Rotator cuff tear

What is it?

TTearing of the rotator cuff tendons can occur as a result of untreated impingement syndrome, where the deep shoulder tendons rub against a fibrous, bony arch over a period of many months or years.

Alternatively, the same tendons can tear suddenly as a result of a fall. This often occurs in the over 40's, when the shoulder dislocates.

How is it diagnosed?

A rotator cuff tear is diagnosed on the basis of the history as described in the previous answer, and with special tests during clinical examination.

An ultrasound scan or MRI scan will confirm the diagnosis and size of tear.

What is my approach to treatment?

If the torn rotator cuff tendons can be repaired surgically then this is usually the best option.

Without treatment, most rotator cuff tears will get bigger – causing abnormal or lost movement and eventually a worn shoulder joint (rotator cuff arthropathy). Sometimes it is not possible to repair large or long standing tears. You can discuss alternative treatments at your first consultation.

What does an operation involve?

Surgery can be carried out by keyhole (arthroscopically) or open, depending on the size and type of tear.

In either case a general anaesthetic will be required, usually supplemented with a regional anaesthetic for pain relief.

The tendon is reattached back to bone using special suture anchors.

A subacromial decompression is normally carried out at the same time to prevent further rubbing of the repaired tendons. At the end of the procedure, all wounds are closed with non-absorbable sutures. Dressings, bandaging and a special arm sling are then applied.

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What is the recovery period?

Bandaging is removed and intensive physiotherapy commences the day following surgery, in order to stop the shoulder from stiffening up.

The patient has to be prepared for some discomfort, although strong pain killing medicines can be given via tablet or injection once the local anaesthetic has worn off, normally 6 to 8 hours. Sutures and dressings are removed after two weeks.

Controlled movements of the shoulder continue under the supervision of the physiotherapist for many months. This therapy can last for more than a year. The exact regimen will depend on numerous factors and may vary.

The arm needs to rest in the sling provided until directed otherwise by the surgeon or physiotherapist.

Driving may be possible after 8 to 12 weeks.

When a patient is ready to return to work depends on their specific job role and may also vary from individual to individual. It may be possible to return to light keyboard work after 4 to 8 weeks. Heavy manual work will not be possible for a minimum of six months.

Are there any possible complications?

Patients with small to medium sized tears usually improve in about 85% of cases but even then, shoulder function may not be normal.

The results for larger tears are significantly worse. Possible complications include: Infection: 2%, Frozen shoulder: 5%, Nerve injury: 1%, Recurrent Tears: at least 20% but not all noticeable!

Recurrent tear and shoulder stiffness or weakness very much depend on the type of tear, the quality of the tissues and the patient's ability to comply with the physiotherapy programme. You can discuss these issues at your first consultation.

Insurance fee assured:

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