Up date – Failure of Rotator Cuff Surgery

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Repair of Rotator Cuff Tear is one of the most common shoulder surgery. Satisfactory results were reported between 80-85%. Unsatisfaction were caused by infections. deltoid denervation, deltoid detachment, acromion fracture, subacromial or subdeltoid adhesion, inadequate subacromial decompression, denervation of cuff muscle, retear of cuff and failure of rehabilitation. Residual impingement may cause adhesions because pain may make it impossible for the patient to move the shoulder properly. Residual impingement may also cause a re-tear of rotator cuff. To correct these two problems, the first step is an adequate anterior acromioplasty followed by release of adhesions and manipulation of the shoulder to restore full passive motion. Adhesion are present in almost all failed cuff repairs. If one attempts closed manipulation to overcome them, the cuff will almost certainly be re-tom. Initial three months will treat with conservative physical therapy. The gentle manipulation under general anesthesia or open release procedure will be suggested after three months treated with physical therapy without any improvement. Open release procedure had to divide coracohumeral ligament and obtain the full passive motion, then inspect the residual impingement or cuff tear. When the cuff is intact, the exercise program can be advanced as rapidly as possible and the results are usually quite good. Re-tear of the cuff may be due to inadequate repair of previous massive defect or repair with unhealthy cuff (inadequate excision of tom edge). When reoperation is undertaken for a residual cuff defect, the rotator cuff must be carefully separated from the acromion and deltoid muscle, preserving both as much as possible for repairing. The rotator cuff are mobilized in order to increase their pull and excursion. The edges are freshened and the tear is closed in the no tension condition. Damaged deltoid muscle is a serious complication in rotator cuff repair. An operative approach that detaches the deltoid origin has a peculiar detrimental effect on this muscle. The deltoid is weakened even though it has been carefully reattached. If the deltoid is retracted and scarred, it is never completely possible restore its strength. The solution is to make an effort to pull the deltoid all the way up to the top of the acromion, suturing it to the trapezius tendon. The accurate preoperative diagnosis and proper surgical technique, through a thorough knowledge of shoulder anatomy can reduce the postoperative failure and complication rate. In our series of 575 cases (from 1985 to 1995), 86cases(15%) were ranked in unsatisfactory results. Infection was found is 6 cases with one deep infection. Deltoid detachment with muscle weakness was noted in 5 cases. Fifteen cases were found to have residual impingement and retear. Inadequate receive rehabilitation program is the main reason to cause the limitation of Range of Motion.