

What Steps do I take to Avoid Re-tear of a cuff repair?

Eden Raleigh

Melbourne

- Usually a tendon fails because it was always going to fail and not because of bad surgery
- Why is this a problem: Because 20% + Tendons will re-tear¹
- Collin P, Abdullah A, Kherad O, et al
- . *Prospective evaluation of clinical and radiologic factors predicting return to activity within 6 months after arthroscopic rotator cuff repair. J Shoulder Elbow Surg 2015;24:439–45.*

Therefore,

How do I avoid Rotator cuff Repairs Re-tearing?

Answer:

Eliminate the problems before you start

- 1. Right Patient
- 2. Right Surgeon
- 3. Right Operation
- 4. Right Post Op Care

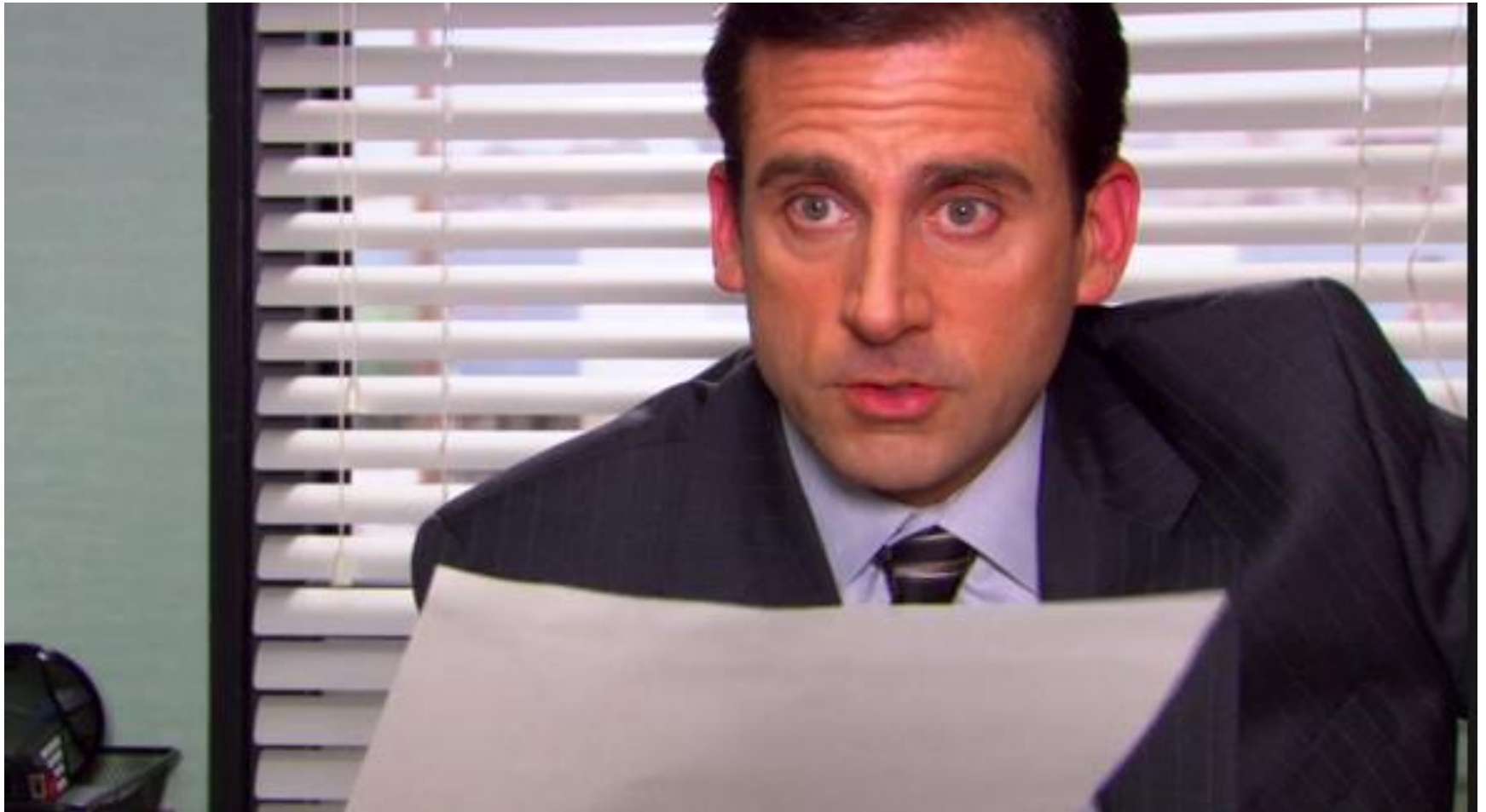
1. Right Patient

- Don't be afraid to say "No"

