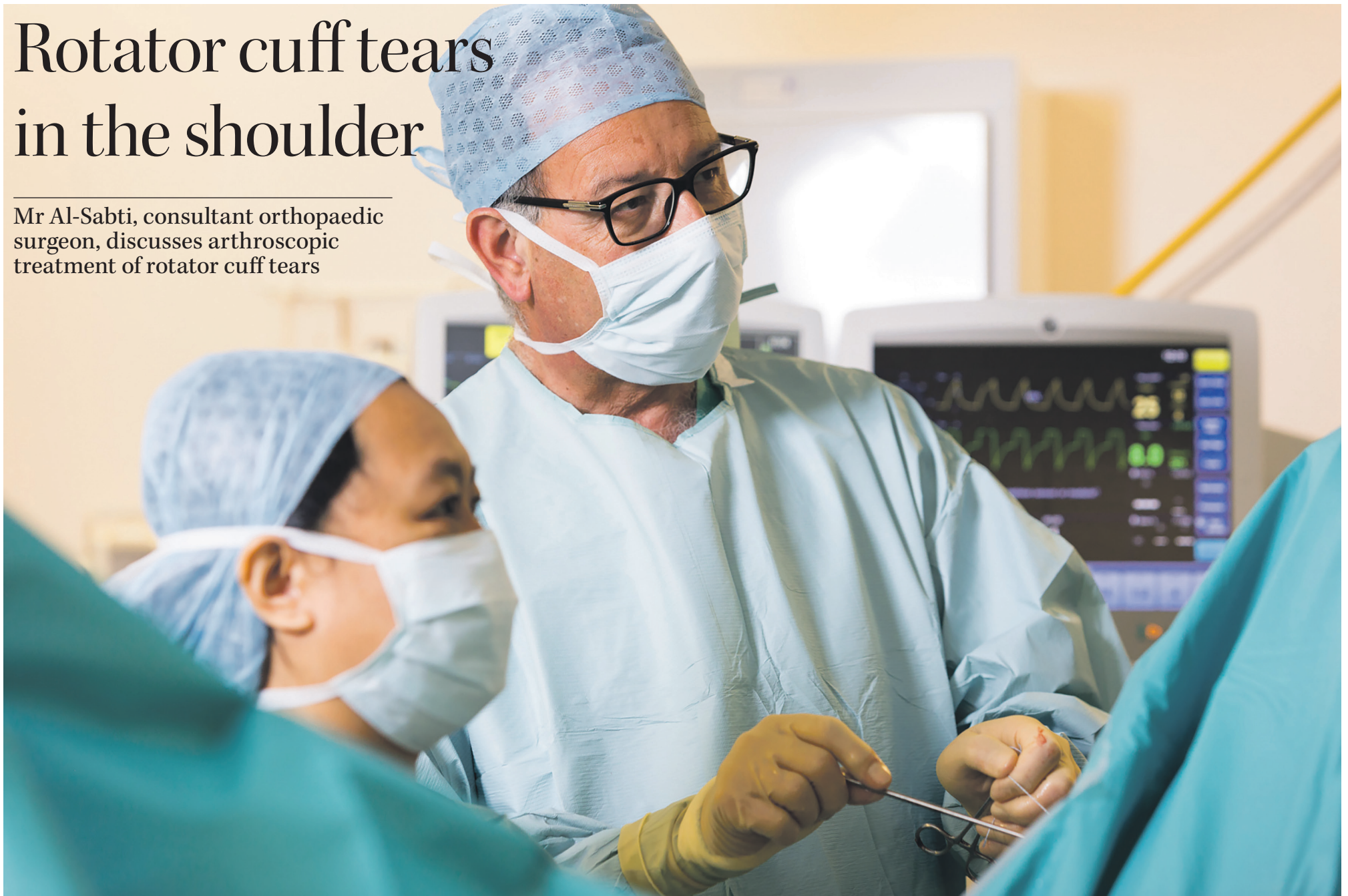


Rotator cuff tears in the shoulder

Mr Al-Sabti, consultant orthopaedic surgeon, discusses arthroscopic treatment of rotator cuff tears



The rotator cuff is made up of a number of muscles that surround the shoulder joint. At the front is the subscapularis, which is the strongest muscle; at the top is the supraspinatus; and at the back are the infraspinatus and teres major. Rotator cuff tears are most commonly found in the supraspinatus, but massive tears can involve all muscles.

