he will repair it in the way that will give you the best result.

Results of Rotator Cuff Repair

When patient's have a torn rotator cuff they complain of pain and dysfunction. Rotator cuff repair has been shown in the literature to provide excellent relief of pain with over 90% of patients reporting decreased pain.

The results of restoring function are less predictable. The ability for Dr. Kimmel to restore the function of your shoulder is related to 1. The size of the tear 2. The length of symptoms and 3 The condition of the rotator cuff muscles. In the literature and in Dr. Kimmel's personal experience, over 90% of patients with small tears achieve full mobility and function after surgery while patients with large longstanding tears can only be expected to achieve full function 50-70% of the time.

Complications of Rotator Cuff Surgery

1. Post operative stiffness-This is the most common complication following rotator cuff surgery. Dr. Kimmel tries to prevent this by making sure you have good mobility prior to the surgery and instituting a careful early ROM program after the surgery.
2. It has been well documented in the literature that re tears of the rotator cuff can occur after surgery. In Dr. Kimmel's experience this occurs most often in the setting of a massive tear. Many times this does not cause major problems but sometimes a second surgery is needed to repair the re-tear. While this is not always preventable, it is important to carefully follow Dr. Kimmel's protocol especially if you have a large tear.
3. Infection-rare
4. Nerve Damage-rare
5. Anesthesia complications-rare

BEFORE SURGERY

Preoperative Testing- If you are over age 50 you are required to see your primary care physician for preoperative medical clearance. Your medical doctor may order blood work, an EKG, a chest x-ray or other tests based on your medical condition. If you are less than 50 yrs of age medical clearance is not required unless you have an underlying medical condition such as diabetes or heart disease that may warrant specific preoperative testing. This is to insure that you are in the best possible condition for your surgery.

Medications to Avoid or Discontinue before surgery

1. Aspirin
2. Ibuprofen
3. Advil
4. Alleve
5. Any NSAIDs
6. Plavix-Ask your physician
7. Coumadin-Ask your physician

If you are on any supplements please let us know as some need to be discontinued prior to surgery

If you are on chronic medications please discuss with your family physician whether to take them the morning of the surgery

THE DAY OF SURGERY

Rotator cuff surgery is outpatient surgery. You will come to the hospital, have the surgery and go home that day. Your insurance company will not normally authorize an overnight stay for routine shoulder surgery. In the event of a complication it may be necessary to stay overnight in the hospital for observation. This is very rare and always covered by your insurance. In that unlikely situation, we will notify your insurance company and obtain the appropriate authorization.

You will be asked to arrive approximately two hours prior to your scheduled time. You are not allowed to eat or drink anything after midnight on the day of your surgery. This is to insure that your stomach is empty when you go to sleep so you do not have any problems with the anesthesia. You will arrive and be admitted to the outpatient area. You will then be taken to the preoperative holding area. A family member can and should stay with you until you actually go in to surgery. In the holding area the nurses will make sure all your paperwork is in order and start an IV to give you fluids and medicine. You will be visited by an anesthesiologist who will go over your medical records and make sure you are in good shape for general anesthesia and surgery. He or she will also discuss with you doing an interscalene block. We recommend the interscalene block as a good way to decrease your postoperative pain. There are risks associated with this procedure and please listen carefully as these are described by the anesthesiologist.

You will undergo the block preoperatively and then be taken to the operating room. Your family member should wait in the family waiting area. Dr. Kimmel will call them after the surgery. If you leave that area please give a cell phone number to the nurses but we have found cell phone signals to be unreliable at times and Dr. Kimmel may not be able to call again until much later if he is scheduled for another surgical procedure that day.

The surgical time will vary depending on the procedure. It can be anywhere from 1-3 hours. If your operation is not the first operation of the day the start time may vary depending on the length of the previous procedure. We do everything we can to minimize delays and to keep you informed, but there are many variables that cannot be controlled so please be patient. Most people would not like their surgery rushed to make up the time.

After the surgery you will be in the recovery room for approximately one hour. The nursing staff will then bring you back to the preoperative holding area where your family member can see you and bring you home. You will be given Dr. Kimmel's postoperative instruction sheet if you do not already have it.

AFTER SURGERY

Postoperative visits

In our practice we see our shoulder surgery pts within one or two days of their surgery. When you schedule your surgery with Sharon she can help you make your post-operative appt. At that visit we will change your bandage, go over the findings at the time of surgery and the planned rehabilitation. Depending on the findings at surgery we may begin the exercise program at this first visit. We will usually see you again one week later to remove the stitches and make sure that you are improving and doing the prescribed rehabilitation. Usually we see our patients at 6 weeks, 3 months and 6 months postoperatively although this will vary depending on the specific procedure performed.

If at any time post operatively you are having a problem we will of course see you in the office. ***If you are having an emergency then you should go to the Emergency Room. Examples of an emergency would be sudden shortness of breath or chest pain. In these situations call 911 and have the emergency room notify us of your visit***

Postoperative exercises

It is crucial that you follow Dr. Kimmels rehab program exactly. Dr. Kimmel and Elizabeth will go over these exercises with you in the office after the surgery. There is a reason that they go over these exercises and that is that if you do the exercises incorrectly you will possibly damage the repair.

The rotator cuff takes anywhere from 3 weeks to 3 months to heal. If you do not move your arm at all during this time it will get stiff. Therefore the key to shoulder rehabilitation is to safely move your arm during this time. Many times after the surgery you will be instructed to do passive exercises (using your other arm to move the operated arm). This means that you are not allowed to do active exercises.(moving your arm on your own). ***If you do active exercises (raising your***

arm up on your own) even once you will damage your repair. Dr. Kimmel or Elizabeth will let you know when it is safe to move your arm on your own.

Pain Medication-

Dr. Kimmel or Elizabeth will give you strong pain medications to help alleviate your postoperative pain. Most patients have a nerve block following this surgery and feel comfortable for 6-24 hours postoperatively. We have found that it is very helpful to take the pain medicine before the block wears off so that you never feel any significant pain. It is important to take the pain medicine during the early stages of recovery so that you can participate in the early rehab exercises.

Sling

If you have not had a rotator cuff repair you may remove the sling as tolerated. If you have had a full rotator cuff repair please discuss with Dr. Kimmel or Elizabeth the duration of sling use as it will vary depending on the individual surgery.

Ice Therapy

We have found ice therapy to be very useful in shoulder surgery. It decreases the swelling and pain. Our office will provide you with a special shoulder ice pack. Leave it home and in the freezer the day of your surgery. At your preoperative visit we will show you how to use this ice pack.

GI symptoms.

Dr. Kimmel or Elizabeth will provide you with an anti nausea medicine called zofran. It is very helpful for postoperative nausea. If you take narcotics you will find that this leads to constipation. You should purchase over the counter stool softeners such as colace or laxatives such as ducolax to help with this issue

Sleeping

After shoulder surgery most patients complain of difficulty sleeping for awhile. We would certainly recommend sleeping in a recliner with the sling on for the first few days. You may sleep in a bed whenever you feel comfortable.

Showering

Usually we see our shoulder patients within one or two days of the surgery. We will change the bandage. We would recommend taking a shower after that bandage change, usually 48 hrs after the surgery. Pat the wound dry after the shower and place band-aids over the incision.