Raleigh

Red Flags

Patients brings a folder of previous correspondence to the consult



Patient says “usually I have a good pain threshold”



Patient partner says “Usually they have a good pain threshold”



You can smell the cigarettes in the
room



Previously been diagnosed with RSI,
Polymyalgia, Chronic Pain Syndrome



More than 2 allergies



"We get it, Amanda. You're gluten-free."

Wants to discuss MRI report or has a reported MRI with underlines and circles all over it

Report

Anterosuperior labral tear noted extending posteriorly. No involvement of the biceps anchor. The biceps tendon is intact and normally enlocated. There is thickening of the inferior glenohumeral ligament and capsular complex with minimal oedema in the adjacent soft tissues. The rotator cuff tendons are intact. No focal rotator tendon tear is identified. Acromioclavicular joint is unremarkable. No significant subacromial bursal fluid.

oedema = swelling

CONCLUSION

MR features are indicative of adhesive capsulitis. SLAP tear.

SLAP tear. — Tear !!

Dr K Boddupalli

Electronically Signed

New 3T MRI has been installed at The Avenue Radiology & MRI. Appointments also available every weekend. All Medicare eligible scans are bulk billed. For appointments call 9916-1200.

Says “Can I just make sure that Dr. X isn’t the anesthesiologist because in 1967 he gave me drugs and I felt nauseous...”



2. Right Surgeon

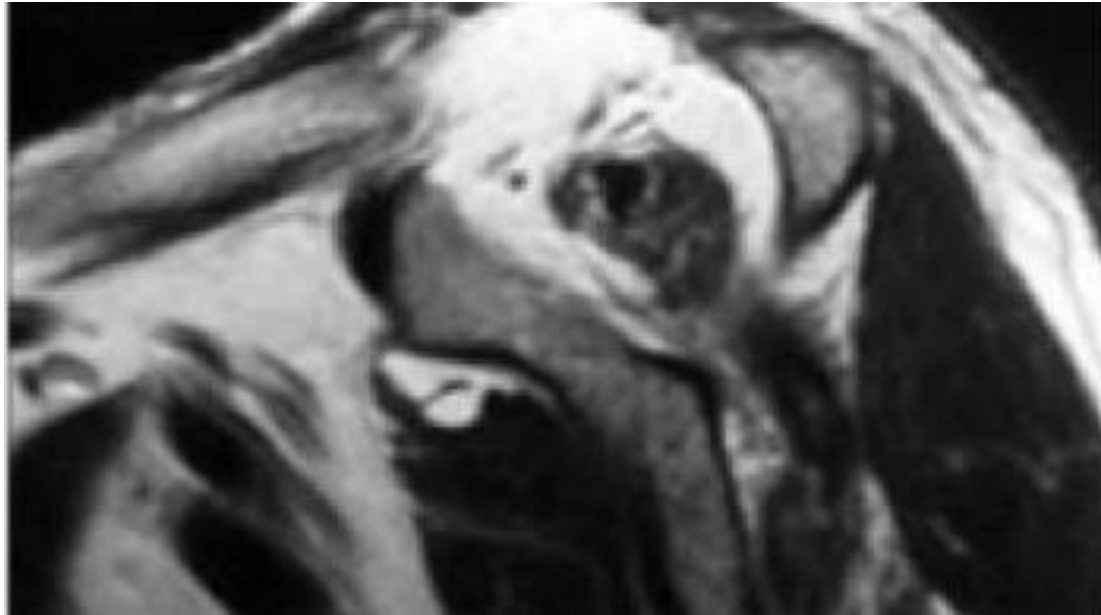
- “I just did my fellowship with blah blah blah...”

