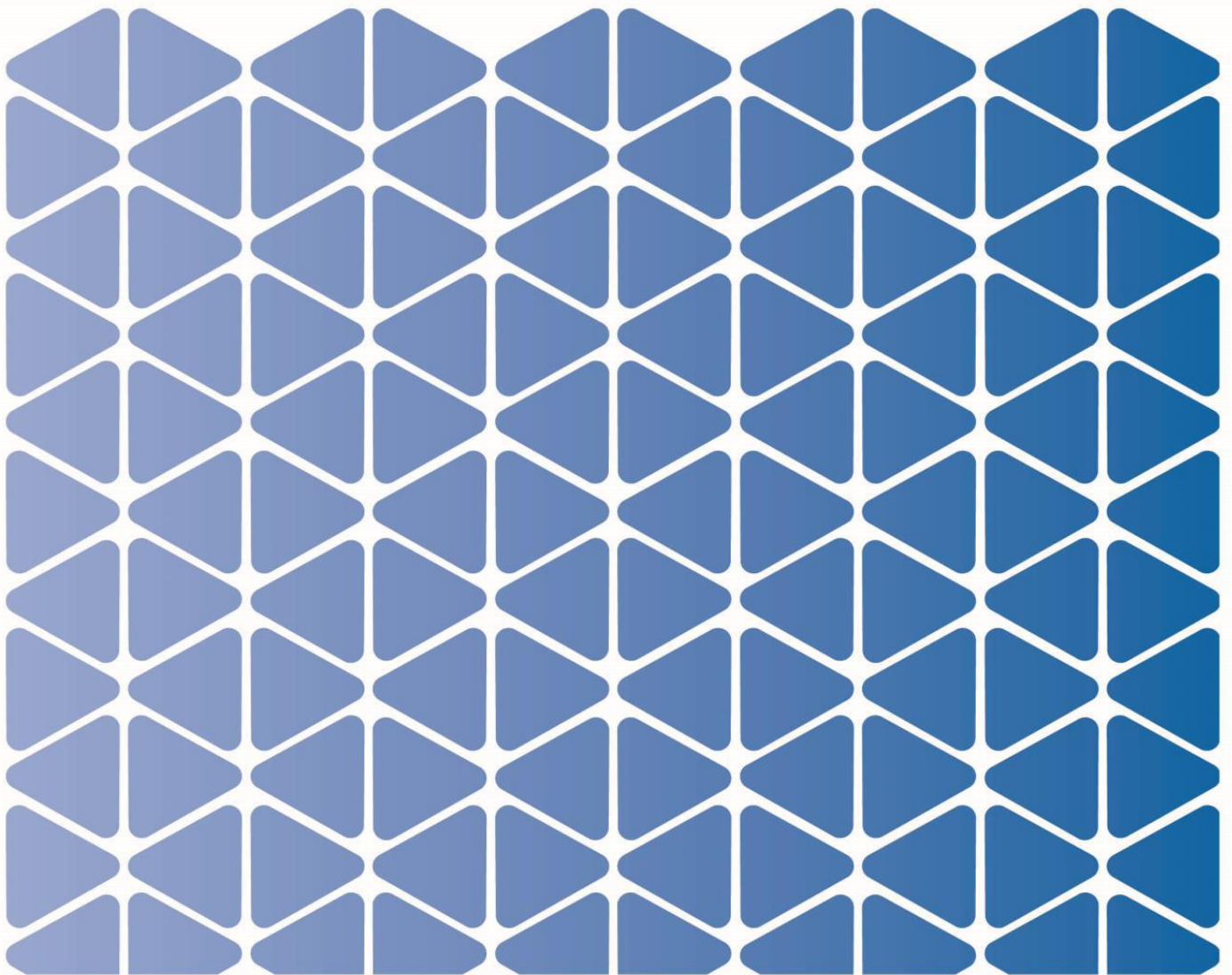


PATIENT INFORMATION

ADVICE & EXERCISES FOLLOWING ROTATOR CUFF REPAIR



THE PURPOSE OF THIS LEAFLET IS TO:

- Describe the relevant anatomy of the shoulder;
- Explain the reasons why you may need rotator cuff repair surgery;
- Describe what you should expect after the surgery; and
- Advise you on suitable exercises you can begin after the surgery as part of your ongoing rehabilitation.

