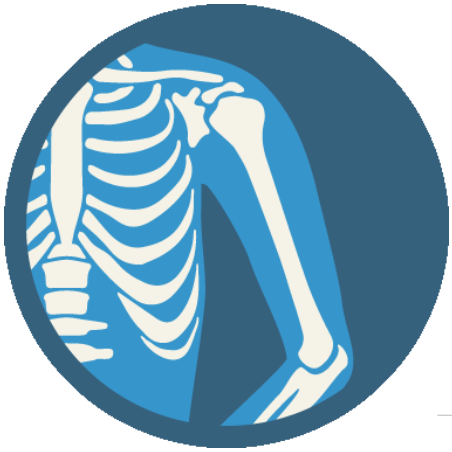
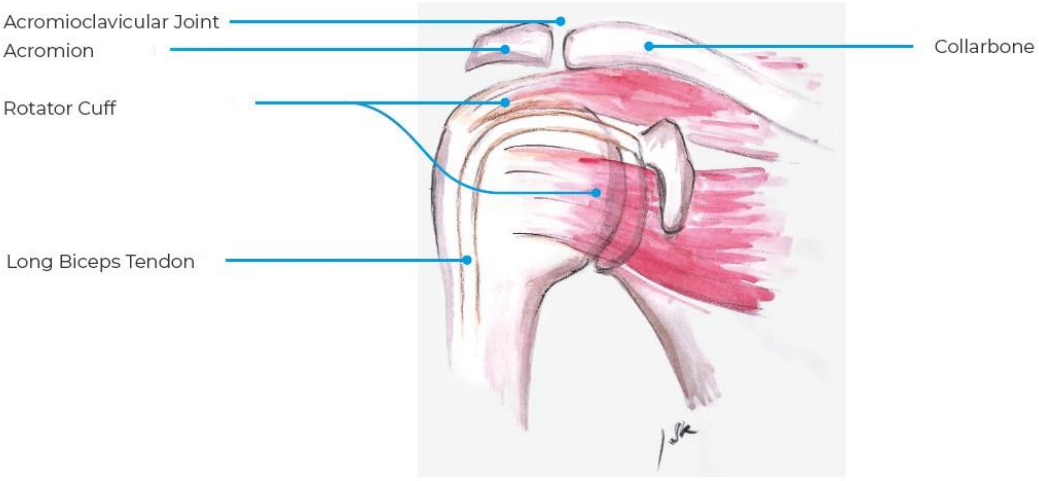
LEONARDO Ärzte für Orthopädie und Traumatologie



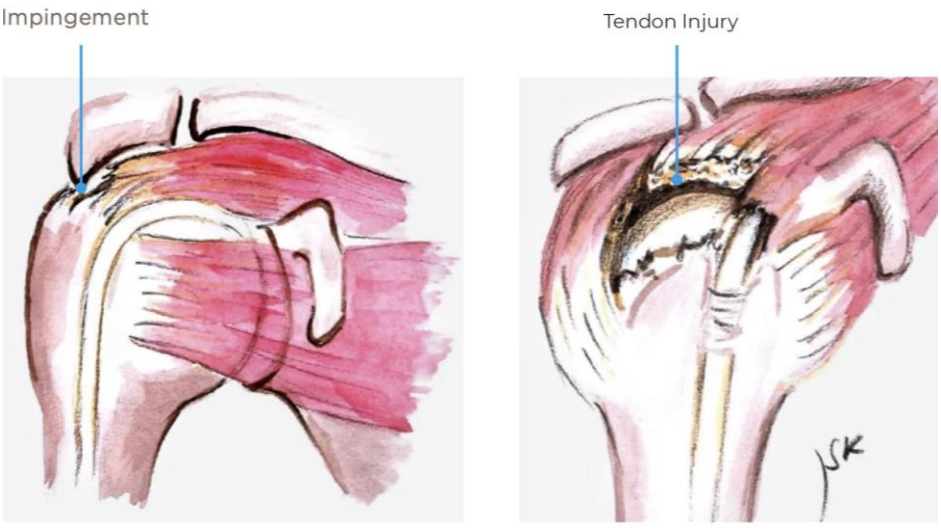
ARTHROSCOPIC ROTATOR CUFF REPAIR

ANATOMY OF THE SHOULDER



SYMPTOMS

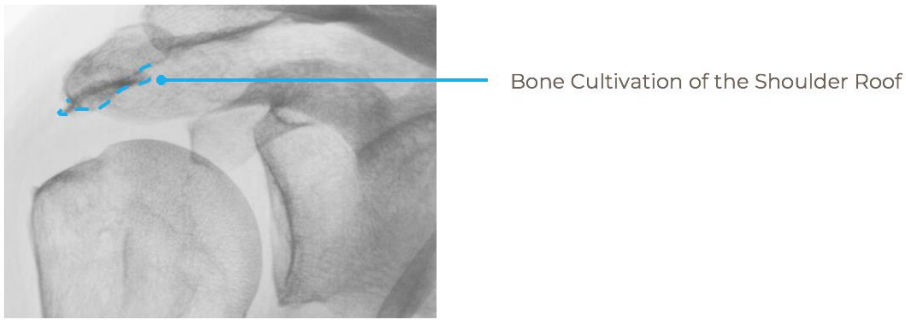
Muscle imbalance or degenerative changes in the subacromial space can lead to impingement of the rotator cuff. An AC joint osteoarthritis can also be involved. If this situation persists for a long time, it can damage your rotator cuff.