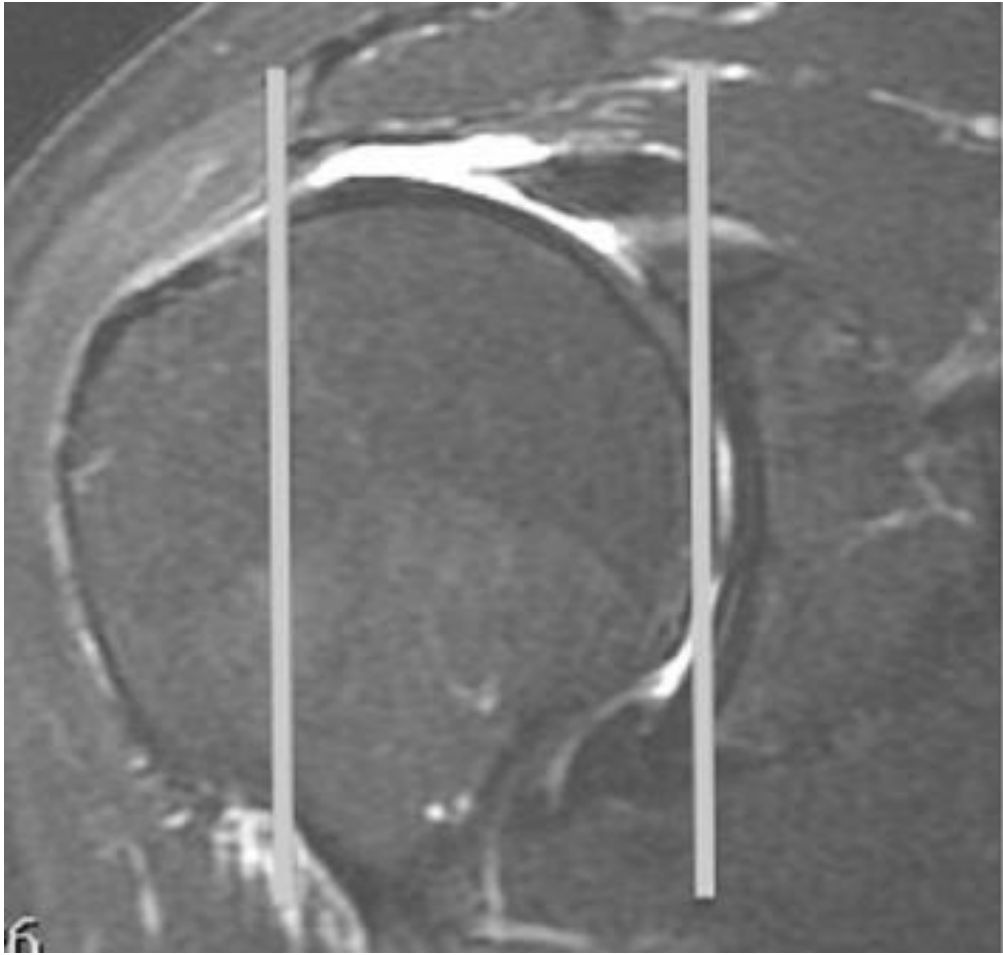


3. Right operation



Muscle changes





4. Right Post of care

- Physio must see all patients post op



Mr. Eden Raleigh
FRACS (Orth) M.B. B.S. (Mon) FAOA
Specialising in Shoulder & Knee Surgery

Mr. Eden Raleigh
FRACS (Orth) M.B. B.S. (Mon), FAOA

Orthopaedic Surgeon
Specialising in Shoulder & Knee Surgery

All Enquiries & Bookings

Tel: 9421 1900 | Fax: 9421 1788

drredenraleigh@gmail.com www.cityorthopaedics.com.au

Main Rooms & All Correspondence:

89 Erin St. Richmond, 3121, Vic

Also Consulting at:

Epworth Eastern, Suite 16, 1 Arnold St. Box Hill. 3128
St. John of God Hospital, Suite 1, Gibb St. Berwick, 3806
355 Main St. Lilydale. 3140
195 Whitehorse Rd. Blackburn, 3130

Post-operative Shoulder Exercises

There are 4 stages of exercises. Stage 1 is used for the first 2 weeks, followed by stage 2 and continuing as determined during your follow-up consultation.

Findings: _____ Date of Surgery: _____

Rotator Cuff Intact

S.Sp/I.S./Sub.S. Tear Size _____ Retraction _____

Fixation _____

Labrum Intact

Tear _____ Fixation _____ Decompression

Yes No ACJ _____

Other _____

My next appointment is on _____

at 89 Erin St. Richmond 3121

Epworth Eastern: Suite 16, 1 Arnold St Box Hill 3128

Suite 1 Gibb St Berwick , 3806



STAGE 1

There are several stages of rehabilitation after your shoulder surgery. These exercises are for the first stage, starting right after surgery. These should be followed for the first 2 weeks.

**DO EACH EXERCISE 10 TIMES
REPEAT 3-4 TIMES DAILY**

Warm-up: Pendulum exercises



Stand, bending forward from the waist. Hold onto table or chair with your good arm, operated arm hanging loose. Gently swing arm like a pendulum:

- Circles (clockwise)
- Circles (anticlockwise)
- Forwards/Backwards
- Side to Side

Passive Auto-assisted exercises

With all of these exercises, your good arm does all the work, Your operated arm should relax and let the good arm move it.



1. Lie on your back, with elbows tucked in. Holding a stick as shown. Push with the good hand so that the operated arm is rotated outwards, away from the body.

Consider

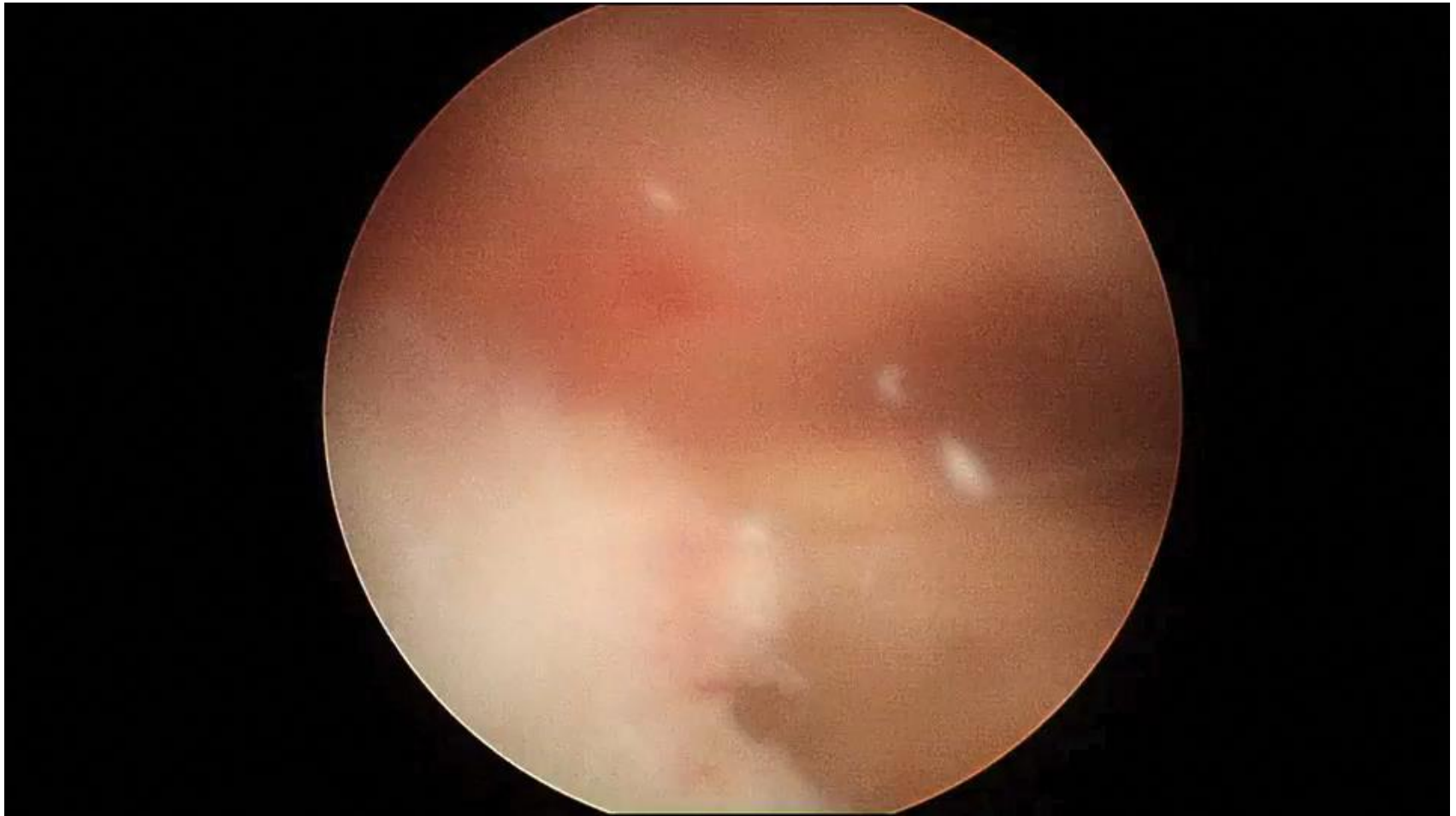
- 1. abduction pillows at night
- 2. early cryotherapy
- 3. hydrotherapy
- 4. shoulder physiotherapist

Tips and Tricks

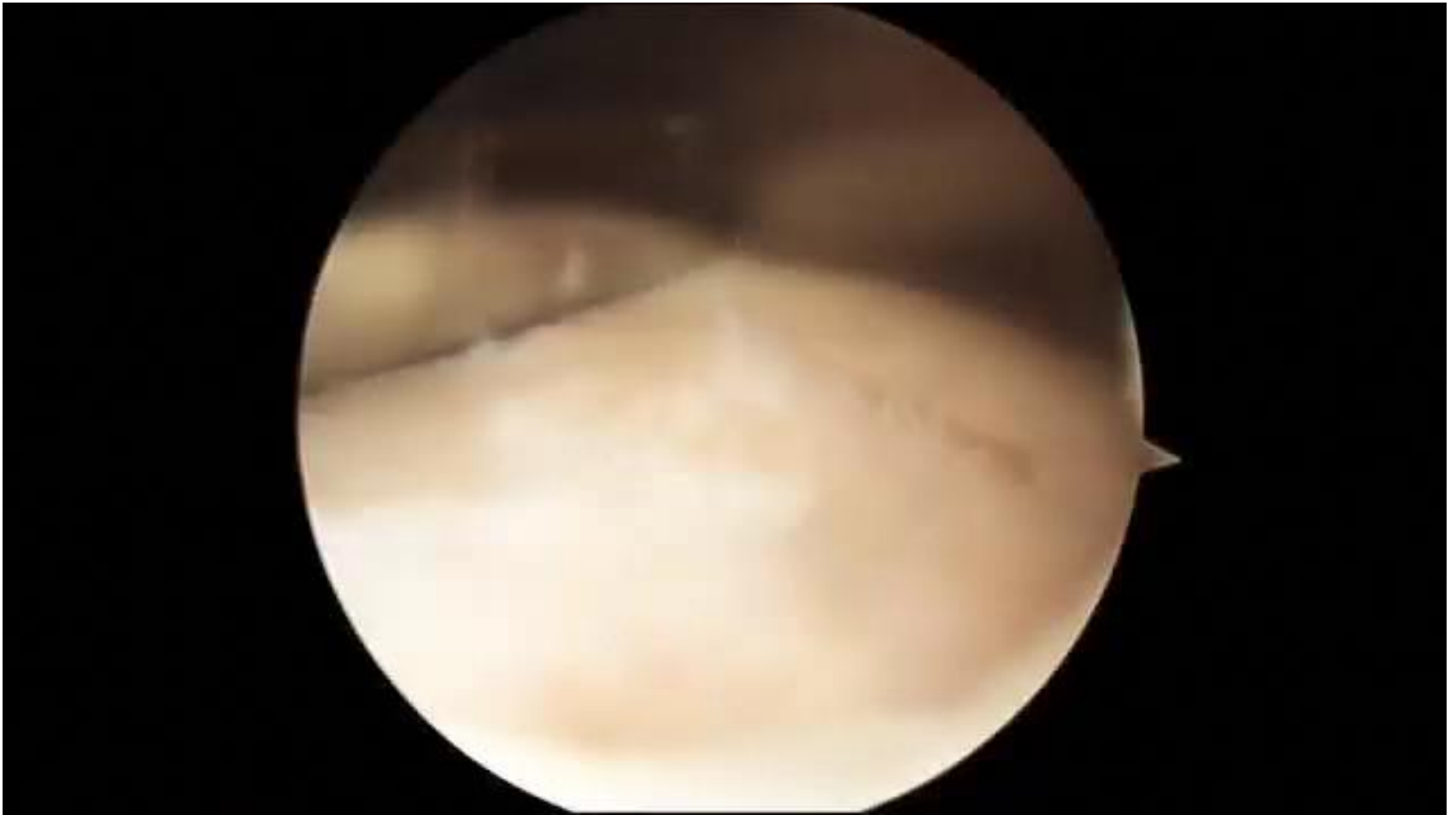
- 1. Capsular releases helpful – do it in large tears in most cases

2. Release and shift tendon to see where it should go – no point doing anatomic repair when it will break day

1

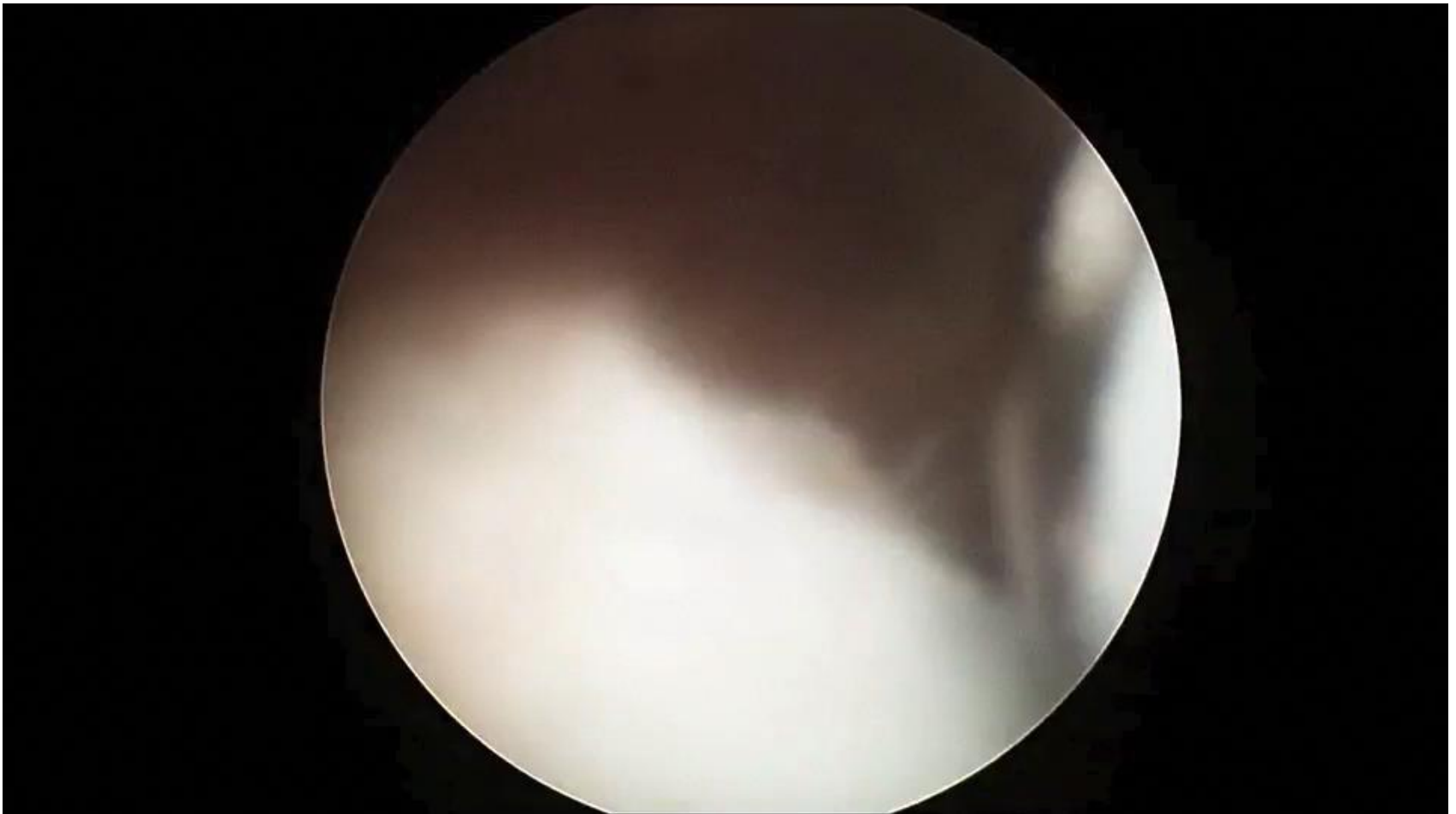


3. Side to side apposition helps unload tension



4. think about the SS nerve

5. Prepare tuberosity well – use shaver only and . preserve cortical bone for anchors



- Thank you...

