

Rotator Cuff Repair

Understanding Your Risks

This document outlines the potential complications associated with **rotator cuff repair**, which will likely be performed arthroscopically. During the procedure, torn rotator cuff tendons are repaired back to the bone. Depending on intraoperative findings, additional procedures may be performed, including **acromioplasty** (removal of bone spurs from the acromion), **distal clavicle excision** (removal of the end of the collarbone for acromioclavicular joint arthritis), and **biceps tenotomy or tenodesis** (release or reattachment of the biceps tendon).

The usual purpose of surgery is to relieve shoulder pain, improve strength and function, restore shoulder mechanics, and prevent progression of tendon damage in patients with rotator cuff tears, shoulder impingement, acromioclavicular joint arthritis, or biceps tendon pathology. Recovery requires postoperative rehabilitation.

Risks:

- **Persistent or recurrent shoulder pain**
- **Incomplete healing or retear of the rotator cuff**
- **Shoulder stiffness or loss of motion**
- **Weakness or limited functional improvement**
- **Infection** (superficial or deep)
- **Bleeding or hematoma formation**
- **Nerve injury** (including injury to the axillary, suprascapular, or musculocutaneous nerves)
- **Blood vessel injury**
- **Failure of fixation or hardware-related complications**

- **Need for revision surgery**
- **Delayed healing or prolonged rehabilitation**
- **Cosmetic deformity or cramping with biceps tenotomy (“Popeye” deformity)**
- **Residual pain, cramping, or weakness after biceps tenodesis**
- **Acromioclavicular joint pain following distal clavicle excision**
- **Medical complications** (deep vein thrombosis, pulmonary embolism, cardiac or pulmonary events—rare)
- **Death** (extremely rare)

Risk Factors for Increased Complications:

- **Large or chronic rotator cuff tears**
- **Poor tendon or muscle quality**
- **Advanced age**
- **Smoking or tobacco use, Diabetes or other medical comorbidities, Poor bone quality**
- **Noncompliance with postoperative restrictions or rehabilitation**

Patient Acknowledgment:

By signing below, the patient acknowledges understanding of the above risks and the potential for both common and rare complications associated with **rotator cuff repair**, including the possibility of **acromioplasty, distal clavicle excision, and biceps tenotomy or tenodesis**. The patient understands that postoperative rehabilitation is essential for recovery and all questions have been answered to the patient’s satisfaction.

Patient Signature: _____ **Date:** _____

Patient Name: _____ **DOB:** _____