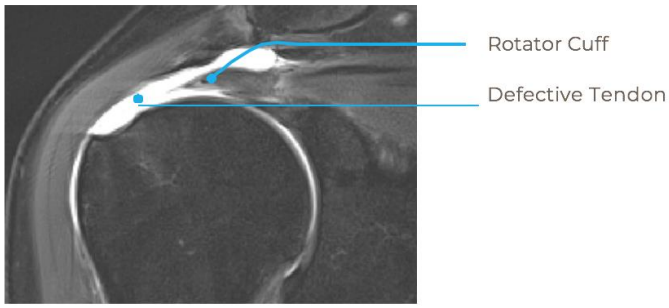
The result is pain when lifting the arm and often also at night. Sometimes you can also have pain at rest. You will typically feel the pain in the upper arm on the side. An acute injury to the rotator cuff may also result from an accident (e.g. fall). A loss of strength and/or a limitation in range of motion is often noticeable.

EXAMINATION

A thorough diagnosis of your shoulder with a clinical examination is a key point. Checking the mobility as well as the strength of the rotator cuff is usually helpful to make an accurate diagnosis. The diagnosis can then be confirmed and the injury made visible by means of targeted x-rays and an MRI (magnetic resonance imaging) scan.



X-ray: Impingement



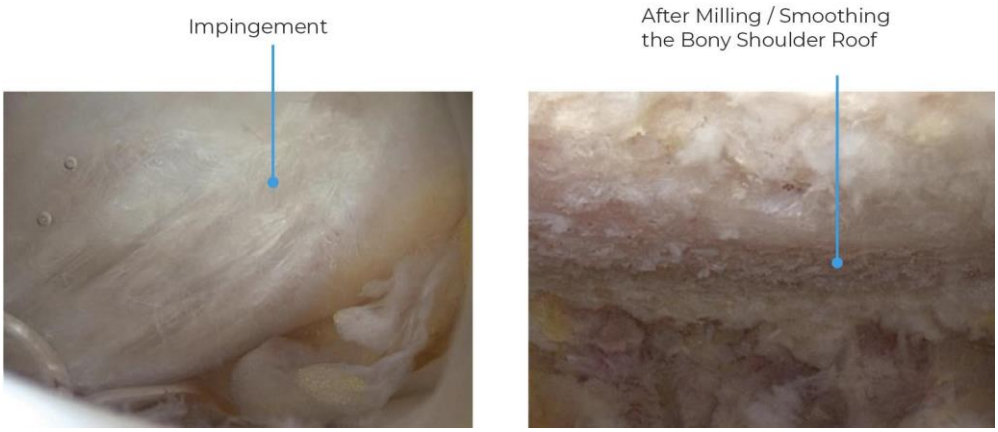
MRI: Tendon Tear

TREATMENT

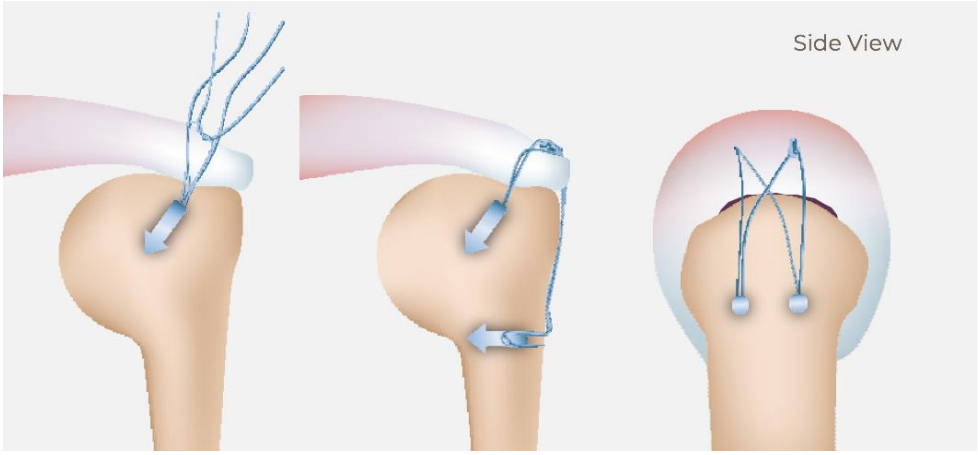
Depending on the extent and type of origin of your injury (acute traumatic/ chronic degenerative), your age and level of activity, sometimes a surgical treatment with rotator cuff repair will be discussed. Sometimes a rotator cuff tear can be treated conservatively using physiotherapy.