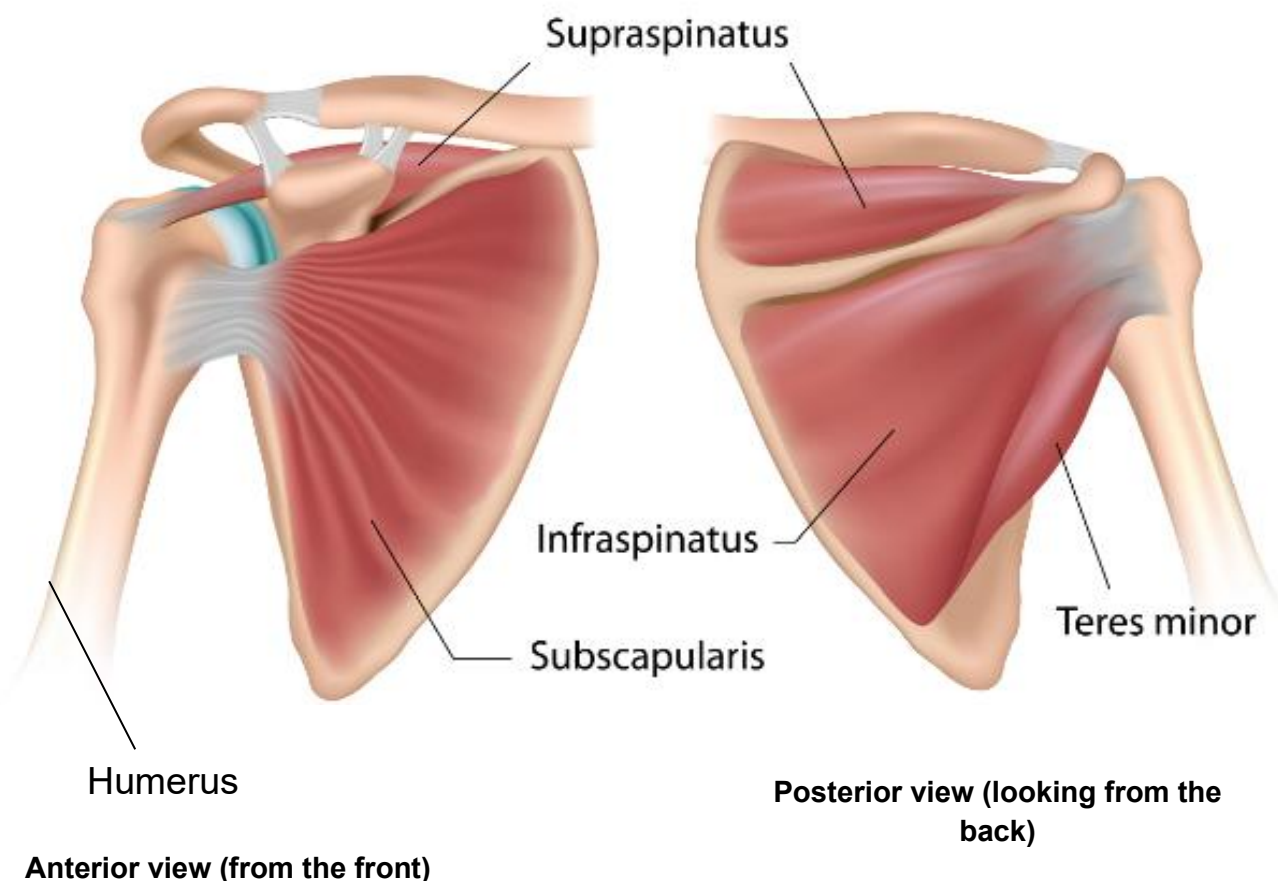
THE ROTATOR CUFF

The rotator cuff is a group of four tendons that connect the four muscles of the shoulder to the upper humerus (upper arm bone).

They help lift and rotate the humerus and stabilise the shoulder joint. The tendons run underneath the acromion (part of the shoulder blade) where they are vulnerable to being damaged. This can lead to a tear resulting in a painful, weak shoulder. A tear can occur as a result of a single traumatic event, or can develop gradually over time. Some people will require a repair of the tendon to restore function back to the shoulder and arm.

