



TWIN CITIES ORTHOPEDICS

The Rotator Cuff Tear Book



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HOW THE NORMAL SHOULDER WORKS

Your shoulder is the most flexible joint in your body. It allows you to place and rotate your arm in many positions, in front, above, to the side and behind your body. This flexibility also makes your shoulder susceptible to instability and injury.

The shoulder is a ball and socket joint. It is made up of three bones: the upper arm bone (humerus), shoulder blade (scapula) and collar bone (clavicle).

The ball at the top end of the arm bone fits into the small socket (glenoid) of the shoulder blade to form the shoulder joint (glenohumeral joint). The socket of the glenoid is surrounded by a soft-tissue rim (labrum). A smooth, durable surface (articular cartilage) on the head of the arm bone and socket, a thin inner lining (synovium) of the joint allows the smooth motion of the shoulder joint.

The upper part of the shoulder blade (acromion) projects over the shoulder joint. One end of the collarbone is joined with the shoulder blade by the acromioclavicular (AC) joint; the other end of the collarbone is joined with the breastbone (sternum) by the sternoclavicular joint.

The joint capsule is a thin sheet of fibers that surrounds the shoulder joint. The capsule allows a wide range of motion yet provides stability. The rotator cuff is a group of muscles and tendons that attach your upper arm to your shoulder blade. The rotator cuff covers the shoulder joint and joint capsule. The muscles attached to the rotator cuff enable you to lift your arm, reach overhead, and take part in activities such as throwing or swimming.

A sac-like membrane (bursa) between the rotator cuff and the shoulder blade cushions and helps lubricate the motion between these two structures.

The Rotator cuff is made up of muscles and tendons that attach your upper arm to your shoulder. The tendons attach your muscles to the bone.

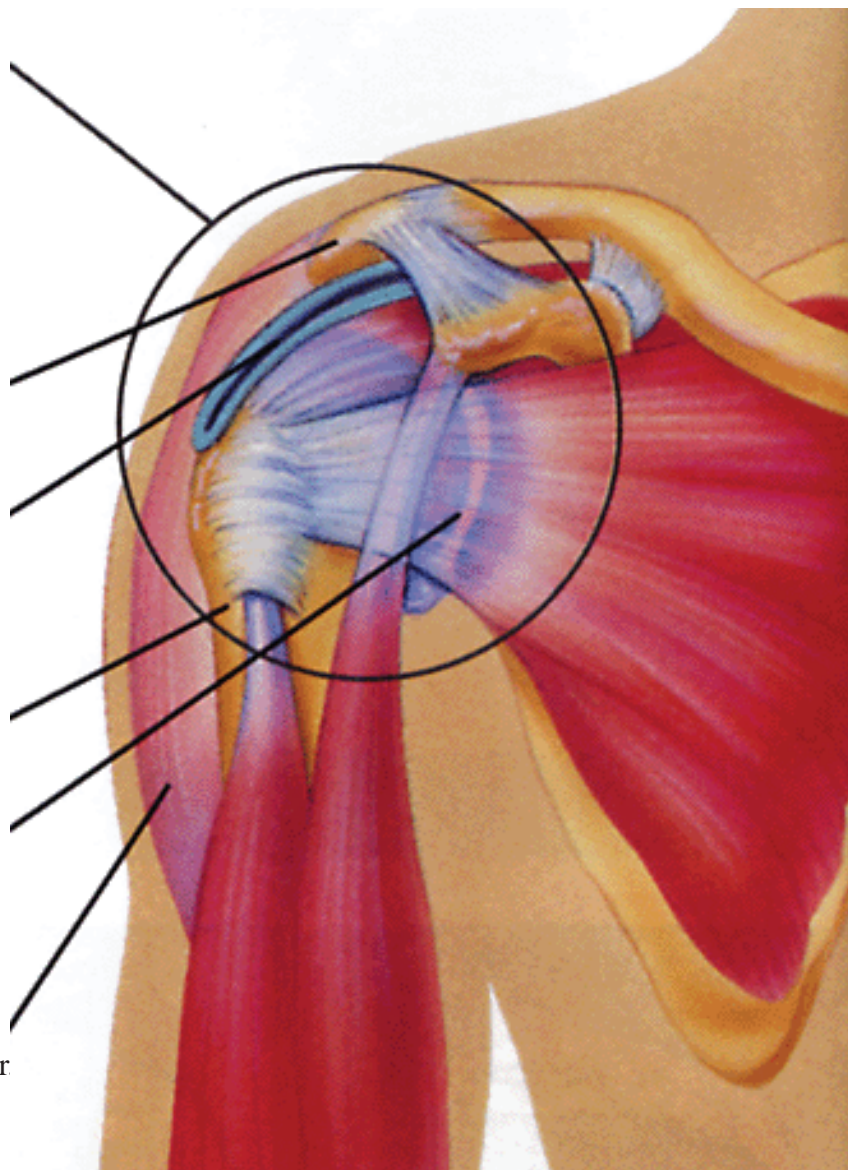
The Acromion in the top part of your shoulder blade.