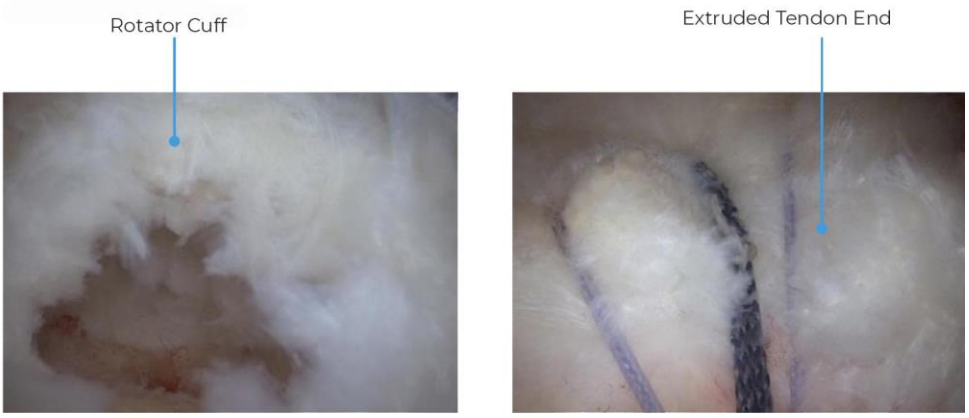
SURGERY

Simple impingement as well as lesions and tears of the rotator cuff can be usually treated arthroscopically through small skin incisions (key-hole technique). The bony spur that produces impingement is removed during the surgery.

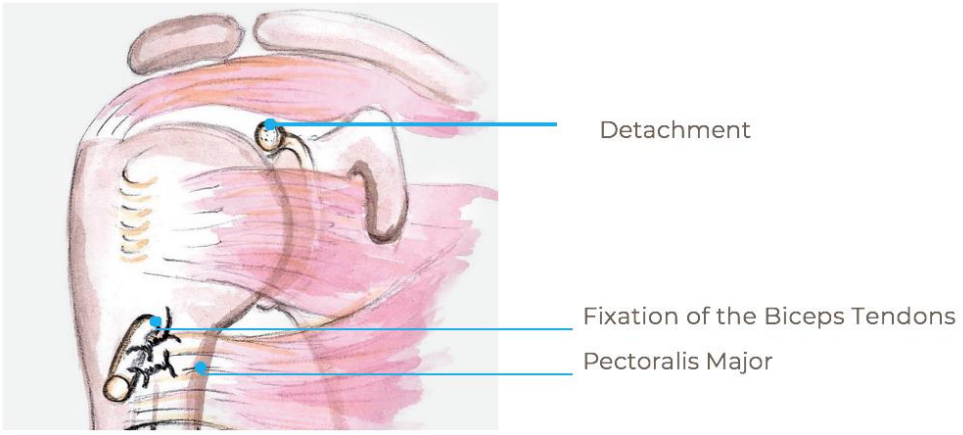


For the rotator cuff repair so called anchors are used, which are inserted into the humeral head. The sutures attached to it are passed through the tendon, (knotted and) tensioned downwards with additional anchors so that the tendon is pressed back onto its actual attachment and can heal.





If the long biceps tendon is also affected by the injury, either a tenotomy alone or a tenodesis (fixation) may be performed via an additional small skin incision on the upper arm. In case a tenodesis is needed, the long biceps tendon is sutured to the tendon attachment of the pectoralis major muscle or directly fixed with another bone anchor.



A tenotomy alone may result in a so-called Popeye-Muscle, a small protrusion on the upper arm above the elbow. This is usually not a disadvantage for your shoulder mobility and strength.

RISKS

You are treated by experienced surgeons. However, no intervention is free from risks or possible complications. The common risks are listed here:

- Impaired healing/re-tear
- Infection
- Injury to blood vessels and nerves
- Temporary shoulder stiffness (Frozen Shoulder)

HOSPITAL STAY

Your arm will be immobilized in a sling/vest or an abduction pillow for the first six weeks after surgery. From the first day on, you will take up passive and/or supported movement exercises with our physiotherapists and carry them out independently. The hospital stay depends primarily on your pain and, based on experience, lasts between 2 and 3 nights.

DISCHARGE

After leaving the hospital, the physiotherapy will continue uninterrupted. This is usually done on an outpatient basis. The stitches are removed by your family doctor after approximately 12 – 14 days. After the first follow up visit in our outpatient clinic after 6 weeks, the shoulder vest/abduction pillow can be omitted. Movement therapy is continuously increased. It is usually possible to drive a car after about 8 – 12 weeks, depending on the performed surgery. After about 3 – 4 months, you should be able to strain your arm with moderate strength in daily tasks. Physiotherapy to improve mobility and strength is usually continued 3 – 6 months after the procedure.

QUESTIONNAIRE: QUALITY CONTROL

All patients operated on the shoulder in our clinic are asked to fill out a questionnaire. This questionnaire includes questions about discomforts and the functionality of everyday life. With this, we gain valuable information about your treatment process. You will receive this questionnaire before the operation, 6, 12, and 24 months after the operation. Participation in this project is of course voluntary and does not affect your therapy.

Should you have any further questions,
we will be at your disposal.

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