Rotator Cuff Tear Arthropathy

Orthopaedic Department

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This information leaflet is also available in large print, braille, other languages and on audio tape on request. Please contact PALS on 01432 372986.

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Arthritis of the shoulder can occur after a tear to the shoulder muscles, this is known as rotator cuff tear arthropathy. This most commonly occurs in individuals over the age of 65 and is more common in women than men.

In the normal shoulder, the rotator cuff muscles, including the supraspinatus, help balance the ball of the arm bone (humeral head) in the socket (glenoid) against the upward pull of the deltoid muscle:

In rotator cuff tear arthropathy, the rotator cuff tendons that normally lie between the humeral head and the overlying bony arch become progressively thinned as the humeral head moves upwards and rubs against the bone of the arch.

The rubbing and change in position of the ball in the socket leads to arthritis (arthropathy) which gives pain and stiffness to the individual.

This leaflet has been written to help you understand more about your problem and is not a substitute for professional medical advice. It should be used in conjunction with verbal information and treatment given by your doctors, physiotherapists and nurses. Some parts of this booklet may not relate to your care as all patients have to be assessed individually.

This leaflet has been compiled by Mr Frank Sibly and Tonia Chester from a template by the American Academy of Orthopaedic Surgeons.

If you have any comments or suggestions to help make this leaflet more useful for patients like yourself then please contact Tonia Chester or drop your suggestion into orthopaedic clinic.

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Risks

Shoulder replacement surgery carries some risks, similar to hip replacement etc. The risks of this surgery include: infection (which can be sufficiently serious to require revision surgery, including removal of the prosthesis), stiffness or instability of the joint, loosening of the prosthesis. There are also rare risks due to the anaesthetic itself.

Convalescent assistance

Individuals usually require some assistance with self-care, activities of daily living, shopping and driving for at least six weeks after surgery. Recovery of comfort and function after shoulder arthroplasty continues for many months after the procedure. Improvement in some activities may be evident as early as six weeks. With persistent effort, individuals can make progress for as long as a year after surgery.

Diagnosis

Diagnosis can be made by clinical examination and X Ray:

- X-ray of a normal shoulder
- X-ray of a shoulder with a rotator cuff arthropathy. Note the ball is jamming up against the overhead bony arch and has slipped up on the socket.

Treatment

Non-Surgical

Most patients are treated without surgery - using painkillers, physiotherapy and/or steroid injections.
Surgical

If pain is a significant problem, joint replacement can be worthwhile, but it will not have a dramatic improvement in the movement of the shoulder. Joint replacement can either be a re-surfacing (Figure 1) or a complete hinge joint (Figure 2).

If movements are reasonable then the re-surfacing replacement is the best option. If movement is poor, the Delta may help regain a little movement.

At the time of the operation a nerve block is given to relieve pain for up to 24 hours after surgery. Shoulder movements are started soon after the procedure. Individuals having this procedure are taught by the physiotherapists to do exercises and are usually discharged 1-3 days after surgery if they are comfortable. The recovery of strength and function may continue for up to a year after surgery. The shoulder can be uncomfortable for a few weeks after surgery.

As the hand on the operated side can swell after surgery, please make sure any rings on fingers can be taken off and leave them at home. Please see a jeweller if you cannot take them off for removal BEFORE surgery.