The Bursa is a lubricating sac. It helps your rotator cuff tendons slide under the acromion.

The Humerus is your upper arm bone.

The Glenoid is your shoulder socket.

The Deltoid muscle covers your shoulder



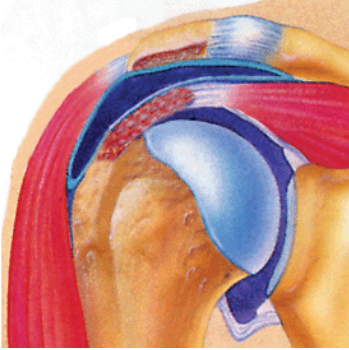
WHAT IS ARTHROSCOPY?

Arthroscopy is a common minimally invasive surgical procedure that is used to examine and repair the inside of your shoulder. It is used to treat the cause of many joint problems. It allows Dr. Norberg to use a small pencil-like camera to view the inside of your shoulder. Most shoulder surgeries are performed through the use of an arthroscope. Initially it is used as a diagnostic instrument to detect the extent of the injury to your shoulder. Specialized instruments and fixation devices are then used to repair the damage found in the shoulder.

OPEN SURGERY

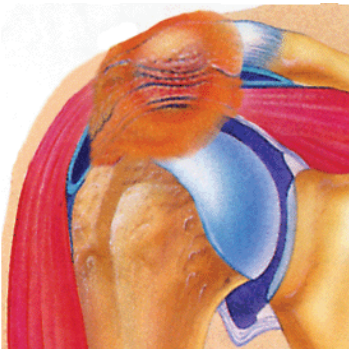
A small incision maybe used to achieve the best repair for your shoulder. This procedure maybe necessary for large or retracted tears to get the best fixation of your tear.

REASONS FOR SHOULDER ARTHROSCOPY



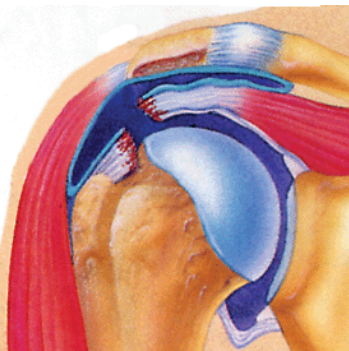
1. Overuse Tendonitis

Shoulder motions used during activities like golfing, pitching, or carrying luggage may cause repetitive stress within the rotator cuff. This can lead to irritation, bruising, or fraying.



2. Impingement Syndrome

This maybe due to repetitive shoulder movements that causes irritation within the rotator cuff. These can cause shoulder pain and /or weakness. The tip of the shoulder (the acromion) can pinch the rotator cuff. This can be due to shoulder muscle weakness, a swollen bursa, or a curved acromion (bone spur).



2. Rotator Cuff Tears

Tendonitis can lead to partial or complete tearing of the rotator cuff. Pain, weakness and loss of motion can occur. The rotator cuff is a group of muscles and tendons that help move and stabilize the shoulder. Cuff tears may be from overuse arm motion, heavy lifting, trauma or an aging process. You may have shoulder pain, swelling, popping, weakness and/or loss of motion.



Figure A



Figure B

In Figure A, the bone and tendon are prepared for repair. In Figure B the anchor is placed and the sutures are passed through the tendon of the rotator cuff. The suture is tied and this brings the tendon back down to the bone where it can heal.

RISKS OF SURGERY:

With any surgery there are potential risks involved. These include but are not limited to infection, continued pain, damage to blood vessels or nerves, decreased motion, and anesthetic complications.

Call your doctors office if you have any signs of infection: redness, warmth, fever, discolored drainage.

QUITTING SMOKING:

Studies have shown the failure rate of cuff repairs is tripled in people who smoke.

Smoking or using any form of nicotine or tobacco products (including cessation products), can delay your body's healing process.

