

Your Practice Online

P R E S E N T S

Rotator Cuff Tear

Multimedia Health Education

Disclaimer

This movie is an educational resource only and should not be used to make a decision on Shoulder Acromioplasty. All decisions about Acromioplasty must be made in conjunction with your surgeon or a licensed healthcare provider.

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MULTIMEDIA HEALTH EDUCATION MANUAL

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INTRODUCTION

The information in this presentation has been intended to help consumers understand the structure and function of anatomical components and take charge of Orthopaedic health. The animated surgeries and procedures should help you understand Joint replacement procedures and help you to make a decision. Also, it explains the risks, complications and provides guidelines for living with surgeries, conditions and procedures.

The Shoulder Joint

Shoulder is a "ball-and-socket" joint. A "ball" at the top of the upper arm bone (the humerus) fits neatly into a "socket," called the glenoid, which is part of the shoulder blade (scapula).

The cartilage cushions the joint, and allows the bones to move on each other with smooth movements. This cartilage does not show up on X-ray, there fore you can see a "Joint space" between the head of the upper arm bone (Humerus) and Glenoid socket of the shoulder blade (Scapula).

Anatomy

Shoulder is a 'ball-and-socket' joint. A 'ball' at the top of the upper arm bone (the humerus) fits neatly into a 'socket,' called the glenoid, which is part of the shoulder blade (scapula). Three bones, the collarbone (clavicle), the shoulder blade (scapula), and the upper arm bone (humerus) come together to form the shoulder joint.

Humerus

Provides attachment to muscles of the upper arm. The humeral head forms the ball of the ball-and-socket shoulder joint.



Scapula

Scapula (shoulder blade) is a flat, triangular bone providing attachment to the muscles of back and neck.



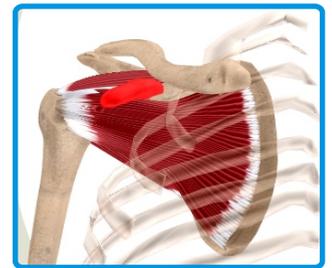
Clavicle

The clavicle is an S-shaped bone that connects the shoulder girdle to the trunk. It maintains the shoulder in a functional position with the axial skeleton and allows varied arm positions in sports. In addition to its structural function, the clavicle protects major underlying nerves and blood vessels as they pass from the neck to the



Coracoid process

Coracoid process The coracoid process is the extension of the Scapula (Shoulder Blade) around the shoulder joint at the front.



Acromion

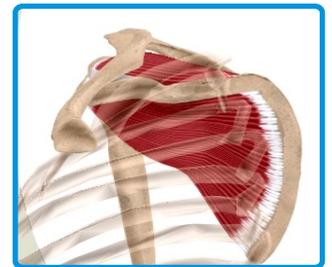
The acromion is the extension of scapula (shoulder blade) around the shoulder joint at the rear to form a roof.

This is also called the acromial process.



Glenoid

Glenoid, is the depression at the end of scapula that forms the socket of ball-and-socket shoulder



Rotator Cuff

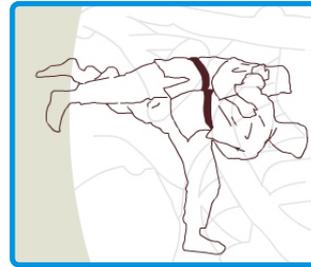
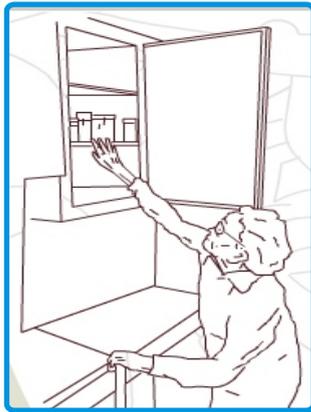
The rotator cuff refers to a group of four tendons that attach four shoulder muscles to the upper arm (humerus) and hold it in the shoulder joint. Many shoulder problems are caused by injuries to the rotator cuff.



Rotator Cuff Tear - Causes

Rotator Cuff Tear is one of the most common causes of shoulder pain in middle aged and older patients. It results from pressure on the rotator cuff from part of the shoulder blade (scapula) as the arm is lifted. It is more likely to occur in middle and older people who engage in physical activities that require repeated overhead arm movements. Many times the cuff tear could be a result of injury to the shoulder. E.g., sporting injury or motor accidents. The torn ligament rarely heals on its own, and many times requires surgery to fix it back to bone.

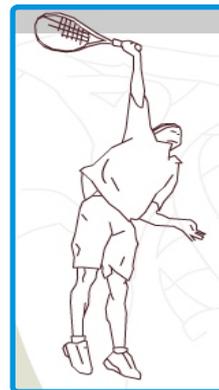
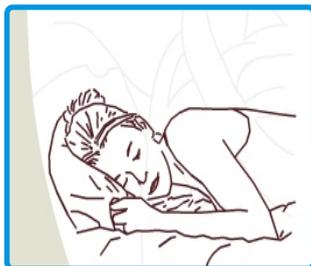




Symptoms

Patients with impingement have:

- Pain with overhead activities - Pain may be gradual in onset or acute following an injury or accident.
- Pain at night



There may be stiffness, swelling, loss of movements and tenderness in the front of the shoulder.

