Rotator Cuff Repair

MOIRA McCARTHY MD

ORTHOPAEDIC SURGERY & SPORTS MEDICINE

Surgical Locations:

HSS Main Campus - Main Hospital
535 East 70th Street
New York, NY 10021

HSS ASC of Manhattan
1233 2nd Avenue (bwt. 64th and 65th St.)
New York, NY 10065

HSS Orthopaedics at Stamford Hospital
Tully Health Center
32 Strawberry Hill Ct
Stamford, CT 06902

Your guide to rotator cuff tears, treatment options, and recovery after rotator cuff repair — from your first visit to your return to activity.

No. 1
HSS is ranked No. 1 in orthopedics by *U.S. News & World Report* — 17 years in a row

~1 hour
Typical surgery time

Same day
Most patients go home after surgery

6 weeks
Out of the sling

WHY PATIENTS CHOOSE DR. MCCARTHY

- **Personalized care:** Dr. McCarthy tailors every part of your care and spends time with you before and after surgery
- **A clear recovery roadmap** with sling and therapy guidance at every stage
- **Extra infection-prevention step:** extra fluid irrigation of the shoulder, with every portion of surgery done under sterile conditions
- **Usually no general anesthesia** — most patients breathe on their own during surgery
- **Two office locations** — New York and Stamford, CT
- **Three surgical locations** — HSS Main Campus, HSS ASC of Manhattan, and Stamford Hospital

Schedule your consultation

CALL · NEW YORK **646-714-6360**	CALL · STAMFORD **203-705-0900**
SELF-SCHEDULE ONLINE **hss.edu**	MESSAGE US **MyChart app**
EMAIL **mccarthyoffice@hss.edu**	

UNDERSTANDING YOUR ROTATOR CUFF TEAR

WHAT IS THE ROTATOR CUFF?

- The rotator cuff is made up of 4 muscles involved in the motion and strength of the shoulder: the **supraspinatus, infraspinatus, teres minor, and subscapularis**.

HOW TEARS HAPPEN

- **Acute injury:** commonly from a fall or heavy lifting.
- **Chronic (degenerative) tears:** from repetitive stress over the years. Often associated with a bone spur on the underside of the acromion that wears away at the tendon over time.

COMMON SYMPTOMS

- Shoulder pain, especially with overhead activities and lifting
- Pain usually on the top of the shoulder, which can spread down the side of the arm to the elbow
- Pain at night
- Weakness

YOUR TREATMENT OPTIONS

Non-surgical (conservative) treatment

Recommended for partial-thickness tears, or patients with minimal or no symptoms.

- Anti-inflammatories (NSAIDs such as Aleve or Advil) for pain
- Physical therapy to improve range of motion and strength
- A cortisone injection may be considered for continued or significant pain
- The tear may be monitored with a repeat MRI

Rotator cuff repair surgery

Recommended for athletes and patients with high activity demands, such as manual laborers.

- If the tear shows signs of getting worse, surgery should be considered.
- Other problems in the shoulder, such as a worn biceps tendon or bone spurs, may be addressed at the same time.

Why timing matters: occasionally a tear progresses to the point where it can no longer be repaired. The surgery for an irreparable rotator cuff tear is a reverse shoulder replacement.

Dr. McCarthy will talk through your options with you and help you decide what is right for your shoulder and your goals.

RISKS OF SURGERY

Every surgery has risks. Here is what to know about rotator cuff repair.

Bleeding	The risk of bleeding with this surgery is low. We do obtain consent for a blood transfusion in case bleeding occurs.
Infection	The risk is very low at HSS. We take extra caution to irrigate the shoulder and do every portion of the surgery under sterile conditions. If an infection does occur, it will likely require further surgery and IV antibiotics.
Re-tear	Studies show that the chance of the tendon tearing again (re-rupture) after rotator cuff surgery is about **10%**.

PREPARING FOR SURGERY

BEFORE SURGERY

- If you are **40 or older**, or have any significant medical problems, you will need medical clearance, including basic lab work and clearance from your primary care doctor.
- If you have had a **cortisone injection**, your surgery must be at least **6 weeks** after the injection.

THE DAY OF SURGERY

- You will meet with Dr. McCarthy and the anesthesiologist to discuss the surgery and answer your questions.
- **Anesthesia** will likely be an injection to numb your arm, plus medicine to help you sleep. Most patients do not need general anesthesia, so they breathe on their own during surgery.
- Surgery takes about **1 hour**.
- You will wake up in the recovery room in a **shoulder sling**.
- **Most patients go home the same day**, once they have feeling in their arm, have met with the therapist, and are able to use the bathroom.
- Your medications — narcotic pain medication, an anti-inflammatory, and aspirin — are explained in your *Surgery Instructions* booklet.

YOUR RECOVERY

THE FIRST WEEKS

- **Follow-up visit 2 weeks after surgery** to remove sutures, discuss the surgery, and review images.
- **Physical therapy** begins 4 weeks after surgery.

YOUR SLING

- Wear the sling at night and any time you are up and walking around.
- You may take your arm out of the sling and rest it on a pillow when doing hand, wrist, and elbow exercises and when icing.
- Stop wearing the sling at **6 weeks** after surgery.

YOUR ROAD BACK TO ACTIVITY

General guidelines — your own timeline depends on your surgery and progress.

4 weeks

Begin PT, focused on regaining normal range of motion

6 weeks

Stop wearing the sling

3 months

Begin strengthening

6–12 months

Return to full strength and previous activities

Ready to take the next step? Schedule a consultation with Dr. McCarthy

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For non-emergent questions, the most efficient way to reach us is a portal message through the **MyChart** app.

NOTES & QUESTIONS FOR DR. MCCARTHY