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# Shoulder Arthroscopic Rotator Cuff Repair

Arthroscopic Rotator Cuff Repair: Surgery & Recovery Guide

An **arthroscopic rotator cuff repair** is a **minimally invasive procedure** used to fix torn rotator cuff tendons in the shoulder. This technique involves small incisions and a camera (arthroscope), allowing the surgeon to reattach the tendon to the bone with sutures and anchors.

# **Surgery Process**

## 1. Preoperative Preparation

- Medical Evaluation: Blood tests, imaging (MRI, X-ray, ultrasound).
- Medications: Blood thinners may need to be stopped.
- Anesthesia: General anesthesia (often combined with a regional nerve block).
- Fasting: No food or drink after midnight before surgery.

# 2. Surgery (Lasts 1–2 Hours)

- Small Incisions: 3–5 tiny cuts (~¼ inch each) are made on the front, back and side of the shoulder.
- Arthroscopic Camera Insertion: A tiny camera is inserted to guide the procedure.
- Tendon Repair:
  - o Torn tendons are **reattached** to the bone using small **suture anchors.**
  - o Anchors (made of metal or biodegradable material) hold the tendon in place.
- Closure: Stitches or surgical tape are applied, and the arm is placed in a sling.
  - A waterproof dressing is applied. You may shower right away and leave the dressing in place.

## **Recovery Course**

#### 1. Immediate Postoperative (Hospital Stay: Outpatient or 1 Night)

- Pain Management:
  - Nerve block provides 12–24 hours of pain relief.
  - o Oral pain medications (NSAIDs, acetaminophen, or opioids if needed).
- Sling Usage: Required 24/7 for 4–6 weeks (except for therapy and hygiene).
- Early Passive Motion:
  - o Physical therapy (PT) may begin within the first week with gentle, passive movements.

# 2. Weeks 1–6 (Healing & Passive Movement)

- PT Goals: Maintain range of motion (ROM) and prevent stiffness.
- Exercises (Passive Only):
  - o **Pendulum exercises** (gentle shoulder circles).
  - o **Passive forward elevation & external rotation** (assisted by therapist or other arm).
- Restrictions:
  - X No active arm movement.
  - X No lifting, pushing, or pulling.
  - X No reaching behind the back or overhead.
- Sleeping Tips:
  - Sleep in a **reclined position** (propped pillows or recliner).
  - o Keep the sling on while sleeping.

# 3. Weeks 6–12 (Active Motion & Strengthening)

- Gradual Active Motion:
  - Start using the arm without assistance for simple tasks.
  - o PT focuses on active range of motion (AROM) exercises.
- Light Strengthening (Around Week 10–12):
  - o Resistance bands, light dumbbells (1–2 lbs).
  - o Shoulder blade stabilization exercises.
- Sling Discontinuation: Typically around 6 weeks.

#### 4. Months 3–6 (Strength & Function)

- Increased Use of Arm:
  - Lifting limit increases to 5–10 lbs.
  - Functional daily activities (dressing, eating, light household work).
- Advanced Strength Training:
  - Resistance bands and dumbbell exercises (3–5 lbs).
  - Focus on rotator cuff and scapular stability.
- Return to Activities:
  - o Driving: Around 8-12 weeks.
  - o **Sports:** Swimming, light golf, and non-contact activities around **4–6 months.**
  - Heavy lifting/contact sports: May take 6–12 months or be permanently restricted.

## 5. Full Recovery (6+ Months)

- Most patients regain full function by 6–12 months, though some mild weakness or stiffness may remain.
- **High-Risk Activities:** Heavy lifting, throwing, or repetitive overhead work may be **permanently restricted** depending on the severity of the tear.

# Potential Risks

- Re-tear of the tendon (higher in larger or degenerative tears).
- Frozen shoulder (stiffness due to immobility).
- Nerve injury or infection (rare but possible).