



Lucas Wymore, MD
Sports Medicine
40700 California Oaks Drive Suite 205
Murrieta CA 92562

Office Phone: 949-491-9991
Office Fax: 949-612-9795
Email: Wymore@newportcare.org

PATIENT GUIDE TO ROTATOR CUFF INJURIES

What is the rotator cuff?

The rotator cuff is made up of four (4) muscles and their tendons. The muscles attach at the shoulder blade (scapula) and extend out to form a cuff around the shoulder joint and insert at the upper portion of the arm (humerus). These four muscles are the supraspinatus, subscapularis, infraspinatus, and teres minor.

These four muscles help to elevate and rotate the arm. In addition, these muscles help to stabilize the ball of the shoulder joint (humeral head) in the shallow socket of the shoulder blade (glenoid). The rotator cuff works especially hard to stabilize the shoulder when the arm is in the overhead position. This is why overhead activities can cause pain in someone with a rotator cuff injury

What is a rotator cuff injury?

Most rotator cuff injuries are an inflammation of the tendon called a tendonitis. The tendon gets overworked or sometimes gets pinched between the bones of the shoulder and becomes inflamed. This is termed “impingement syndrome”. In addition, there is a bursa which lies between the rotator cuff and the bone of the scapula (acromion). The bursa is a fluid filled sac that reduces friction between the tendon and the bone. Sometimes the bursa becomes inflamed along with the tendon, a condition called “bursitis”.

Sometimes the tendonitis will progress to the point that the tendon becomes frayed or torn. Tears of the rotator cuff can be partial thickness or full thickness. Partial thickness tears only go part way through the tendon. Full thickness tears extend all the way through the tendon, and the tendon is detached from the bone.

How is the rotator cuff injured?

Most commonly, the rotator cuff tendons wear and weaken with repetitive use until they eventually tear. In addition, in a tendon that is already weak, a small amount of trauma, such as a pulling injury, can lead to a full tear of the tendon. Occasionally, there is a severe traumatic injury that causes the tear, such as an accident or fall. Rotator cuff tears occur most commonly in patients age 50 and older, and in people who play sports or work with the hands overhead.

How do I know my rotator cuff is injured?

Injuries to the rotator cuff most typically cause pain, especially with overhead activities. In addition, rotator cuff injuries or tears cause shoulder pain at night and lead to difficulty sleeping. With large rotator cuff tears, people notice weakness in doing overhead activities. You may also have difficulty with activities of daily living, such as dressing, bathing, and reaching outward.

Do I need x-rays, MRI's or any other test?

A set of x-rays is usually ordered to evaluate the bones around the shoulder. The bone above the rotator cuff, called the acromion, can be misshapen or have excess bone (a bone spur), which leads to pinching and irritation of the rotator cuff. The x-rays are also used to evaluate for arthritis of the shoulder joint and acromio-clavicular joint (AC joint). A MRI may be ordered if a rotator cuff tear is suspected, or if a patient is not improving with conservative treatment.

Is there other damage to the shoulder when the rotator cuff is injured?

There is frequently other damage to the shoulder that can occur with rotator cuff injuries. The biceps tendon, which runs from the muscle in the front of the arm to the top of the shoulder joint, can become frayed or torn. In addition, the acromioclavicular joint, the joint on top of the shoulder where the clavicle (collarbone) meets the shoulder (acromion), may be arthritic. Arthritis of the acromioclavicular joint commonly is present with rotator cuff injuries or tears.

What are the treatment options for rotator cuff injuries?

Many patients with a rotator cuff injury improve with conservative treatment. The treatment includes exercises, use of anti-inflammatory medications (NSAIDs), and possibly an injection of steroid. The rehabilitation may include a program you can do at home or formal physical therapy. A steroid injection is commonly used in patients who do not get better with therapy, or in severe cases. Many patients get better with these treatments and do not require surgery.

If patients do not get better with conservative therapy, or have a large tear or acute rotator cuff tear, surgery may be necessary.

How are rotator cuff injuries treated with surgery?

The surgery for rotator cuff injuries depends on the extent of the problem. Rotator cuff injuries are usually repaired with arthroscopic techniques. The arthroscope is a fiber optic instrument (narrower than a pen) which is put into the joint through small incisions. A camera is attached to the arthroscope and the image is viewed on a TV monitor. The arthroscope allows me to fully evaluate the entire shoulder joint, including the ligaments,

the rotator cuff, and the cartilage surface. Small instruments ranging from 3-5 millimeters in size are inserted through additional incisions so that I can feel the joint structures for any damage, diagnose the injury, and then repair, reconstruct, or remove the damaged tissue.

For cases involving bad tendonitis or partial thickness rotator cuff tears, the entire procedure is done with the arthroscope. The under side of the acromion is shaved down (an acromioplasty) so it will not impinge (pinch) the rotator cuff. If the rotator cuff is frayed, it is cleaned (debrided).

For cases involving full thickness tears of the rotator cuff, the tear is usually repaired completely through the arthroscope. The bone is prepared for the tendon to be re-attached, and then plastic screws (suture anchors) are placed in the bone which contain sutures. These sutures are then weaved through the tendon, and the tendon is sewn back to bone. In some cases, bioabsorbable anchors are used, which are anchors that dissolve in the body. The plastic anchors do not need to be removed.

