

# Rotator Cuff Repair

## Patient Information

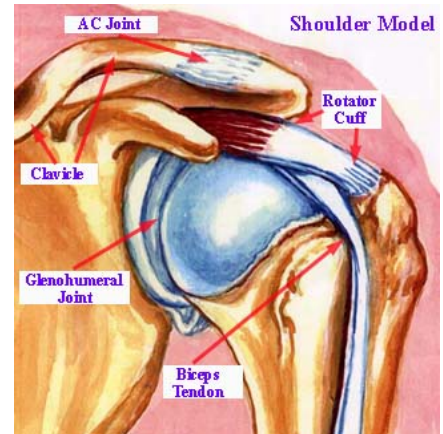
### Why this letter?

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. When this problem does not get better with time, then a surgical repair sometimes become necessary.

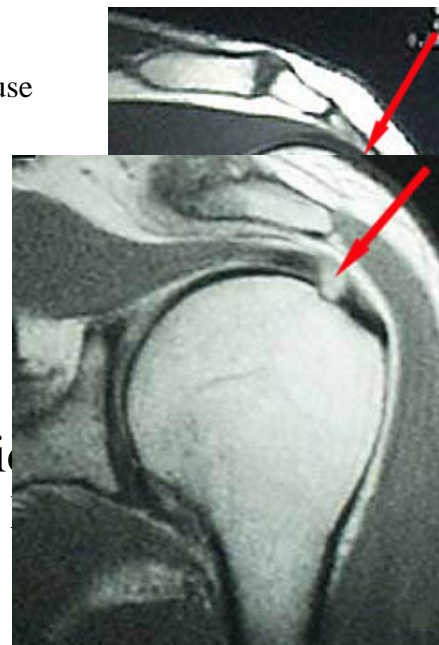


### What happens at surgery?

The goal for this surgery is to get the tendon to heal back to its right position. We get it to do this by placing small anchors into the bone. Attached to the anchor are some sutures, which I pass through the tendon. The sutures hold the tendon into place until it heals. It takes 3 months for the tendon to heal.

The surgery is usually done through the arthroscope. I use three (or four) small incisions to do all of the work. In addition, frequently, there is a bone spur that has formed on the bone above the tendon, called the acromion that will also be removed through the scope.

### Can a tendon always be repaired?



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About 90 to 95% of the time, the tendon can be repaired. Sometime a tendon that I think can be repaired by how it looks on the MRI, is actually much worse. In those cases, the operation that I do will be to remove inflammation, scar tissue and bone spurs. This usually does help pain control, but the shoulder strength and function may not return to normal.

### **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. You will wear that for 6 weeks after the surgery. You may remove it to straighten the elbow and use you hand. When you are up and about, however, it should be on.

### **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 wake up in a sling and will wear that for **6 weeks** after surgery. You will be released 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 see 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 use your hand, wrist fingers, and elbow immediately after surgery. You may shower 2 days after surgery with regular soap and water. After a few days, you can get around the community (walk, cook, drive an automatic car, write). **Do not lift your arm away from your body for the first 6 weeks.**

### **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 6-8 weeks after surgery, you can handle 1-2 pounds at waist level. At 3-4 months, you can lift 5-10 pounds. Heavy lifting should be avoided until 6-12 months after your surgery. For many jobs, we will have to make decisions as we go on what is best for you and your shoulder.

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

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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.

The second six-week period you will be out of the sling, but will continue with some gentle exercises and limits in lifting.

At 3 months, the strengthening will begin.

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 29826 (there may be additional codes depending on what I find). In addition, this is a complex procedure and usually, I use an assistant. Her name is Cynthia Miller and she is a Certified Physician's Assistant. You will see fees for her 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.

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## 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, you may leave messages, and I will do my best to get your questions answered as quickly as possible.



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