Rotator cuff tears are common and are usually noted from the age of 40 years onwards. They affect males and females equally and are most commonly caused by degeneration in the tendon. Trauma also plays a role, as does repeated overhead activity, such as that noted in electricians. The tear will usually develop over time; however, as stated, an acute trauma can also result in a rotator cuff tear.

Typical symptoms

Patients usually present with pain that's typically felt over the deltoid. The shoulder pain tends to be worse at night and symptoms are aggravated with overhead movement and undressing.

While an acute injury will require urgent repair, the chronic form, which is most common, usually presents over a period of months — and occasionally years — with a gradual onset of symptoms. The common finding is pain when moving the arm sideways or putting the hand above the head — putting a jacket on or taking one off can also be painful.

Impingement syndrome

A very similar, but less severe, condition is impingement syndrome, where the tendons of the rotator cuff can get caught when moving the arm above the head. Differentiating between the two conditions is important. Impingement syndrome can initially be treated with injection and physiotherapy with good results and only few patients require surgical intervention. On the other hand, a rotator cuff tear will require surgical repair if we're to prevent the consequences of not repairing — such as an increasing size of the tear, making it more difficult to repair and leading to subsequent development of arthritis in the joint.

Patient assessment

At initial consultation, I personally assess the patient for weakness in the tendons and typically obtain an ultrasound scan on the same day. This is very helpful and provides the

necessary information for further treatment planning.

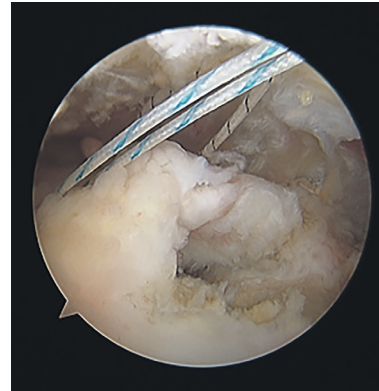
Rotator cuff tears are frequently noted in patients above the age of 70 years old. These are degenerative in nature and surgery isn't routinely required, with the exception of traumatic injury; these tears are usually treated with a steroid injection and physiotherapy. However, between the ages of 40-70, where these tears are also common, the tendon should ideally be repaired as soon as possible.

As stated earlier, small tears have a better prognosis, so early intervention carries a better prognosis.

The procedure

Repair of the tear is repaired arthroscopically (via keyhole surgery) and the procedure is usually carried out through three small puncture wounds, under a light general anaesthetic with a regional block (interscalene block). The block provides essential pain relief in the period immediately after the surgery.

The tendons usually come away from the bone (pictured right) and, to repair the tendon, anchors are used. These anchors are similar to a wall plug with threads (sutures) on them. The tendons are then tied down to the footprint and reconstruction of the footprint is carried out. At the same time, an arthroscopic subacromial decompression is also carried out. As surgery is carried out arthroscopically, this offers significant improvement in visualisation over open surgery as arthroscopic surgery produces magnification of the area and therefore better visualisation of the rotator cuff.



TORN ROTATOR CUFF WITH SUTURES PASSED THROUGH THE TENDON PRIOR TO REPAIR

usually requires use of a sling for two to six weeks. In the post-operative period, my shoulder physiotherapist will supervise the rehabilitation.

Recovery and rehabilitation

Patients' return to work can vary: patients with a desk job can usually return to the office in two weeks, while someone with a heavily manual workload may require a longer recovery period of up to two months.

Success rate of such surgery varies on the size of the tear and the age of the patient. Smoking also plays a role and, on the whole, smokers don't heal as well as non-smokers. Diabetes is also another factor that affects the healing of the tissues.

The aim of the surgery is restoration of function and pain relief. The success rate can be up to 80%.

I have 20 years' experience of arthroscopic treatment of rotator cuff tears and I assess my outcomes on an annual basis; I publish the results on my website, shoulderclinic.co.uk. I also carry out a Constant Score, which is a known and respected scoring system that sees patients' symptoms and signs carefully documented pre- and post-operatively, when the patient is assessed at discharge and notes of improvement are recorded.

● If you'd like to make an appointment, please contact my secretary by phoning 01277266772 or 07590189606. Quote 'The Good Life' for a 25% discount off your consultation fee.

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