

Several things can make rotator cuff surgery a better experience



Dr. Gordon Groh

ASK A DOCTOR

Question: My doctor says I need a rotator cuff repair, but I am worried about the pain and getting a general anesthetic.

Answer: Your concerns are extremely

common. One of the most expressed worries about surgery is pain management. Fortunately, there are several things that can make rotator cuff surgery a much better experience for the patient.

First, the surgery should be performed arthroscopically. This means that a small scope is inserted into the shoulder, and the repair is performed while viewing the procedure on a monitor. Surgeons with appropriate training and experience can repair all sizes of rotator cuff tears arthroscopically with results equal to or better than traditional open surgery. Arthroscopic techniques for rotator cuff repair require the use of three to five portals for viewing and repairing the tear of the rotator cuff. Each portal is smaller than a quarter-inch in size, so the scars are barely noticeable. Smaller incisions also typically correlate with less pain.

Second, the use of patient-demand local anesthetic pumps (pain pumps) can prolong the effects of "numbing" agents, which may be used at the time of surgery. These pumps continue to deliver local anesthetic agents from 48 to 72 hours after surgery, depending on the type of pumps selected. The most common

WEB EXTRA

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pumps allow the patient to infuse additional medication if needed. The pain pump itself is about the size of a paperback novel, and in most cases patients remove the tubing associated with the pump when they change their surgical dressing at home.

Last, the use of an interscalene block can significantly improve the postoperative pain experience for most patients. It can also eliminate the use of a general anesthetic for patients who do not wish to be put to sleep. To obtain an interscalene block, an anesthesiologist administers a local anesthetic agent

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into the shoulder area. This anesthetic block is carried out with the patient under sedation, and the sedation is continued through the surgical case.

The interscalene block provides numbing of the

entire shoulder during the operation, and for 12-24 hours after the procedure. After the procedure, the sedation is reversed and most patients are able to get into a wheelchair. Most patients can eat and drink immediately after the procedure.

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This is the opinion of Dr. Gordon Groh, a specialist in orthopedics who practices at the Blue Ridge Bone and Joint Clinic in Asheville and is a member of Buncombe County Medical Society. E-mail him at askthedoctor@bntj.com or visit dr.gordongroh.com or aaos.org.