A rotator cuff repair involves stitching a torn tendon back onto its attachment to the humerus. This may be performed either through keyhole surgery (arthroscopy) or open surgery.

MUSCLES OF THE ROTATOR CUFF



DRESSING

When you come back from theatre, there will be a large bandage over your shoulder.

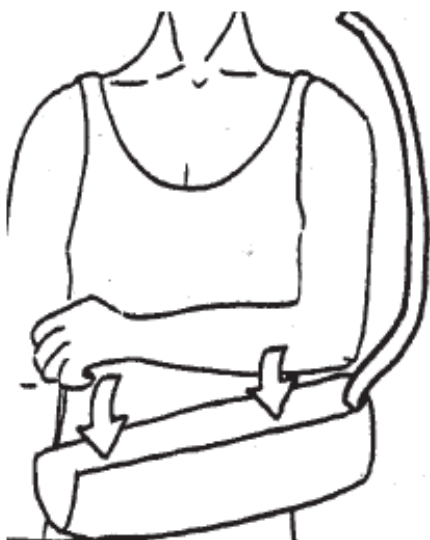
Under the bandage there will be dressings over the wounds.

GENERAL ADVICE, RISKS and BENEFITS

- When you return from theatre, you are likely to have an immobiliser/sling fitted, to keep your arm close to your side. It is important to use the immobiliser as instructed, failure to do so may rupture the rotator cuff repair.
- You will be given appropriate pain killers and you should take these as directed to allow you to be comfortable enough to do your exercises.
- You are advised to do exercises as instructed, otherwise your shoulder may become stiff.
- You will be given a sick note for work. The length of time you are off work will depend upon your job. If you require further sick notes, please see your GP.
- You should not drive while still using a shoulder immobiliser (between 4 - 6 weeks) and you need to feel you are in full control of the vehicle.

HOW DO I PUT MY SHOULDER IMMOBILISER/SLING ON AND OFF?

Below are instructions on the shoulder immobiliser and its application. The sling should be fitted in a sitting position. It is possible to fit the sling yourself but it is much easier to get someone to help you with this if possible.

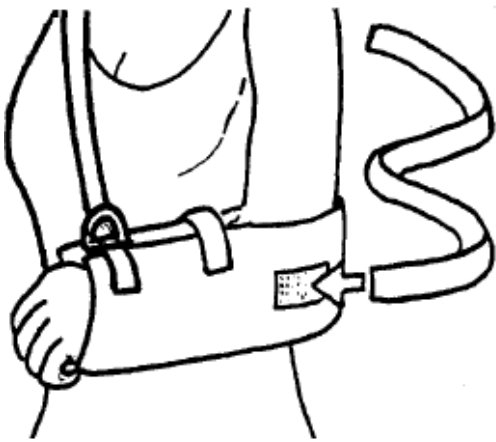


1. Place your affected arm into the sling ensuring the elbow is as far into the corner of the sling as possible.

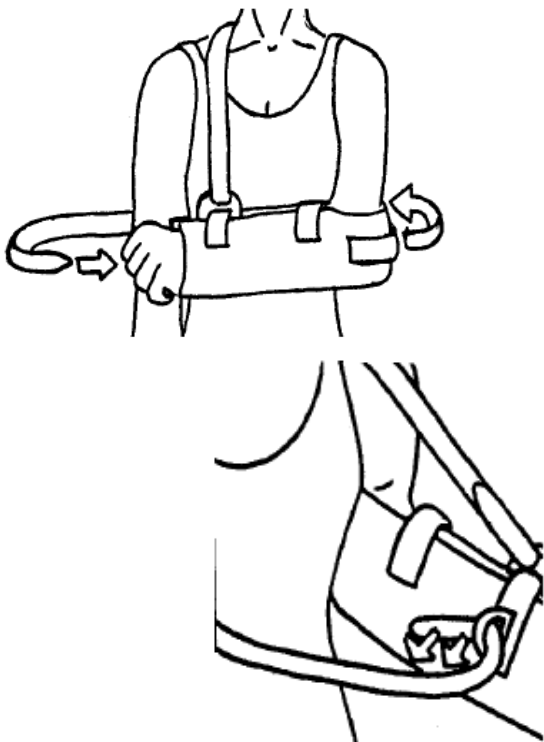


2. Place the long strap around your back and up and over the opposite shoulder. Place the end of the strap through the metal loop and Velcro to fasten. You should pull the strap tight so that your elbow is resting at a right angle or higher to prevent swelling in your hand and fingers.

