

Patient Information for Consent

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OS16 Shoulder Surgery (Rotator Cuff)

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

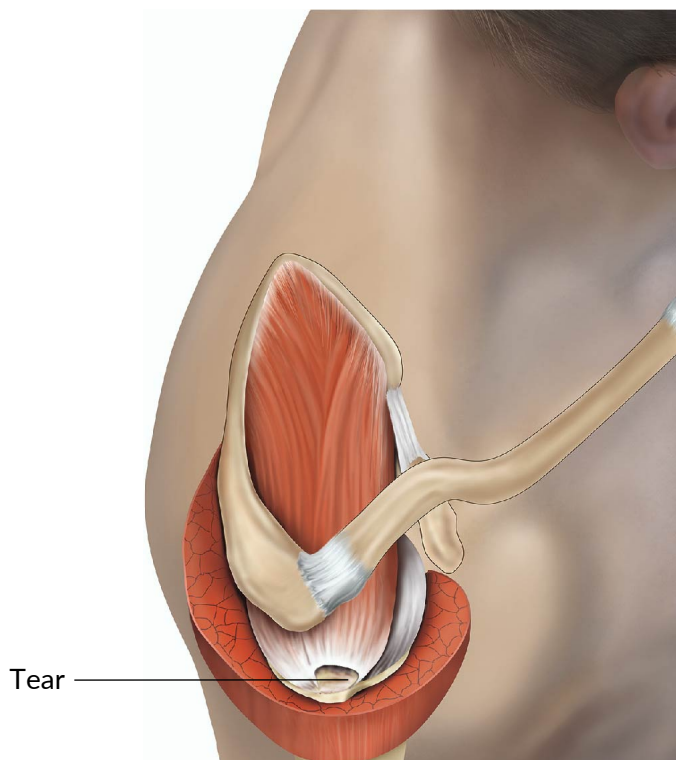
Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly your healthcare team will have the most up-to-date information.

What is the rotator cuff?

The rotator cuff is formed from four muscles and tendons that attach your arm to the top of your shoulder blade (acromion). The rotator cuff lies just below your collarbone. It is difficult to feel because it is covered by a large muscle. If the rotator cuff becomes weak or tears, you can get pain and weakness.



A tear in the rotator cuff

Your surgeon has recommended shoulder surgery. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How do rotator-cuff problems happen?

There are usually two types of damage that can happen to the rotator cuff.

- Rotator-cuff tear – This is often caused by a fall or lifting something heavy. You will often feel sudden pain and have weakness in your shoulder straightaway.

- Impingement – The area where the rotator cuff moves is protected by soft tissue called the bursa. The rotator cuff and the bursa can rub on, or get squeezed by, the collarbone or shoulder blade. Over time this can gradually weaken your shoulder and cause pain when you raise your arm above shoulder height or lie on your shoulder.

What are the benefits of surgery?

You should get less pain and be able to use your shoulder more easily but you are unlikely to get back the same strength that you had before you damaged your shoulder.

Are there any alternatives to surgery?

Most people with impingement or a small tear can get back good function in their shoulder by changing their activities, and with the help of exercises and physiotherapy. It is usually helpful to not hold your arm above shoulder height.

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can also help.

A steroid and local-anaesthetic injection into your shoulder can sometimes reduce pain for several months but may cause side effects if repeated too often.

If you have a large tear and your shoulder is weak, it is likely that surgery is your only option to get back some strength in your shoulder.

What will happen if I decide not to have the operation?

Your surgeon may recommend physiotherapy to help strengthen any muscles in your shoulder that have not been damaged.

Sometimes the symptoms improve with time.

What does the operation involve?

You may need to have an ultrasound scan and MRI scan of your shoulder to find out the type of damage to your rotator cuff. The results of the scan will help your surgeon to plan the operation.

Impingement is usually treated by an arthroscopy (keyhole surgery) which involves making only small cuts and using a small telescope to see inside your shoulder. If you have a tear, you may need to have an operation to repair it. This may be performed using keyhole surgery or by open surgery, which involves a larger cut.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes 45 minutes to an hour.

Keyhole surgery

If possible your surgeon will use keyhole surgery as this is associated with less pain, less scarring and a faster return to normal activities.

Your surgeon will make three or four small cuts at the front and back of your shoulder and on the side of your upper arm.

They will insert surgical instruments through the cuts along with a telescope so they can see inside your shoulder and perform the operation.

Your surgeon will use the instruments to remove any thickened tissue, release any tight tissue and to shave off some bone so there is more room for your rotator cuff to move.

Your surgeon may also be able to repair rotator-cuff tears using keyhole surgery.

Open surgery

Your surgeon may use open surgery to repair any tears. They will make a single cut on the front of your shoulder. They will repair the rotator cuff using stitches that anchor into the bone.

Your surgeon will close any cuts with stitches or clips.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation. It is unusual to need a blood transfusion.
- Infection of the surgical site (wound) (risk: 1 in 100). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Unsightly scarring of your skin. The risk is higher if you have open surgery because the cut is larger and is at the front of your shoulder. It usually heals to a neat scar.

Specific complications of this operation

- Bleeding into your shoulder (risk: 1 in 100). This causes swelling and pain. You may need a further arthroscopy to wash out your shoulder.
- Restricted shoulder movement (frozen shoulder) (risk: 1 in 50). Treatment for a frozen shoulder may involve physiotherapy, medication and injections.
- Infection in your shoulder (risk: less than 1 in 100). You will need antibiotics and sometimes an operation to clean out your shoulder.
- Blood clot (thrombosis) in the axillary vein, which is just under your shoulder joint (risk: less than 1 in 100). You will get a swollen arm and will need further treatment.
- Severe pain, stiffness and loss of use of your arm and hand (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your arm and hand can take months or years to improve.

- Damage to nerves around your shoulder, leading to weakness, numbness or pain in your shoulder or arm (risk: less than 1 in 100). This usually gets better but may be permanent.
- The rotator cuff tearing again or the tear failing to heal (risk: 15 to 20 in 100). This is more likely for older people with older tears.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

You will need to keep your arm in a sling. Your surgeon or the physiotherapist will tell you how long you need to keep your shoulder supported.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower. Any stitches or clips are usually removed after 1 to 2 weeks.

The physiotherapist may give you exercises and advice to help you to recover from the operation. Follow any instructions carefully to improve the chance of getting strength and movement back in your shoulder.

The healthcare team will tell you when you can return to normal activities. Do not play contact sports or lift anything heavy until they have advised you that it is safe. It can take up to a year to get back enough strength in your shoulder to return to normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor. If your surgeon repaired a tear in your rotator cuff, do not drive for at least 2 months.

The future

9 in 10 people have a major improvement but it takes time for pain to lessen and movement to increase. You may not get back the same strength that you had before you damaged your shoulder.

Your shoulder is a complex joint and often symptoms come back with time. You may need another operation.

Summary

Rotator-cuff problems can cause pain and weakness in your shoulder. An operation can help to reduce any pain and to get back some strength in your shoulder.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Lennard Funk (MSc, FRCS)

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