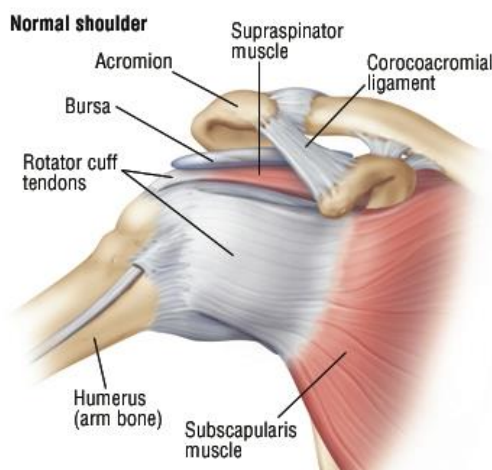
Rotator Cuff Injuries
Dr. Robert T. Bents



1. **<u>What is the rotator cuff?</u>**
A group of four small tendons attach from your upper arm bone (humerus) to the shoulder blade (scapula). These tendons (supraspinatus, infraspinatus, teres minor and subscapularis) initiate and control certain motions of your shoulder. The rotator cuff helps keep the shoulder stable in the socket. The bursa is a small sac of fluid that helps the tendons glide under the bone.

2. **<u>How does the rotator cuff tear?</u>**
As we age the tendons lose some of their elasticity and become more susceptible to injury. The cuff may be damaged from repetitive overhead activity or from athletics. Occasionally there is a sudden tear from a fall or dislocation. The cuff can be pinched underneath the upper bone (acromion) of the shoulder. Usually only one or two of the tendons are torn or pulled off the bone. In some cases the cuff is frayed or partially torn. In many cases there is inflammation or irritation of the tendon (tendonitis) and not a distinct tear.

3. **<u>How can I tell if the cuff is torn?</u>**
Most people exhibit pain, weakness or both. The pain can be located in the front, back, or side of the shoulder. The pain arises from inflammation in the bursa or tendon. When the bursa thickens you may feel grating or clicking. The pain is often worse with lifting overhead or out to the side. Many people complain of pain at night.

4. **<u>How will Dr.Bents know if the cuff is torn?</u>**
He will ask questions about the location and severity of the pain. He will examine your shoulder and most likely get x-rays in the office. The x-rays will help determine if there may be any other causes for the pain such as arthritis or bone spurs. Ultrasound is available in our office and is useful to diagnose large tears. Many times a MRI scan will be ordered to confirm the presence of a tear.

5. **<u>Is there anything I can do other than surgery?</u>**
Many patients lessen their pain by modifying their activities. Physical therapy is often utilized successfully to assist with upper shoulder posture and range of motion. The more “hunched” your shoulders become, the less space there is for the upper rotator cuff. The therapists also help you strengthen the surrounding tendons and may use deep tissue massage or exercises to relieve pain. In certain cases Dr.Bents may offer a cortisone injection to diminish the inflammation in the shoulder. The injection usually gives short-term relief which may allow you to perform exercises more effectively. Recent studies have shown that surgery gives better long-term results in patients with full thickness tears. Certain partial thickness tears or tendinosis, we may recommend Platelet Rich Plasma (PRP) injections to promote healing.

6. **<u>I did these things without relief. Will surgery help?</u>**
Surgery is successful in over 90 percent of patients with cuff tears. Most patients have decreased pain and increased strength after surgery. It is important to gain as much range of motion as possible prior to surgery to prevent post-operative stiffness. There are some patients that have allowed their cuff tear to progress beyond reparability. There is no guarantee for pain relief in all cases.

7. **How big are the incisions?**
Dr.Bents performs the repair using the arthroscope which is a miniature camera. He makes 3 to 4 small nicks in the skin about the size of buttonholes (arthroscopic repair) in the front, side and back of the shoulder. Small instruments are used to insert anchors into the shoulder bone to reattach the cuff tendons to the bone. Bone spurs are removed in many cases.
9. **How long do I wear the sling?**
You will wear the sling for up to 6 weeks after your surgery. You will need to wear it even while sleeping to protect the repair. Some patients find it easiest to sleep in a recliner for a week or two after surgery. You will carefully remove the arm from the sling a few times a day for exercises or therapy.
10. **What do I do with the bandages?**
You should leave the surgical bandages on the shoulder for at least 3 days after surgery. There may be some minor leaking of fluid around the bandages which is normal. You should place clean bandages over the incisions until the sutures are removed. You may shower after 3 days but try to keep the incisions dry until sutures are removed.
11. **How do I treat the pain after surgery?**
You will be provided with a prescription for pain pills (Vicodin, Percocet, or similar) after surgery. These should last until your post-op appointment 9 to 10 days after surgery. If you run out, you can call the office during business hours for a refill. Most patients do not need pain pills after 10 to 14 days after surgery. You should use anti-inflammatories (Motrin, Aleve, Advil, etc) around the clock for 7 days to supplement the pain pills (unless allergic). Tylenol every 6 hours may also be helpful. You should use ice on your shoulder for 10 to 15 minutes every 2 hours (while awake) for at least the first 3 days. You can use crushed ice on a towel, frozen peas, and ice gel pack, or Polar Care system. Heat does not usually help until after 10 days.
12. **What exercises will I do after surgery?**
We will provide you with an instruction sheet. Most importantly, you cannot lift the arm on its own for 6 weeks. You must use your other arm to lift the surgery arm overhead so you don't pull on the repaired tendon. After 6 weeks you will begin using your arm for light activities and light strengthening. You should lift nothing heavier than 5 pounds over your head for at least 3 months.
13. **Do I have to go to physical therapy?**
For best results, yes physical therapy is needed. For the first 6 weeks they will assist you in regaining your range of motion. This is very difficult to do on your own. After 6 weeks they will help you gradually restore your strength.
14. **How long does it take to recover from surgery?**
It depends on many factors-ages of patient, size and nature of the tear, pre-surgery range of motion, etc. Most patients begin lifting light objects overhead around 3 months and heavier objects around 4 to 5 months. By 6 months you should be able to perform most regular activities but it may take up to a full year for full recovery.
15. **When can I drive?**
First you will need to be off the pain pills. Also, you should not drive while wearing the sling (4-6 weeks depending on size of tear). You should not fly for at least 3 weeks to minimize risk of blood clots
16. **What are the risks of surgery?**
With any surgery there is a small risk of infection, wound or scar problems, anesthetic complications and unforeseen difficulties. Fortunately, these occur in less than 1% of arthroscopic surgeries. Some patients have prolonged swelling after surgery. Without adequate exercise and therapy you may also develop shoulder stiffness. If the stiffness is severe, Dr.Bents may have to manipulate the shoulder after surgery. Occasionally the pain in the shoulder is not relieved by surgery. Many complain of mild aching in the shoulder for up to a year. There is no guarantee of a completely normal shoulder after surgery.
17. **How long has Dr.Bents been doing surgeries?**
Dr.Bents finished medical school in 1990 and began performing shoulder surgery shortly thereafter in orthopedic surgery residency. Shoulder arthroscopy became more common in the mid 1990's and the techniques and equipment have improved tremendously in the past 10 years. Dr.Bents performed his first arthroscopic cuff repair in 1997 and has performed thousands of successful rotator cuff repairs. He specializes in knee and shoulder surgery and stays current with the most recent techniques. He is one of the few Southern Oregon surgeons selected to the prestigious Arthroscopy Association of North America and has Board Certification in Sports Medicine and Orthopedic Surgery.