Smoking makes your blood vessels constrict (become smaller), which reduces the amount of oxygen-rich blood delivered to healing tissues. Smoking can cause your blood to clot faster, which can lead to heart and blood flow problems. If you are going to stop smoking around the time of your surgery, you should not use a nicotine based program or cessation products.

BEFORE SURGERY:

Shoulder Arthroscopy is performed on a same day basis. You will return home several hours after the surgery.

You shouldn't take anti-inflammatories (i.e. Ibuprofen or Aleve) or aspirin, unless cleared by your Doctor for 4 days prior to surgery.

Arrange for a ride to and from the hospital.

Let the Doctor know of any allergies you may have and medications you are taking.

Please bring a list of medications.

AFTER SURGERY:

You will be placed in a sling to be worn at all times.

You may remove your sling or immobilizer for a shower or bath.

You should wear the sling to sleep.

You will be given pain medication.

Your first appointment after surgery is with Dani Hare, Dr. Norberg's Physician Assistant. That will be approximately 7 - 10 days after surgery.

INCISION CARE:

Keep the dressings dry and do not remove until day 3 after surgery. If you any have drainage you may replace with a new bandage.

Small tape strips (steri-strips) may be in place over some incisions. Leave in place until they fall off. Usually this is 10-14 days

Do not poke anything into your dressings.

You can shower safely 3 days after surgery, without covering the incision. The incision may get wet but should not be submerged in water for at least 2 weeks after the surgery.

Do not soak or scrub.

Watch for signs of infection. Increased redness or drainage from the incisions. Fever and or chills

Do not apply lotion, cream or powder to your incision.

Wash twice a day under your affected arm and dry that area well. Do not use your shoulder to raise your arm after surgery. Place your hand on a counter and take a small side step away to give access to your underarm without lifting your operative arm.

Put a washcloth under your arm to help with sweating and to keep your skin from getting irritated.

When you get dressed, put your shirt on the arm that had the surgery first.

We will take out any sutures at your first follow-up appointment.

RECOVERY TIME:

Rotator Cuff Tears: After surgery you will be in a sling for 6 weeks. It will take about 3 months before you will feel comfortable moving your arm to shoulder level. Patients can continue to make progress up to 18 months before they get their end result of the surgery.

Subacromial Decompressions: (No cuff, labral or biceps repair) After surgery you will be in a sling just for comfort about 1 week. You may return to your activities as you feel comfortable. Most people can use their arm for normal activities and return to sports by 3 months. The sling is commonly used for 1-2 weeks and maybe discontinued when you are comfortable.

PAIN RELIEF:

Most patients will have a nerve block that will last approximately 12 hours. The block involves an injection of a local anesthetic (Ropivacaine) similar to novocaine. It is injected where the shoulder and neck meet. The block allows the surgery to be performed using much less anesthetic drugs. The block also provides excellent pain relief after surgery.

You should take some pain medication approximately 8-10 hours after your block is performed, even if you have no pain.

Strong narcotic medications will be prescribed to help manage your pain after surgery. Typically a short acting (every four hours) medication and a longer acting (every 12 hours) medication is prescribed. Dr. Norberg recommends taking them as written the first day and then gradually spacing them out to see how much is needed.

The pain medications will make your pain manageable but will not necessarily take away all of your pain.

Do not take Tylenol (acetaminophen) if you are taking Percocet. You may take Tylenol instead of Percocet.

Whether you are taking Percocet (oxycodone), Vicodin (hydrocodone), Norco or Tylenol (acetaminophen), be careful not to exceed 4000mg of acetaminophen in a 24 hour period.

Do not take Advil (ibuprofen) or Aleve (naproxen) for the first month if you have had a rotator cuff repair, biceps tenodesis, anterior reconstruction, posterior reconstruction, or SLAP (labral) repair.

If the pain is still not controlled, please call the clinic (952) 920-0970.

Exceeding the recommended dose or taking medication with alcohol may result in liver damage. If you see that you are running out of pain medication, you must call the office number (952-920-0970) during regular clinic hours (8:30-4:00). Pain medications are not filled after hours or on weekends.

Take pain medication with food. They may also cause functional impairment so you are not to drive or operate heavy machinery.

Another common side effect is constipation. You may use over the counter stool softeners (i.e. Colace or Dulcolax) to help with this. See packages for recommended dosages.

For the first several weeks, many patients find it more comfortable to sleep in a recliner or propped with pillows in a semi-sitting position.

