

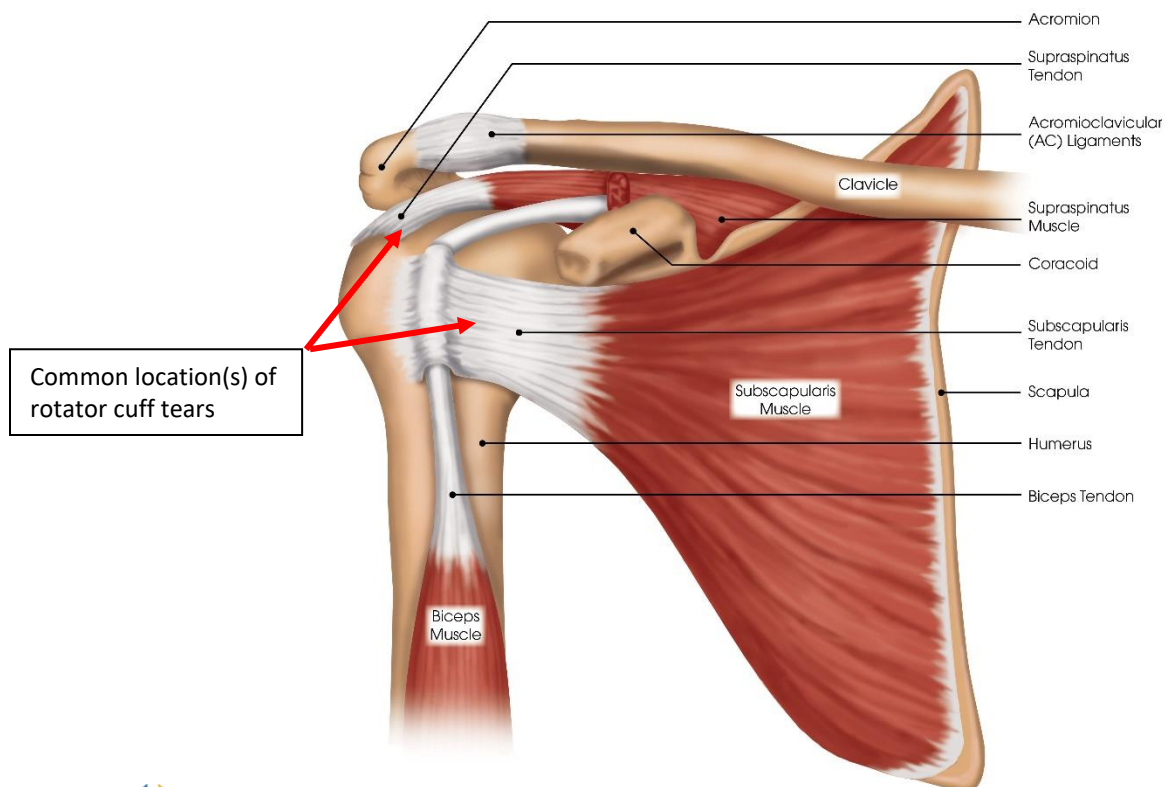
STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Arthroscopic Rotator Cuff Repair Surgery

Indications for Surgery

The rotator cuff is a group of four muscles that run from the scapula (shoulder blade) and attach to the humeral head (top of upper arm bone) by their tendons. Rotator cuff surgery is indicated for people who have a symptomatic rotator cuff tear that affects daily activities due to pain or weakness. When the rotator cuff is torn, the tendon usually tears off of the humerus, retracts, and cannot heal back on its own. Rotator cuff tears tend to progress over time and become larger and more symptomatic. Additionally, with time, the rotator cuff tendon retracts further and the rotator cuff muscle atrophies and degenerates, becoming weaker and turning into dysfunctional scar tissue. This makes the repair technically more difficult and the rotator cuff becomes less likely to heal and function normally. Some retracted rotator cuff tears are so severe that they are considered irreparable. The goal of surgery is to eliminate the shoulder pain and attempt to regain active motion and strength by reattaching the torn rotator cuff tendon back to the humerus at the shoulder.



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630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com

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Contraindications to Surgery:

- Infection
- Shoulder stiffness
- Inability or unwillingness to complete the postoperative program including immobilizing the shoulder in a sling for six to eight weeks and performing physical therapy three times per week for four to six months
- Patients with poor general health which is not sufficient to proceed with surgery

Potential Surgical Risks and Complications:

- Infection
- Rarely, injury to nerves (numbness, weakness, paralysis) of the shoulder and arm from the nerve block
- Continued or recurrence of pain
- Re-tear of the rotator cuff tendon
- Detachment of the deltoid muscle (if open surgery is performed)
- Stiffness or loss of motion of the shoulder
- Inability to return to the same level of athletics or work
- Persistent weakness of the shoulder
- Late acromioclavicular (AC) joint pain
- Finding of an irreparable tear at the time of surgery. Preoperatively, MRI is limited and reparability of the rotator cuff tendon is not always completely predictable. Fortunately, most tears are technically repairable
- Finding damage to other structures such as the biceps tendon, labrum, and articular cartilage that may require further treatment at the time of surgery



