

### **What is the rotator cuff?**

The rotator cuff is the name given to a group of four tendons that connect four short muscles (supraspinatus, infraspinatus, teres minor and subscapularis) of the shoulder blade to the upper arm. A tendon is tough, stringy tissue that connects muscle to bone. These muscles help to control overhead arm movement. They also help to keep the shoulder stable.

### **What is impingement?**

A shoulder dislocation, fracture or a violent injury can cause a tear in the rotator cuff. Most tears however are due to impingement. Impingement is a disorder of the shoulder caused by narrowing of the space in which the tendon can move. This increases the pressure between the rotator cuff and the bone (acromion).

### **How is it repaired?**

Full-thickness rotator cuff tears, in most cases, are repaired through an incision on the top of the shoulder joint. Suture is used to reattach the tendons back to the humerus. In most cases, during an open procedure a subacromial decompression will be done as well. This is when the surgeon resects the coracoacromial ligament and cuts off the front edge of the acromion. This portion of the acromion is where the bone spurs occur. If necessary, distal clavicle spurs can be removed as well.

### **Will I spend the night in the hospital?**

Most patients will spend one night in the hospital after this procedure. It can also be performed as an outpatient procedure. If done as outpatient, frequently the anesthesiologist will perform a nerve block to reduce the postoperative pain.

## **PREOPERATIVE INSTRUCTIONS**

### **Preoperative lab work:**

Routine laboratory work is required prior to surgery. In addition, a nurse from the hospital will conduct a comprehensive medical interview prior to surgery. The surgery scheduler will set an appointment for you to do the interview and required lab work. If you have had lab work, chest x-ray or an EKG done recently, bring it with you to the interview appointment. It may not need to be repeated.

### **Do I stop my medication?**

No. You should not stop taking any of your medications unless instructed by your doctor. Prior to arthroscopic surgery you will usually be asked to stop taking anything that can thin your blood (aspirin, Coumadin, anti-inflammatories, etc.). St. John's Wart (an herb) must be discontinued 10 days prior to surgery. Make sure your physician has a complete list of all of your medications including vitamins and supplements.

### **Can I eat or drink before surgery?**

No. For safety reasons, your stomach must be empty at the time of surgery. You will be instructed not to eat or drink anything after midnight the night before surgery. If you do eat or drink anything, your surgery will be cancelled. If you are diabetic, inform your doctor so your surgery can be scheduled earlier in the day.

### **What time will my surgery be?**

The surgery times are not decided until the day prior to surgery. Many factors influence the order and start times of surgical cases. During your preoperative interview you will receive instructions regarding the time you need to arrive for surgery.

## **ANESTHESIA**

This procedure requires a general anesthetic where you are put completely to sleep. This is done primarily to allow for complete relaxation of the muscles of the leg. A tourniquet is placed on the upper thigh and inflated during surgery to minimize blood loss. In some cases, the anesthesiologist can do a nerve block which reduces the postoperative pain. Not everyone is a candidate for a nerve block. Please discuss these options with the anesthesiologist on the morning of surgery.

## **POSTOPERATIVE INSTRUCTIONS**

### **Postoperative Appointment:**

Upon discharge your postoperative instruction sheet will list your postoperative appointment time. The appointment will usually be 5 to 8 days after your surgery.

### **Recovery:**

Rest and tissue healing is the first step. Depending on the severity of the tear, you will usually be instructed not to actively move your arm for approximately three weeks. It will be in a shoulder immobilizer during this time. The doctor will usually allow wrist and elbow motion exercises as well as shoulder pendulum exercise. You will be shown how to do these exercises prior to leaving the hospital.

### **Dressing and bandages:**

Keep the wound dry. Your dressings and wound should stay dry and intact until the doctor informs you otherwise. Normally your bandages and sutures will be removed at your first postoperative office visit.

**Physical Therapy:**

After the initial healing and rest period , you will begin formal physical therapy. Physical therapy usually lasts two to three months. You will go three times per week and will also be given exercises to do at home. Please inform your doctor if you request a specific therapy institution or therapist.

**DISCLAIMER**

*This brochure contains general information regarding shoulder surgery. For specific questions, please contact your doctor. This surgery, like most surgeries, does involve the potential for risks and complications. Make sure you understand all potential risks and complications such as infection, blood clots, anesthetic complications, etc.*

**Returning to work and sports activities:**



Check with your doctor regarding specific estimates in your case. In general, returning to a manual labor job or sports activities will be at least 3 to 4 months. If you are able to work a sedentary job, you could possibly return to modified light duty within four weeks after surgery.

**IMPORTANT DATES AND TIMES**

Patient Name: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

The time of your surgery is not determined until the day before. The hospital will call you the day prior to surgery to inform you of the time.

**PREOPERATIVE INTERVIEW**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**The Bone & Joint Institute**  
47-647 Caleo Bay, Suite 200  
La Quinta, CA 92253  
Phone: (760) 777-8282  
**S.T.A.R. Orthopaedics, Inc.**  
47-110 Washington St., Suite 103  
La Quinta, CA 92253  
Phone: (760) 972-4580



**PATIENT GUIDE  
TO ROTATOR CUFF  
REPAIR SURGERY**

**L. SAM REBER, M.D.**  
**ANDY LOVATO, PA-C**

