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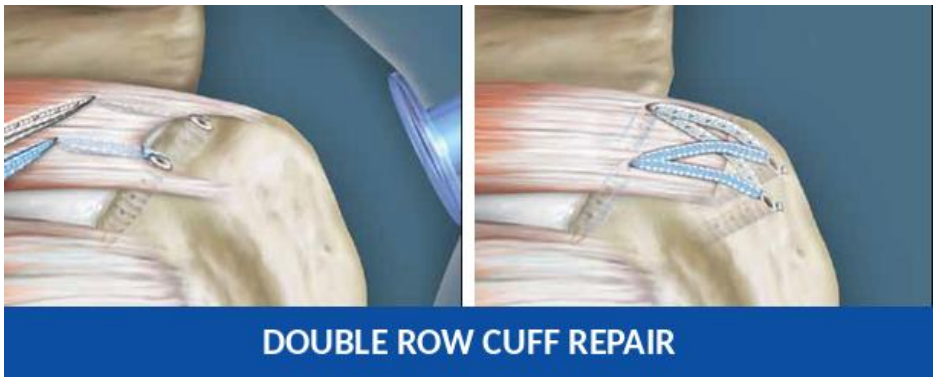
ROTATOR CUFF REPAIR

This leaflet provides general information to help you understand surgery to repair a rotator cuff tear, to improve pain and function.

This keyhole procedure repairs the torn tendon, and is usually a day case.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.

SINGLE ROW CUFF REPAIR



DOUBLE ROW CUFF REPAIR

Videos of the surgery: https://www.youtube.com/c/ProfBijayendraSingh

This leaflet provides general information and does not replace individual medical advice.

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The Anatomy of the Shoulder Joint

The shoulder is one of the most complex joints in the body, relying on several structures working together:

How the Shoulder Works

Three main bones form the joint:

- Humerus (upper arm bone)
- Clavicle (collarbone)
- Scapula (shoulder blade)

The Four Key Joints

- Glenohumeral Joint – the main ball-and-socket joint
- Acromioclavicular (AC) Joint – collarbone meets shoulder blade
- Subacromial Space – tunnel above the rotator cuff
- Scapulothoracic Joint – shoulder blade glides over rib cage

The Labrum (Stabilising Ring)

A rim of rubbery tissue that deepens the shallow shoulder socket — like a "bumper" or suction cup that keeps the joint stable and prevents dislocation.

The Rotator Cuff

Four deep muscles keep the ball centred in the socket and let you lift and rotate your arm:

- Supraspinatus
- Infraspinatus
- Subscapularis
- Teres Minor

About the Operation

Rotator cuff repair relieves shoulder pain by reattaching the torn tendon to the bone. It is performed by keyhole (arthroscopic) surgery through small incisions, usually as a day case. Surgery is normally recommended only when pain, weakness or loss of function has not improved with physiotherapy, injections or activity modification.

Benefits & Logic

The operation aims to:

- Relieve pain by repairing the tendon and settling inflammation
- Restore strength by reattaching the tendon to bone
- Improve function for lifting, reaching and overhead activities
- Keyhole Surgery, assessment of full shoulder joint

The Procedure, Step by Step

The keyhole operation, step by step:

- Assessment: a camera checks the tear and the rest of the joint
- Preparation: the tendon edges and bone surface are cleaned
- Repair: anchors and knotless stitches secure the tendon to bone
- Treatment of associated problems if required
- Closure: dissolvable stitches, strips and a splash-proof dressing

Before, During & After Surgery

Before Surgery

- Fasting: no food for 6 hours, no drinks for 2 hours before
- Smoking: avoid for at least 12 hours before, to aid healing
- Medications: continue as advised by the pre-op team

Please read 'Preparing for Surgery'

On the Day

- Admission: check in at main reception, then to your room
- Consultation: meet your surgeon and anaesthetist
- Preparation: timing and instructions are reviewed

Anaesthesia

- General anaesthetic with a nerve block that numbs the arm
- Nerve block alone (awake) if general anaesthetic is unsuitable

Recovery & Results

Recovery is a partnership. The timeline below is a guide — your physiotherapist and I will adapt it to your tear, your healing and your goals — **this shared decision-making process ensures you are fully informed and involved in your care.**

Recovery Milestones

- Sling: usually worn for 2–4 weeks
- Gentle exercises: begin immediately after surgery
- Active movement: from around 2–4 weeks
- Good recovery: usually by 3–4 months (full recovery up to 12)

Results

80–85% of patients achieve a good to excellent result. Clinically important re-tears are uncommon (under 5%), and revision surgery is seldom needed.

After Surgery

The first weeks

Sling: worn for 2–4 weeks (sometimes longer) to protect the repair while the tendon heals

Pain Relief: start painkillers as soon as you get home and take them regularly for at least 48 hours

Wound Care: dressings changed at 24–48 hours; showering after 3–5 days; wounds left open to air after 10 days

Physiotherapy: gentle exercises begin immediately; ice 15 minutes twice daily; active movement from 2–4 weeks; most recover by 3–4 months

Follow Up: 2 – 6 weeks post op to monitor progress

Risks & Complications

Uncommon, but possible

Stiffness: mild stiffness is common and improves with physiotherapy; rare complete re-stiffening (more likely with diabetes) can add a few months

Infection: fewer than 1 in 1000 thanks to strict sterility; treated effectively with antibiotics if it occurs

Persistent Pain: initial pain settles over the first weeks; discomfort at 2–3 months often resolves with a steroid injection. 80 – 85% patient have good to excellent recovery

Re-Tear: MRI re-tears are common but usually symptom-free; clinically relevant re-tears are under 5% and revision is seldom needed

Anaesthetic: anaesthetic complications are rare; fracture from acromion shaving is extremely rare.

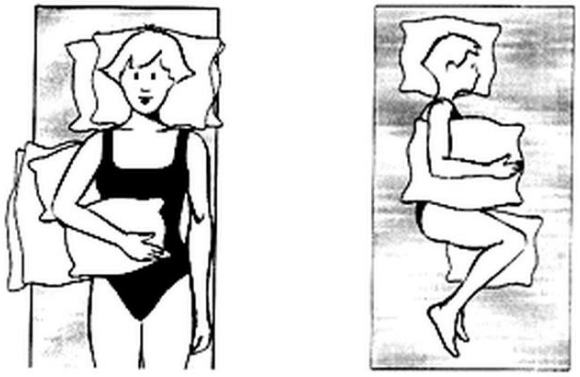
Return to activities:

This can be extremely variable and discuss with the surgeon. These are just guidelines.
Desk work 2 – 4 weeks; **Driving:** once safe and out of the sling, usually 4 – 6 weeks, **Manual Work**: 6 – 12 weeks, **Golf:** 12 – 16 weeks. **Sport is staged** — your physiotherapist will guide the timeline. A member of the team will discuss your specific plan.

Recovery Timeline & Sleeping

Recovery Timeline

Sleeping Positions



Prop up at first; when back in bed, use pillows to support the arm and avoid lying on the operated shoulder

Red Flags — When to Seek Urgent Help

Fever, spreading redness or discharge from the wound, worsening pain, or numbness and a cold hand — seek urgent assessment. If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Key Points to Remember

- **Keyhole surgery, usually a day case**
- **Most people get good pain relief and function**
- **The sling protects the repair while it heals**
- **Physiotherapy is essential to recovery**

Questions You May Wish to Ask

- **When can I take the sling off?**
- **When can I drive and return to work?**
- **How much improvement can I expect?**
- **What are the signs of a problem?**

Book or Enquire Directly at Each Site

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