

# Debridement of Massive Rotator Cuff Tear

## Patient Information

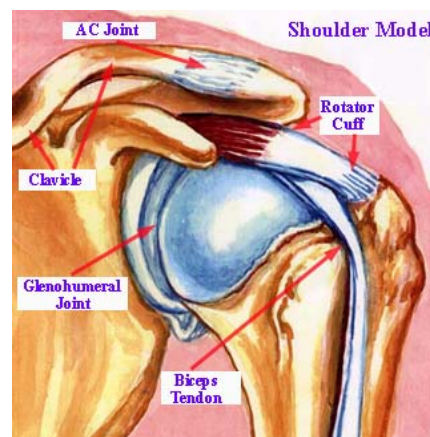
### Why this letter?

I think that having surgery is stressful. A lot of information that I may say to you is easily forgotten, especially when you get home and someone asks you “what did the doctor say?”. This may help for you to have these things in writing.

### What is wrong with your shoulder?

You have a tear in the “rotator cuff tendon”. There are actually four muscles that make up the Rotator Cuff. Where a muscle attaches to bone it turns to tendon, which is thick and strong. Usually this problem starts with an irritation and inflammation of the tendon called a tendonitis or tendonopathy. Eventually this tendon can fail resulting in a tendon tear.

Many people with this problem get better within a year with the assistance of anti-inflammatory medications, injections and sometimes therapy. If this problem does not get better with time, then surgical treatment becomes necessary.

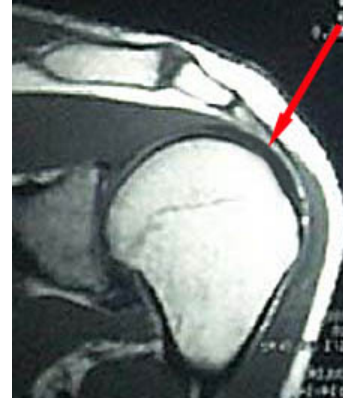


Over time the tendon pulls away from the bone so far that the tendon can not be repaired. In those cases the treatment of the pain is often to clean out all of the scar tissue and inflammation of the shoulder

### What happens at surgery?

The goal for this surgery is to control your pain. When the tendon can not be repaired, there is a significant amount of scar tissue. In addition, the lining of the shoulder is very inflamed. With the specialized instruments that I have, I remove the areas of scar and inflammation and that results in an improvement in the pain that you experience in the shoulder. This does not change the fact that the damage to the tendon is extensive and that the tendon can not be repaired.

The surgery is usually done through the arthroscope. I use two (or three) small incisions to do all of the work. Some times the two bones (the acromion and then humerus bone) rub on each other when you move your arm. I may shave down some of the humerus bone to decrease that rubbing. This is called a “tuberopectomy”.



### **What kind of anesthesia is used?**

Patients undergo *general anesthesia*. This means that you are put to sleep for surgery and a breathing tube is placed during the surgery to breathe for you while the work is done. This is the best way to allow me to work deep inside the shoulder.

### **What about a sling?**

When you wake up from surgery you will be in a sling. It is not necessary to wear it at all times and by one week after surgery, I would like you to stop using it. You may wake up with no sling at all. It is safe to move the arm as much as comfortable and I encourage you to do so.

### **Will my function improve after surgery?**

For many people who have good function of the shoulder, but are limited by pain, their function usually returns to normal after the surgery. If you are one of the more unfortunate people who can not lift the arm before surgery, **THERE IS NO GUARANTEE THAT YOUR FUNCTION WILL IMPROVE AFTER THIS OPERATION.** There is a chance that when your pain is improved, then your function may also improve, but you should look at this as an operation to control your pain, not an operation to improve your function.

### **Will I stay in the hospital?**

After the surgery you can stay in the hospital one night to make sure that you are comfortable and do not have any problems overnight. If you prefer to go home, we will make the needed arrangements for that. You will be release to go home the day after the surgery. You will start exercises within a few days after surgery and see me in the office two weeks after surgery. I will you again 6 weeks, 3 months, 6 months and one year after surgery or more often if needed.

### **When can you return to regular activities?**

You may begin to use the arm for whatever is comfortable as soon as you are ready.

### **When can you return to work?**

For most sedentary jobs, you should probably take at least one week off. When you return you should do no lifting, pushing, pulling, or carrying. At 6 weeks you can normally return to all of your normal activities.

### **What is rehabilitation like?**

For the first 6 weeks you will be doing *passive motion*. At first I recommend the use of a CPM chair. The CPM is a device that you will rent for 2 weeks. You sit in this chair and the attachment will move your shoulder for you. This is used for one hour each session. There are 4 sessions a day. The company will deliver the chair to your house and pick it up when you are finished. You may start to use the machine as soon as it is delivered. It may be used with your pain pump in place. There is no limit on how high your arm may go **IN THE MACHINE**. The instructions should be provided to you at time of delivery. *If your insurance will not pay for this you may rent it at a fixed rate. If you can not afford it, please let me know and I can make some other recommendations for exercises.* After the first 2 weeks you will do some simple exercises on your own or with a therapist, depending on how you are progressing.

After this there will be gentle strengthening exercises either on your own at home or with a therapist, again, depending on how you are progressing.

You will be doing some sort of exercises on your own at home for 3-4 months. Here are some guides that you can use:

- 1-2 weeks--walking outside or a stationary bike
- 2-3 months--jogging, Stairmaster, regular bicycle
- 4-6 months--swimming, running and tennis ground strokes, chipping and putting
- 12 months--overhead throwing, regular tennis strokes, driving a golf ball.

### **What will I do for pain control?**

I will give you a prescription for pain medication. You make take it as directed on the bottle and that may vary depending on allergies or other medications. In addition, icing the shoulder is very helpful in controlling the pain.

I request that you call for pain medication refills Monday through Friday from 8am to 5 pm. Remember that I am in the operating room several days a week, so please do not be surprised if you have to wait a few hours to get the message handled and called in. I need to approve each request personally.

### **What about surgical costs?**

Because medical insurances can be quite complex, there are not fixed rules. You may need to check with your insurer in regard to your obligations such as co-pays,

coinsurance, or deductibles. We will bill the surgeon's fees from this office. The code that we use is 29823 (there may be additional codes depending on what I find). In addition, this is a complex procedure and usually, I use an assistant. His name is Jaime Dones and he is a certified physician's assistant. You will see fees for his services. In addition there are a lot of fees not directly associated with my office. These include, but may not be limited to anesthesia, and hospital costs.

**Where can I get more information?**

The following are several good websites that you can use to gather further information:

<http://orthoinfo.aaos.org>  
<http://www.drgartsman.com>

I will do everything that I can to answer your questions and make you feel at ease with the decision that you have made to undergo surgery. Please remember that I am your advocate and I appreciate that you need to feel comfortable. There will be a number of times that you will get to see me face to face and feel free to use those times for questions. Otherwise you can consider my staff an extension of me and you may leave messages and I will do my best to get those answered as quickly as possible.



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