There will be a second smaller strap without the metal loops. This should be placed over the sling nearer the bend of your elbow.



3. Sometimes the waist strap is required (your ward physiotherapist will tell you if this is required). If this is required it is fastened using Velcro as pictured to the side of your sling near your elbow, wrapped around your waist and fastened through the other metal loop as described in the next step.



4. Bring the waist strap round to the back of the sling (the part closest to your body) and fasten the strap through the other metal loop, pulling the strap through on itself to tighten so that the sling holds your arm close to your body.

The sling may be removed to complete your exercises and also to wash and dress yourself. To remove your sling simply reverse the steps listed in the table above. You should continue to wear the immobiliser until your consultant or physiotherapist tells you to discontinue its use.

Getting Dressed

Please remember to bring in suitable loose clothing. Sit on the edge of the bed or chair to dress and undress. Wear loose clothes and avoid straps over the wound e.g. bra straps. It is recommended that you wear loose or front fastening tops after the surgery. Use your good arm to help put your operated arm into the sleeve first.

Bathing/showering

While in the immobiliser you need to take care with underarm hygiene, wash and dry your underarm daily without lifting your arm away from your side. You can do this by carefully removing the sling, then leaning forward so that your arm moves away from your body (a movement similar to the pendular exercises described in the exercise table). You must not get the shoulder immobiliser wet and should take it off to wash. You are advised to strip wash in sitting or standing. Once you have completed this you should replace the sling as soon as possible to avoid any movements which may damage your shoulder.

Sleeping

Avoid lying on the operated side. Remember not to lean on the arm to push up when getting out of bed for 4 weeks.

Domestic tasks

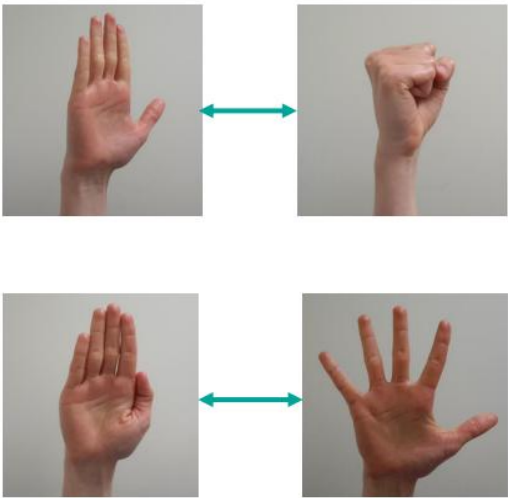
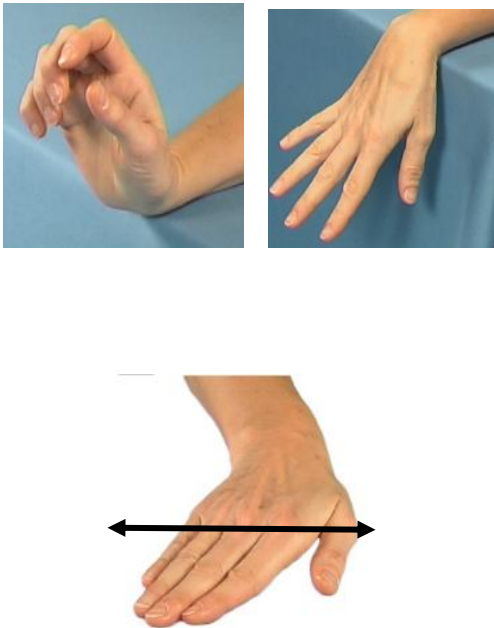
You will require assistance with shopping, laundry and housework initially as they will all need to be done one handed. Keep meals simple and use a microwave or top oven where possible.

EXERCISES

The exercises that you can do after your operation will depend on the extent of the repair to the rotator cuff. Your physiotherapist will guide you on which exercises you can begin, as ticked off on the section below. **Please only complete the exercises you have been advised to do – progressing too quickly could cause the tendon repair to fail.**

You should try to complete 3 sets of exercises daily unless stated otherwise.

You will be referred for out-patient physiotherapy at your local hospital where the physiotherapist will be able to progress your exercises at a suitable pace for you.

<input data-bbox="113 696 188 779" type="checkbox"/>		Finger/circulation exercises Bend your fingers downwards to make a fist, then open your hand back out. Repeat 10 times every hour. Spread your fingers apart and then bring them back together. Repeat 10 times every hour.
<input data-bbox="113 1312 188 1395" type="checkbox"/>		Wrist movements Move your hand up and down from your wrist joint. Repeat 10 times. Move your wrist from side to side. Repeat 10 times.

<input data-bbox="113 159 188 241" type="checkbox"/>		Pronation and supination Turn your palm over so it faces the ceiling, then downwards so it faces the floor. Repeat 10 times.
<input data-bbox="113 539 188 622" type="checkbox"/>		Elbow flexion and extension Bend your elbow (you may need to support your affected arm with your better arm), then try to fully straighten your arm. Repeat 10 times.
<input data-bbox="113 1072 188 1155" type="checkbox"/>		Scapular setting Sit in a chair. Slowly pull your shoulder blades back and down. Hold for 5 seconds, then relax. Repeat 5 times.

<input data-bbox="113 143 188 226" type="checkbox"/>		Pendular exercise – forwards and backwards Stand leaning forwards onto a stable support with your non-affected arm. Let your operated arm hang in a relaxed position. Gently swing your arm forwards and backwards. Repeat 20 times.
<input data-bbox="113 835 188 918" type="checkbox"/>		Pendular exercise – side to side Stand leaning forwards onto a stable support with your non-affected arm. Let your operated arm hang in a relaxed position. Gently swing your arm side to side, moving from out to the side, to in front of your body. Repeat 20 times.
<input data-bbox="113 1456 188 1538" type="checkbox"/>		Pendular exercise – circling Stand leaning forwards onto a stable support with your non-affected arm. Let your operated arm hang in a relaxed position. Swing your arm as though drawing a circle on the floor. Repeat 20 times. Repeat in the opposite direction 20 times.

		Assisted shoulder flexion in lying Lie on your back. Support your operated arm round the wrist, or underneath your elbow with your elbow bent. Use your un-operated arm to lift your operated arm up. Only move your arm as far as comfortable. Hold for approximately 10 seconds. Slowly return your arm to the Repeat 10 times.
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RETURN TO FUNCTIONAL ACTIVITIES

Your Consultant will give you guidance on when you can return to work, activities and driving as this will vary depending on your individual circumstances. Your Physiotherapist will be able to give you guidance on returning to sporting and leisure activities as your movement and muscle strength improves.

You will also be referred to see a Physiotherapist as an out-patient at your local hospital after you have been discharged home to continue your rehabilitation and to regularly check your movement. It is very important that you attend this appointment to ensure the best possible outcome following your surgery.

QUERIES

If you have any queries about any of the advice contained in this booklet

OR

If you are unable to progress your exercises in accordance with the leaflet

OR

If you have persistent pain, swelling or worsening of your symptoms. Please contact the Physiotherapy Department at the hospital where you had your operation between 8.30am - 4.30pm Monday - Friday:-

Worcestershire Royal Hospital

Tel: 01905 760622 / 760187

Alexandra Hospital, Redditch

Tel: 01527 512114

Kidderminster Hospital

Tel: 01562 513066

If you have any concerns about your shoulder you can also contact the Day Surgery Unit, Accident & Emergency or your GP.

Feedback for Inpatient Therapies

Please scan the QR code or follow the link below:

If you have been seen by a Physiotherapist or Occupational Therapist during your admission, please leave us some feedback by scanning the QR code or following the link and filling in the short survey.



<https://apps.worcsacute.nhs.uk/PublicSurvey/AHPFeedback>

Ward admitted to: _____

Therapy team who treated you: _____

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.