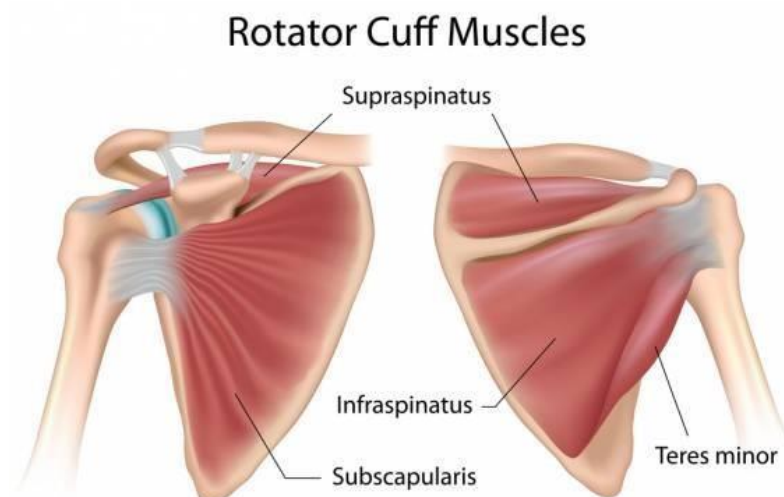


Rotator Cuff Tear

The rotator cuff is a group of four muscles (supraspinatus, infraspinatus, subscapularis and teres minor) positioned around the shoulder joint to help stabilise it and control movement of the shoulder. The muscles originate from the shoulder blade and they form tendons that insert into the top of the humerus (arm bone). A tendon is the tough white tissue that attaches the muscle to bone. With increasing age, the tendons gradually get thinner and more vulnerable.

The tendons may tear from their attachment either after an injury such as a fall or from long-term wear and tear. This may result in pain and weakness of the shoulder. In most patients the supraspinatus tendon is the most vulnerable and 90% of rotator cuff tears involve this tendon.



Symptoms and Signs

- Pain is usually felt over the shoulder and upper arm.
- It is often made worse by reaching away from the body or behind the back.
- Pain is often worse at night and it might make it difficult to sleep.
- Movements are usually weak and restricted making it difficult to raise the arm above shoulder height.

Investigations

- An X-ray is usually performed to rule out other causes of shoulder pain such as arthritis.
- Ultrasound or MRI scans are required to confirm the diagnosis – they also help to plan the treatment.

Treatment

If the tendon has torn as a result of an acute injury e.g. a fall or shoulder dislocation then early surgical repair is normally recommended for patients aged less than seventy. If the tendon has torn through natural aging or wear and tear non-surgical treatment is normally recommended initially.

A) Non-surgical treatment

- Pain killers and anti-inflammatory medications may help to control the pain.
- Physiotherapy can help with pain and weakness
- A steroid/cortisone injection to the affected area may help to reduce pain and inflammation.
- Ultrasound guided Platelet rich plasma (PRP) injection can also help in healing of partially torn tendons.
- If the above measures fail to control the symptoms, surgical repair of the tendon is advised.

It is important to know that a rotator cuff tear will not heal and over time it will slowly get larger in most patients.

B) Surgical treatment

- The tendon is generally repaired with arthroscopic (keyhole) surgery.



- The repair involves using bone anchors with sutures to reattach the tendon back to the bone (humerus).

- It is performed under general anaesthetic; a local anaesthetic block is also usually given to give pain relief after the surgery.
- Usually, this surgery is a day case procedure or one night admission.
- If the rotator cuff tear has been caused by an injury, then earlier surgical treatment may result in a better outcome for your shoulder.

Potential risks of surgery

90% of patients will benefit from surgery in terms of improvements in pain, movement and function. 10% of patients will have an unsatisfactory outcome with ongoing pain, stiffness and weakness. This usually arises due to a failure of the tendon to heal to the bone.

- All operations have some risks and we do our best to minimise these.
- The risks of this operation include: pain, bleeding, infection, nerve damage, stiffness and incomplete resolution of symptoms.
- There is always a chance of the repair failing to heal or a further injury causing a re-tear. This is more likely with large tears, if you are a smoker or if you are over 65 years old.

Recovery after surgery

- You will be given pain killers to take home after the surgery
- A sling is worn for up to six weeks to protect the repair.
- During this time you will have physiotherapy guiding your rehabilitation.
- After 6 weeks you can begin using your arm gently for daily activities, which is gradually increased as pain allows.
- You will be unable to drive when wearing the sling.
- Return to work depends on your speed of recovery and the type of your job but generally this takes at least 3 months.

It may take 6 months to get back to contact sports and heavy physical work.