

Decompression and rotator cuff repair of the shoulder



Physiotherapy Department

Information booklet for

Name of Patient: _____

Date: _____

Name of Physiotherapist: _____

Telephone: 01483 464153 _____

This booklet is designed to help prepare you both mentally and physically before you come into hospital for your shoulder surgery.

Please read this booklet carefully and ask your pre-assessment nurse or physiotherapist if you are unsure about any information or instructions.

Remember once you have had your operation it is up to you, with guidance from your physiotherapist, to follow the precautions and to carry out the exercises regularly in order to achieve the optimum results.

What is decompression and repair of the rotator cuff of the shoulder?

Decompression of the shoulder is a surgical procedure that may be performed when tendons around the shoulder are pinched, this is termed impingement. Impingement gives you a painful shoulder. This may lead to damage to the tendons called the rotator cuff tendons which will then result in a painful joint with reduced power and possibly decreased range of movement.

Surgical treatment consists of creating more space immediately around the tendons. If a tendon is torn it may be repaired. The procedure may be done through an arthroscope (a small telescope inserted into the joint) or it may be necessary to make an incision and open the shoulder to perform the repair.

What is the expected outcome?

After several weeks of rehabilitation the end result should be a shoulder with less or no pain, and an equal or improved range of movement.

What are the complications that might occur?

Complications are rare but as with all surgery do exist.

They include infection, failure to achieve sufficient decompression, damage to adjacent structures (nerves and blood vessels) and detachment of the repaired muscle.

Is there any alternative treatment?

Non-operative treatment includes physiotherapy and cortisone injections.

Your stay in hospital

You usually go home the day after the operation. You will need someone to escort you home. If you live alone it may be wise to arrange for a friend or relative to stay with you for the first few days after.

For your stay in hospital you may find it useful to wear front fastening nightwear and to bring in front fastening or loose fitting clothes to wear for going home as these are easier to put on and take off.

What will happen during and after the operation?

The operation is usually performed under a combination of general anaesthetic to put you to sleep and a local anaesthetic to temporarily numb the arm.

You will return to the ward with your arm in a sling. This is worn the whole time, except for exercises, for three weeks. You may be advised after three weeks to begin to leave it off during the day but you must continue to wear it at night until six weeks after surgery.

A structured physiotherapy programme commences from the first day. Initially this consists of specific exercises to gently move the shoulder without stressing the repaired muscles.

This is gradually progressed until good movement and strength are obtained.

Ice

Use Ice packs to help reduce pain and post operative swelling.

Wrap 1 large pack of frozen peas or an ice pack in a tea towel and place over the shoulder.

Leave for 15–20 minutes. Repeat 3–4 times a day.

Replace the ice pack in the freezer to use only on the shoulder again.

Do not use ice if you have circulatory or sensation deficits.

First day

On the day after your operation you will be seen by a physiotherapist who will teach you how to remove your sling for washing and dressing and to show you your first exercises. These you will need to practice at regular intervals throughout the day whilst in hospital and when you go home.

Exercises

Aim to complete the exercises below 3-4 times a day.

1. Bend and straighten your fingers as often as you can throughout the day.
2. Remove sling, bend your elbow and straighten it fully.
Repeat 20 times.

Pendular Exercise:

Remove sling.

Lean forwards, supporting yourself with your non operated arm let your operated arm hang down.

Try to bend at the waist so that your arm can hang forwards with your elbow straight as far as is comfortable.

Let the arm hang for two or three minutes.



When you leave hospital

On discharge from hospital you will be given an appointment to begin physiotherapy and slowly progress your exercises at approximately three weeks following surgery.

Stitches will be removed between 10 and 14 days at your GP's surgery. The wound will have to be kept dry and protected until it is healed. If the wound becomes red, inflamed or oozes contact your doctor immediately.

An appointment will also be made for you to be seen by the surgeon's team in clinic.

Driving

You will be unable to drive for at least six weeks after the operation. Check with your surgeon when you come for your follow up clinic appointment. You are also advised to check with your insurance company before you begin driving again.

Work and sport

You can return to office based work still in a sling after two to four weeks.

Manual workers will have to avoid heavy work for at least three months.

Non contact sport eg swimming and gym work can be resumed between four and six months unless you are advised otherwise by your doctor or physiotherapist.

Contact sport and racquet sports eg football, hockey and tennis must be avoided for at least six months.

If in doubt discuss your activities with your physiotherapist or surgeon.

Contact details

Royal Surrey County Hospital

Telephone: 01483 571122

Physiotherapy

Telephone: 01483 464153

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–4.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Author: C Arnold & M Flannery

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