

## *Orthopaedic Connection*

### **When The Rotator Cuff Needs Surgery**

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#### *Transforming patient information into patient understanding.*

I closed last week saying that my patients depend on me to know when they need surgery and when they don't. It is a rare patient who comes into the office asking for surgery. Very rare indeed. Sometimes, however, there is nothing less than surgery that will help.

#### **Many Types**

The rotator cuff tendons (4 of them) tear in a variety of ways. No need to get too technical.

Let's consider that the patient is definitely going to need surgery to repair the rotator cuff and the person has made the decision to go ahead.

The tears can range from somewhat uncomplicated to OMG! Some rotator cuffs are so terribly damaged I hardly know where to start. And you can't always tell how bad it is until you see it at the time of surgery.

#### **Anesthesia**

I almost always use a general anesthetic because then the patient is completely comfortable and I don't need to worry about the patient moving on the operating table as they do if only a regional anesthetic is used.

Even if a general anesthetic is used, the anesthesiologist will often do an additional type of nerve block to reduce pain post operatively.

#### **In Patient Or Outpatient**

Outpatient surgery as everyone knows has become extremely popular. In the case of shoulder surgery, it is often possible for the patient to go home the same day. However, there is a place in shoulder surgery for some patients to stay overnight for pain control (23 hour admit it's called).

I have seen some pretty miserable patients with shoulder surgery who have gone home but wished they had stayed. There is a middle ground. I don't think its right to make all shoulder surgery patients go home the same day.

#### **Arthroscopic or Open**

It depends, I believe, on how bad the tendons are torn. Some surgeons believe they can repair everything arthroscopically and they do. I also know there is a fairly high rate of nonhealing in very large tears repaired arthroscopically. If the tear does not heal you have done a procedure, but the person hasn't improved.

The goal of rotator cuff surgery is to relieve pain and improve use of the arm/shoulder.

There are different ways to do shoulder surgery which can work well in most patients, but you need to leave it up to the surgeon to decide which is best in the individual case.

#### **Poor Tissue Quality**

Patients do not usually know or consider that the outcome of surgery is largely dependent on how good or bad their rotator cuff tendons and muscles are. None are normal. Most are somewhat poor quality and some tissues are awful. Age, diabetes and smoking play a very big role in tissue quality.

#### **Recovery**

- Special sling for 4 – 6 weeks after surgery
- For 6 weeks don't use the shoulder under its own power
- Amount of weight you can lift varies
- Lots of therapy exercises will be taught
- About 1/2 to 2/3 of patients can do all exercises at home
- 1/3 go to a PT place
- It takes at least 6 months to recover
- Recovery is long but worthwhile

**Gratiot County Herald Archive and Office Website.**

I sincerely appreciate all of you loyal readers and patients present and future and welcome all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It contains the Website Library, Your Orthopaedic Connection and complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush