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Impingement Syndrome & Tears of the Rotator Cuff Frequently Asked Questions

injection for pain control. The discomfort settles by the next morning.

This is a very common problem, which occurs in the shoulder and is due to an imbalance of the shoulder muscles. This muscle imbalance causes the tendon of the supraspinatus muscle (and sometimes the other tendons of the rotator cuff as well) to rub against ("impinge" under) the acromion. The acromion is the bony point of the shoulder, which forms a roof over the actual shoulder joint; the tendons of the "rotator cuff" muscles pass between the joint and the acromion. The repeated squashing of these tendons between the humerus (arm bone) below, and the acromion (bony roof) above, causes pain, swelling and later scarring of these tendons. If this process continues, then the tendons can be damaged to the point where they tear.

Why does it Progress?

Once the tendons have been damaged they become inflamed and swollen and thus no longer fit between the head of the humerus and the acromion as easily as they used to. Then as the arm is raised and that space becomes even smaller, the tendons impinge and cause pain. This pain reflexly inhibits the rotator cuff muscle from working at full strength and then there is even less opposition to the direct upward pull of deltoid muscle. This makes the problem even worse, and may lead to constant pain and more significant damage.

What is the Treatment?

Early on surgery is not required since the changes in the tendon are reversible. Treatment is directed at controlling pain. This usually requires an injection of corticosteroid. It is important that the injection is followed by a physiotherapy program to rebalance the shoulder, by strengthening the supraspinatus and other rotator cuff muscles. Once these muscles are functioning again they will prevent further impingement, and the injury to the tendons will gradually settle.

If the problem is not solved with the above measures then surgery may be considered. At the time of surgery the bone on the undersurface of the acromion is trimmed giving the tendons more room to function. This can usually be done through the arthroscope without having to open the shoulder. If there is problem with the tendons then this can also be addressed at the time of surgery.

Surgery Details

Time in Hospital:

You will need to be in Hospital for one night.

Discomfort:

At the time of surgery you will most likely have a nerve block applied to your shoulder and arm. Often during the first night the block will wear off. If this happens you may need to ask for an

Physiotherapy:

You will be seen by a physiotherapist the morning after the operation. The physiotherapist will show you the exercises you need to do to help your shoulder regain strength and function.

Photos from the operation:

Several photos will be taken using the keyhole camera. You will get a copy of these with a post-operative information sheet. The photos will be discussed with you when you come in to the surgery for removal of the sutures. It's easier to show you the photos at this time (rather than in the hospital), since there is a model to help explain what was done.

Recovery from the Surgery:

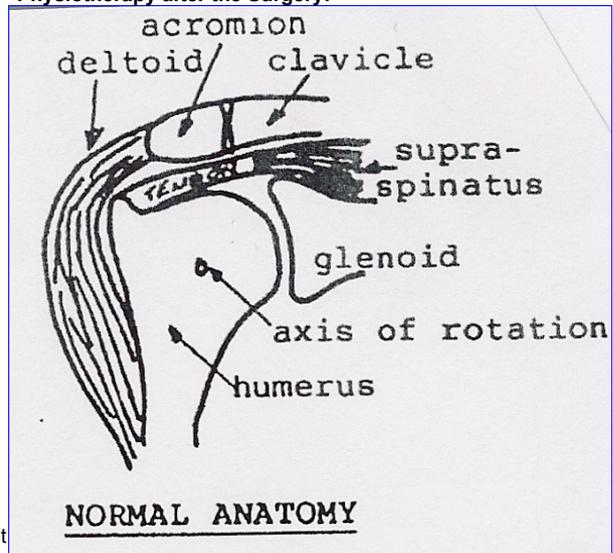
You can use a sling for a few days following the surgery. If there was no repair work done on your tendon (most cases) you are permitted to move and use your arm freely after the surgery.

It takes about six weeks to reach 70% recovery and about six months to reach full recovery.

Complications:

Rare complications of the surgery include infections or nerve damage. The most common complication is stiffness of the shoulder. This can be avoided by carrying out the exercises following the surgery. About one in ten patients will need injections into the shoulder following the surgery to help relieve stiffness.

Physiotherapy after the Surgery:



This is usually needed for up to three months from the time of the operation.

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