Put an ice pack on your shoulder for 20 minutes, three times a day minimum. Use ice as much as you need to control pain and swelling. Don't sleep with ice on your shoulder. Do not put ice directly on the skin.

CALL DR. NORBERG IF:

Your temperature is 101.5 degrees Fahrenheit or more that does not go down with medication like Tylenol or Advil.

You see a large amount of new bleeding or drainage from the incision area. Some drainage the first day after surgery is expected.

Notice increased or unusual redness, swelling or warmth in the surgery area.

Have a lot of discomfort that doesn't get better with pain medicine, ice and rest.

Notice a big change in color, movement or feeling to the fingers or hand

Have any questions or concerns

ACTIVITY:

After surgery if you had a subacromial decompression or distal clavicle excision, your sling is optional. You may return to activities as you feel comfortable.

After cuff repairs, instability surgery and labral repairs, you may use the hand on the operated side only for light (1-2 lbs) activities and only with the elbow at the side. You may return to keyboarding and mouse activities only with the elbow at the side.

REHABILITATION PROGRAM:

Your pain should lessen every day. Plan to alternate activity and rest for periods throughout the day.

To keep strength and motion in your arm, you must exercise. There are some simple exercises you need to do.

Starting the day after surgery.

See Exercises on following pages.

These exercises are to be done 5 times each and approximately 3-5 times a day.



The starting position for this exercise will be with your hands resting in front of you on a counter top. Put your weight on your legs, not on your hands or upper body. Keep your hands in the same position on the counter top. While moving your feet slowly backwards, bend slightly at your waist, stick your buttocks back past the base of your feet. (see picture above) Once you feel a stretch, hold our position for 5-10 seconds. **DO NOT STRETCH TO THE POINT OF PAIN.** Always walk yourself back up.



Start this exercise in a standing position. You may be more comfortable resting against a wall. Bend your affected arm at the elbow. Place your opposite hand on your wrist and gently rotate your wrist outward while keeping your elbow at your side. If you have trouble keeping your elbow at your side, hold a rolled up sock between your elbow and waist. If the sock falls to the floor, you are not keeping your elbow close enough to your body. While gently rotating your wrist outward, continue until you feel a good stretch. Hold for 5-10 seconds. **DO NOT STRETCH TO THE POINT OF PAIN.**

ADDITIONAL REHABILITATION:

- * Bend your wrist forward and backward as far as you can. Repeat 10 times. Do 3 sets.
- * Squeeze your hand, extend and bend your fingers for a count of 10. Do these exercises at least four times each day.
- * Take your arm out of the sling. Keep your arm close to your body, bend and straighten your elbow 5 times. Do these exercises at least 3 to 5 times a day.
- * In about 4-6 weeks we will have you meet with a Physical Therapist to advance your shoulder range of motion and exercises.



DIET:

You will need to eat healthy meals to give your body the energy, vitamins and minerals needed to recover from surgery. Return to your usual diet as soon as you are able. Drink six to eight glasses of water each day. Eat more food that has fiber (fruits, vegetables and whole grains) to avoid constipation from the pain medications. Avoid alcohol while taking prescription pain medicine.

FREQUENTLY ASKED QUESTION:

Do I have to go to physical therapy?

Yes! You will have to do the exercises that we and the physical therapist instruct you to do to get the best result of your surgery. Dr. Norberg and his staff will adjust your therapy as you continue to heal your shoulder.

How long is recovery time?

Patients continue to make progress up to 18 months after their surgery depending on the type of surgery they are having.

Work Status?

You will be off of work until your follow-up appointment in about 7 days. Then we will adjust your work restrictions accordingly.

Are there any complications from surgery?

Yes, but they are very rare. Some include but are not limited to: your repair not healing, infection, stiffness, and loss of motion.

What are the signs of an infection?

Fever over 101.5 degrees, the incision becomes red or swollen, or any foul drainage. If these symptoms occur, call Dr. Norberg's office right away. (952-920-0970).

Is swelling and pain normal?

Yes. It is normal to experience some swelling and pain after your surgery. The pain should be manageable with the prescription pain medication given to you after your surgery.

Can I shower?

Yes. You may shower 3 days after your surgery. Do not scrub your incisions.

When will my stitches come out?

Generally your stitches will be the absorbable kinds that will not need to come out. If you have the kind that are not absorbable, then your stitches will come out in about 7 days when you follow-up in the clinic.