Diagnosis

Your surgeon diagnoses Rotator Cuff Tear by one or more of the following tests

- Physical examination
- X-rays
- Imaging studies, such as MRI
- Shoulder Arthroscopy

Treatment

Conservative (Non Operative)

- Rest
- Shoulder sling
- Pain medication Injection of a steroid (cortisone) and an Local anaesthetic in the subacromial space of the affected shoulder What this does is take away the pain when the local anaesthetic

Once the pain is away, then you will be advised to strengthen the shoulder. You will be shown different exercises to strengthen your shoulder.

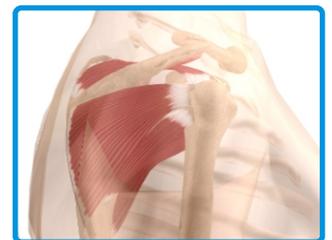
Non Conservative (Operative)

This is when the conservative treatment does not work or works temporarily. Then your surgeon may ask you to undergo surgery. These days the surgery is very simple and done as a day case. Surgery is performed under local anaesthesia or general anaesthesia to fix the tendon back to the bone. It can be performed with an arthroscope or with an open technique (larger incision). The primary advantage of arthroscopic technique is a shorter



Procedure

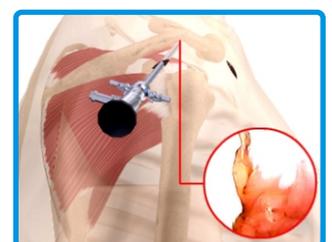
Arthroscopy is a surgical procedure that is performed under local anaesthesia or sometimes general anaesthesia. The local anaesthesia numbs the affected shoulder and the arm.



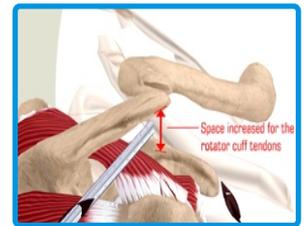
In an arthroscopic procedure, two or three small incisions are made. Each incision is called a portal.

In one portal, the arthroscope is inserted to view the shoulder joint. Along with the arthroscope, a sterile solution is pumped to the joint which expands the shoulder joint, giving the surgeon a clear view and room to work.

With the images from the arthroscope as a guide, the surgeon can look for any pathology or anomaly. The large image on the television screen allows the surgeon to see the joint directly and to determine the extent of the injuries, and then perform the particular surgical procedure, if necessary.

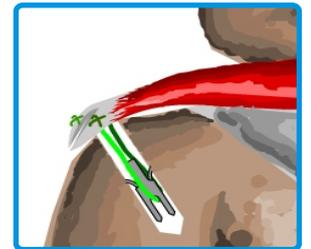


In most cases the front (anterior) edge of the acromion is removed along with some of the bursal tissue and last four or five millimeters of the clavicle to increase subacromial space for the rotator cuff tendons.



Holes are drilled into the humerus to accommodate the suture anchors.

The cuff tear is repaired using suture anchors that are small metal anchors that go into bones and stay there permanently.



Strong stitches from the anchors are placed in the torn ends of the rotator cuff tendons, and they are attached back to the bone of the humerus (arm)

After treating the problem, the incisions (portals) are closed by suturing or by a tape and you are then taken to the recovery room.

Post-op Recovery

- You will then be transferred to the recovery room and then be transferred back to the ward.
- A bandage will be around the operated shoulder.
- Once you are recovered your drip will be removed and you will be shown a number of exercises to do.
- Your surgeon will see you prior to discharge and explain the findings of the operation and what was done during surgery.
- Pain medication will be provided and should be taken as directed.
- You can remove the bandage in 24 hours and place waterproof dressings (provided) over the wounds.
- It is NORMAL for the shoulder to swell after the surgery. Placing Ice-Packs on the shoulder will help to reduce swelling. (Ice packs on for 20 min 3-4 times a day until swelling has reduced)
- You are able to drive and return to work when comfortable unless otherwise instructed.

Rehabilitation

After surgery, there will be some pain in the arm for about a week and your arm may be placed in a sling for a short period of time. This allows for early healing.

A few surgeons will advise you to start using your arm straight away. The surgeon will provide a rehabilitation program based on your needs and the findings at surgery. This will include exercises to regain range of motion of the shoulder and strength of the arm.

Risks & Complications

Although uncommon, complications do occur occasionally during or following arthroscopy. Anaesthetic complications are uncommon and may include allergic reactions to medications and difficulty in breathing.

Local complications may include infection, phlebitis (blood clots of a vein), excessive swelling or bleeding, damage to blood vessels or nerves, and instrument breakage are the most common complications, but occur in far less than 1 percent of all arthroscopic procedures.

Summary

Although every effort has been made to explain the complications there will be complications that may not have been specifically mentioned. A good knowledge of this operation will make the stress of undertaking the operation easier for you to bear.

The decision to proceed with the surgery is made because the advantages of surgery outweigh the potential disadvantages. It is important that you are informed of these risks before the surgery.

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YOUR SURGERY DATE

READ YOUR BOOK AND MATERIAL

VIEW YOUR VIDEO /CD / DVD / WEBSITE

PRE - HABILITATION

ARRANGE FOR BLOOD

MEDICAL CHECK UP

ADVANCE MEDICAL DIRECTIVE

PRE - ADMISSION TESTING

FAMILY SUPPORT REVIEW

Physician's Name : _____

Patient's Name : _____

Physician's Signature: _____

Patient's Signature: _____

Date : _____

Date : _____