

**STEVEN CHUDIK MD**  
**SHOULDER, KNEE & SPORTS MEDICINE**

## Deltoid Tendon Repair

### Indications for Surgery

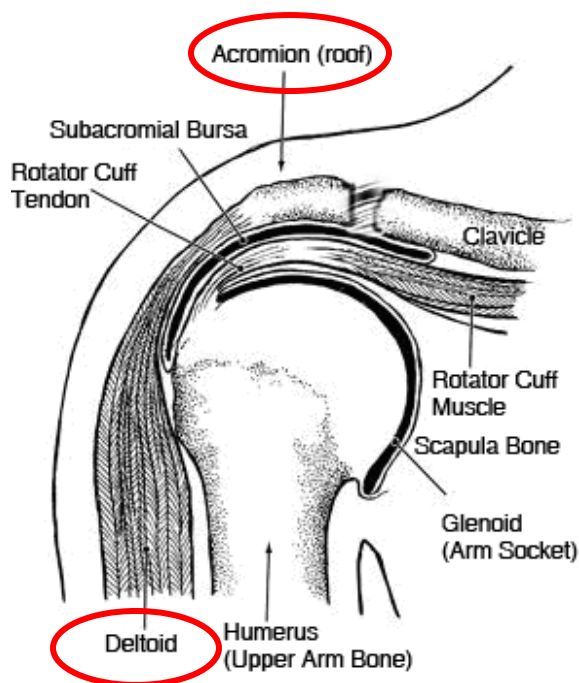
Deltoid muscle disruption is a partial or complete rupture of the deltoid muscle from its attachment to bone. The deltoid is an important muscle for shoulder function and motion. With this rare injury, the deltoid muscle pulls off the acromion (roof of the shoulder), resulting in loss of the attachment of the deltoid muscle and thus loss of function of this muscle. This condition happens most commonly following open shoulder surgery when a surgeon has surgically taken down and attempts to repair the deltoid muscle back to the acromion and the repair fails because the patient is not compliant after surgery. The deltoid muscle can also rupture from a direct blow or during forceful contraction. Deltoid muscle disruption can result in significant shoulder disfunction and a gross deformity. Surgical intervention is generally required to re-attach the deltoid back to its origin on the bone if there are symptoms and functional limitations.

### Contraindications to Surgery

- Infection
- Shoulder stiffness
- Inability or unwillingness to complete the postoperative program including immobilizing the shoulder in a sling for six weeks and performing physical therapy 2-3 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
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm from the nerve block
- Continued or recurrence of pain
- Stiffness or loss of motion of the shoulder



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- Inability to return to the same level of athletics or work
- Persistent weakness of the shoulder
- Finding of an irreparable tear at the time of surgery (inadequate tendon to repair)

### Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- General anesthetic with interscalene block (See *Your Surgical Experience* booklet)

### General Surgical Technique

Dr Chudik opens a small, limited portion of the previous incision over the anterior shoulder. He then retracts the soft tissues and identifies the torn deltoid tendon. The insertion site of the deltoid on the acromion is also identified and prepared. Sutures are placed in the bone along the insertion site and passed through the tendon end of deltoid muscle to tie down and reattach the tendon to the bone in its proper position. Then the arm is immobilized for six weeks with the arm of the patient abducted (elevated) away from the body to relax the tension in the repair. Following immobilization, it requires four to six months of rehabilitation before returning to physical activities such as weightlifting, etc.

### Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin<sup>®</sup>, Lovenox<sup>®</sup>, Xarelto<sup>®</sup>, Eliquis<sup>®</sup> according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil<sup>®</sup>, Motrin<sup>®</sup>, Naprosyn<sup>®</sup>, Alleve<sup>®</sup>, etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing
- **Do not eat or drink anything from midnight, the evening before surgery**

### Post-operative Course

- You will use a sling with your arm abducted (elevated) away from the side of your body at all times except for bathing, dressing and exercises for six to eight weeks following surgery, especially while you sleep. This prohibits driving.
- You may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery.



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- You must keep the wound clean and dry 10 to 14 days following open surgery. You may shower lightly after 14 days, 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 you are in your sling and do not use the extremity. 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 deltoid muscle repair is highly dependent on the post-operative rehabilitation. It is crucial to follow through on and maintain a proper therapy schedule.

### Return to Activity

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

### Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or [contactus@chudikmd.com](mailto:contactus@chudikmd.com) to:

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment to remove sutures and review post-operative instruction

### Notify My Office if Symptoms Worsen

