

CONTEXT:

Rotator cuff repair (RCR) surgery is one of the most common ambulatory surgeries in orthopedics. Limited knowledge of the injury and surgical management can result in decreased patient satisfaction. The purpose of this current concepts review is to highlight the current literature on important pre and postoperative considerations for both patients and orthopedic surgeons performing arthroscopic RCR.

EVIDENCE ACQUISITION:

A comprehensive literature review of PubMed identified 128 articles published between January 1987 and April 2020 that met inclusion and exclusion criteria and screening for relevant topics performed by the authors. Relevant topics include comparisons between operative and non-operative treatment for rotator cuff repair, functional and symptomatic outcomes, factors affecting outcomes, failure of primary treatment, comorbidities and adverse events, and patient expectations.

STUDY DESIGN:

Clinical Review

LEVEL OF EVIDENCE:

Level IV

RESULTS:

There are many preoperative risk factors that can influence a patient's postoperative course following RCR including age, sex, preinjury tendon health, tear anatomy, smoking status, preinjury opioid use, and presence of diabetes. Intraoperative technique considerations and postoperative pain control and physiotherapy approaches may also influence the postoperative period. Several of these factors may influence both operative and recovery times as well as a patient's time of returning to work, sports and daily activities. The relationship between RCR and the development of glenohumeral arthritis and the utilization of reverse total shoulder arthroplasty is still being explored.

CONCLUSIONS:

To aide patients with postoperative expectations, surgeons should discuss risk factors which could lead to prolonged recovery or failed treatments. Furthermore, surgeons need to discuss how rotator cuff surgery will affect their ability to return to work, return to activities, risk of development of glenohumeral arthritis, and need for possible further operative intervention.