MRI of rotator cuff
(supraspinatus) tear



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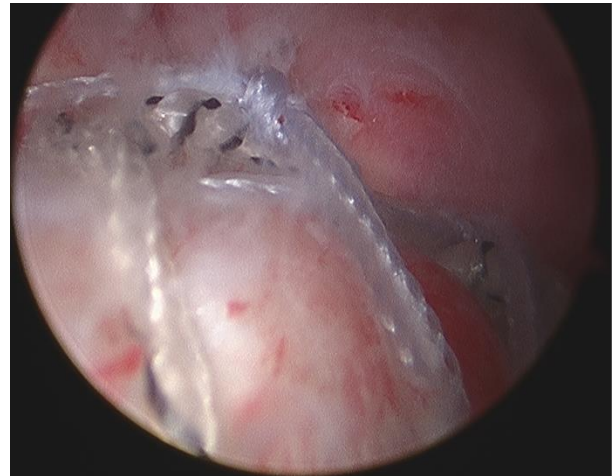
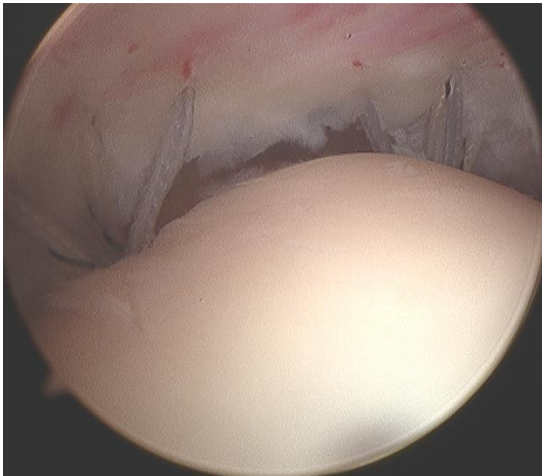
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Hospitalization and Anesthesia

- Outpatient surgery (go home the same day)
- General anesthetic with interscalene block (See “Your Surgical Experience” guide)

General Surgical Technique

Dr. Chudik approaches rotator cuff tears arthroscopically through small incisions (arthroscopic portals) and can repair the great majority of tears with this technique. The surgery is generally performed as outpatient surgery. Dr. Chudik uses arthroscopic incisions to look in the shoulder joint with a camera and special instruments are used to repair the rotator cuff and any other problems seen in the joint. The rotator cuff tendon is repaired back to the bone of the humerus with anchors into the bone and sutures into the tendon(s). The sutures and anchors hold the tendon in place until the tendon grows back to the bone over four to six months.



Arthroscopic views of rotator cuff repair. Left, an intra-articular view of repair in progress showing the sutures grasping the torn tendon edge before tying. Right, a view from above the rotator cuff tendon in the subacromial space after the sutures are tied.

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners (aspirin, Coumadin®, Lovenox®, Xarelto®) according to the prescribing doctor's directions
- Stop anti-inflammatory medicines (ibuprofen, Advil®, Motrin®, Naprosyn®, Aleve®, etc.)
- Stop nutritional supplements and drinks (Vitamin C, ginseng, ginkgo biloba, etc.)
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper healing of tissues
- **Do not eat or drink anything after midnight the evening before surgery**



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Postoperative Course

- Patients will use a sling at all times except for bathing, dressing and exercises for six to eight weeks following surgery, especially while sleeping. **This prohibits driving.**
- Patients will **not** be allowed to actively move the repaired shoulder and possibly the elbow (if the biceps tendon is involved) for at least six to eight weeks. The physical therapist may move the shoulder in rehab sessions, but patients cannot move the arm on their own power following surgery in order to protect the repair and allow healing.
- Patients may feel more comfortable sleeping/sitting upright (on a couch or recliner chair) after surgery.
- Keep the wound clean and dry for three days following arthroscopic surgery and ten to 14 days following open surgery. Patients may shower lightly after these restricted periods but wounds cannot be submerged under water for three weeks.
- Driving after six to eight weeks
- Return to school/sedentary work in less than one to two weeks as long as sling is worn and there is no use of the arm. No typing, writing or purposeful movement.
- Physical therapy should begin two to three days after surgery and continue for four to six months. The success of rotator cuff repair is highly dependent on the post-operative rehabilitation. It is crucial to follow through and maintain a proper therapy schedule.

Return to Activity

Patients may return to unlimited activities when there is no pain and full shoulder range of motion, muscle strength/endurance and functional use has been restored. This usually requires four to six months following a rotator cuff repair. Dr. Chudik will clear patients when it is safe to resume all activities. Dr. Chudik also has special protocols for returning to throwing and golf.

Scheduling Surgery

Call Dr. Chudik's surgery scheduler at 630-324-0402, or email contactus@chudikmd.com to:

- Schedule the date and location of surgery. The hospital will call the day before with the time to arrive.
- Schedule an appointment with Dr. Chudik's assistant to complete preoperative surgical education and other requirements.
- Schedule a postoperative appointment with Dr. Chudik's assistant to remove sutures and review post-op instructions.

Notify My Office If Symptoms Worsen



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