On rare occasions, if the tear is severe or longstanding, the surgery needs to be performed with an open incision. This incision is placed in the area of the rotator cuff on the side of the shoulder, and the repair is performed in the same way that is described above. This is called a “mini-open” rotator cuff repair.

What if I have pain or arthritis of my acromioclavicular (AC) joint?

Pain directly on top of the shoulder in the acromioclavicular (AC) joint can be treated with surgery. The surgery is to remove a small portion of the end of the clavicle bone, to eliminate rubbing between the bones. This eliminates the pain. This procedure can be performed with the arthroscope. Occasionally, an open incision is used to remove the end of the clavicle. There is no significant problem with arm strength when the end of the clavicle is removed.

What are some of the possible complications of surgery?

While complications are not common, all surgery has associated risk. Possible complications include stiffness of the shoulder after surgery, recurrent tear of the rotator cuff, or continued pain. The use of arthroscopic techniques attempts to limit these complications. Other complications include an infection, bleeding, nerve damage, or problems with the anesthesia.

What kind of anesthesia is used?

I use a combination of general anesthesia and regional anesthesia. Before the surgery, the anesthesiologist will inject some novocaine around the nerves of the shoulder. This numbs the arm and helps to control your pain after surgery. In addition, you go to sleep (general anesthesia) to help keep you comfortable during surgery.

What do I need to do to prepare for surgery?

Our staff will help to set up the surgery through your insurance company and will instruct you on any paperwork that may be necessary.

Prior to your surgery, you may be asked to get several medical tests, done on an outpatient basis. Most patients need some minor blood tests. If you are over age 45, you may require an EKG. Some patients need to see an internist or their family doctor to obtain clearance for surgery.

The night before the surgery, a member of our staff will contact you about what time to arrive for surgery. You may not eat or drink anything after midnight the night before your surgery.

How long will I be in the hospital?

Almost all patients are able to have surgery and go home the same day. Occasionally, patients will be admitted for an overnight stay.

What happens the day of surgery?

The morning of your surgery you will be admitted and taken to a pre-operative holding area where you are prepared for surgery.

You will be asked several times which extremity I am operating on. The correct extremity will be marked the day of surgery. Please note that you are asked this question many times on purpose.

After the operation, you will be taken to the recovery room to be monitored. Once the effects of anesthesia have worn off and your pain is under good control, you can see your family and finish recovering. You will be given all of your post-operative instructions and pain medication before leaving.

Please be aware that the process of getting checked in, prepared for surgery, undergoing the operation, and recovering from anesthesia takes the majority of the day. I would recommend that you and your family members bring along some reading material to make the process easier for all.

How should I care for my shoulder after surgery?

Prior to your discharge, you will be given specific instructions on how to care for your shoulder. You should not actively move your arm away from your side. You can use your other arm to raise it or your therapist can raise your arm. In general, you can expect the following:

Diet: Resume your regular diet as soon as tolerated. It is best to start with clear liquids before advancing to solid food.

Medication: You will be given a prescription for pain medication.

Bandage: You will have a thick dressing on the shoulder. You will be instructed on when it can be removed, usually in 3 days.

Showering: You may shower after your dressing is removed, after 3– 4 days. You cannot take a bath until the wounds are completely sealed, usually 2 – 3 weeks after surgery.

Sling: You will have a sling, which you will use for 4 to 6 weeks. You can remove it for grooming and physical therapy.

Ice: You may receive an ice machine that continually surrounds your shoulder with cold water. If not, you may apply ice over the dressings for 30 minutes every hour for several days. Do not use heat.

Suture removal: Your stitches will be removed at your office visit 7-10 days after surgery. Occasionally, sutures are used which resorb and do not need to be removed.

Follow-up office visit: You will be instructed on when to follow-up in the office. This is usually 7-14 days after surgery.

Exercise: You will be instructed on exercises you can do immediately after surgery. I typically start physical therapy 12 weeks after surgery.

Return to work or school: You can return to school or work within 3 – 5 days without using the affected arm. If you need the use of the arm to return, you may be out of work or school for a longer period of time.

What will rehabilitation involve?

The rehabilitation is based on several goals: 1) allowing the tissue to heal; 2) regaining motion; 3) regaining strength; and 4) return to sports. This will a time period of 3 to 5 months.

When can I return to sports?

In general, you will be allowed to return to sports in 6 months after surgery. You must have good motion, strength, and control of your shoulder and arm. How quickly you return to sports depends on several factors, including: 1) your own rate of healing; 2) the damage found at surgery; 3) if you have any complications; 4) how well you follow the post-operative instructions; 5) how hard you work in rehabilitation.

What is the success rate?

Overall, the success rate for rotator cuff tears ranges from 85 to 95% for attaining pain relief. If weakness is a significant problem, the results for regaining strength can be more variable.

Our commitment

The entire NewportCare team is committed to you, the patient. We understand that this is a stressful time, and you may be anxious about your injury and the need for surgery. Please contact me with any questions about your injury or treatment plan.

Lucas Wymore, MD

Office Phone: 949-491-9991

Office Fax: 949-612-9795

Email: Wymore@newportcare.org