

Rotator Cuff Repair

Understanding Your Risks

This document outlines the risks, potential complications, and current evidence regarding the efficacy and safety of Rotator cuff repairs.

Common Risks and Their Estimated Incidence:

- Shoulder stiffness (adhesive capsulitis): Occurs in approximately 7.6-10% of cases. Most cases respond to physical therapy and rehabilitation. [\[1\]\[2\]](#)
- Persistent or worsening pain: Reported in approximately 3.4% of cases at 6 months follow-up. [\[1\]](#)
- Rotator cuff retear: The overall retear rate ranges from 7-41% depending on tear size, patient age, and other factors. Rates are approximately 15-21% in the first 2 years after surgery. Most retears are detected on imaging and many remain asymptomatic. Symptomatic retears requiring reoperation are less common. [\[1\]\[3\]\[4\]\[5\]\[6\]](#)
- Infection: Overall infection rate is 0.3-0.85%. Deep infections requiring surgical irrigation and debridement occur in approximately 0.1-0.8% of cases. Arthroscopic repair has lower infection rates than open repair. [\[1\]\[7\]\[8\]\[9\]](#)
- Neurologic complications (nerve injury): Occur in approximately 1-2% of cases. The most commonly affected nerves include the axillary nerve and suprascapular nerve. Most nerve injuries are due to traction or positioning and resolve with observation. Permanent nerve injury is rare. [\[1\]\[10\]\[11\]](#)
- Unplanned return to the operating room: Occurs in 0.36% of cases within 30 days. [\[7\]](#)
- Unplanned hospital readmission: Occurs in approximately 1.16% of patients within 30 days. [\[7\]\[8\]](#)
- Medical complications: Include pneumonia (0.3%), pulmonary embolism (0.1%), myocardial infarction, stroke, acute kidney injury, and urinary tract infection. These are uncommon but may require medical treatment. [\[12\]\[7\]](#)
- Reoperation: At 1 year, reoperation rate is approximately 3.8% (1 in 26 patients). Early reoperation is most commonly for infection or hardware-related issues. Late reoperation may be required for symptomatic retears or persistent pain. [\[12\]\[13\]](#)
- Device/hardware complications: Including anchor pullout or migration, occur in approximately 0.7% of cases. [\[1\]](#)

- Vascular injury: Very rare, occurring in approximately 0.1% of cases.[\[1\]](#)
- Mortality: Extremely rare, reported at 0.03% (3 in 10,000 cases).[\[7\]](#)

Rare but Serious Risks:

- Deep venous thrombosis (DVT) and pulmonary embolism: Occur in less than 1% of cases but can be life-threatening.[\[2\]](#)
- Severe infection with sepsis: Rare but may require prolonged antibiotic treatment or multiple surgical procedures.[\[9\]](#)
- Permanent nerve damage: Extremely rare but can result in permanent weakness or sensory changes.[\[10\]](#)
- Anesthetic complications: Risks associated with regional or general anesthesia, though very rare, can include allergic reactions, nerve injury from nerve blocks, or cardiovascular complications.

Risk Factors for Complications:

Patient-related factors:

- Age greater than 60-65 years increases risk of complications and retear[\[7\]\[8\]\[5\]\[14\]](#)
- Male gender increases risk of infection and overall complications[\[8\]\[15\]](#)
- Larger tear size (especially massive tears) increases retear risk[\[3\]\[5\]\[6\]\[14\]\[16\]](#)
- Fatty infiltration of the rotator cuff muscles increases retear risk[\[3\]\[5\]\[6\]\[14\]\[16\]](#)
- Smoking significantly increases risk of retear[\[14\]\[17\]](#)
- Obesity increases risk of complications and retear[\[14\]\[17\]](#)
- Diabetes mellitus[\[14\]](#)
- Vitamin D deficiency increases risk of retear[\[17\]](#)
- Hyperlipidemia increases risk of retear[\[17\]](#)

Patient Acknowledgment:

By signing below, the patient acknowledges understanding of the above risks, their estimated incidence, and the potential for both common and rare complications associated with rotator cuff repair. All questions have been answered to the patient's satisfaction.

Patient Signature: _____ **Date:** _____

Patient Name: _____ **DOB:** _____

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