

## **Arthroscopic Rotator Cuff Repair - Patient Experience**

We both underwent arthroscopic day surgery in Reading for a rotator cuff shoulder repair having previously worked together on a clinical research project. We thought it might be useful to share our experiences and tips for recovery. Following the surgery the nerve block effectively anaesthetised the shoulder and arm for about thirty hours. We were instructed to wear a sling for at least 6 weeks and this in part, gave a greater sense of security. We had been warned that the pain might be severe on occasions and so it proved but interestingly we both found similar ways to manage this more effectively. We did not find the usual pain killers such as paracetamol or ibuprofen particularly useful at least not after the first few days (although one of us found sustained release ibuprofen useful at night). What was more useful was the use of ice (in the form of frozen vegetable packets) locally applied on the shoulder. This did ease the pain. One of us had sleep interrupted by pain and found walking at dawn offered some respite.

Again what was most useful too was around managing our thoughts and behaviours. What do we mean by that? How could that help with the pain? Well, the terms of behaviours we kept busy, we kept involved. Although we were technically on sick leave away from work we found things that kept us busy and took a little concentration. This effectively distracted us from the pain and to a certain extent normalised the situation. We socialised a lot but rested when necessary. But we also monitored our thoughts around the pain. We had expected the shoulder pain and also knew it to be part of the recovery process. We managed then to challenge, neutralise and reduce our negative thinking over the pain again resulting in a degree of normalisation. This resulted in the classic 'mind over mood' situation – our mood was not lowered.

What was difficult and a bit irritating was coping with practical issues in a daily basis. We needed help in getting dressed, washing, showering, going to the toilet. Having your food chopped up, not being able to use a computer properly and not being able to drive a car added to the frustration. However, we knew that this incapacity and dependency was temporary.

But we probably need to come clean at this stage. Who are we? Well obviously patients in this context but also Consultant Anaesthetist and Consultant Cognitive Behavioural Psychotherapist. Different training, different theoretical approaches but pragmatically finding similar routes to self manage our recovery from shoulder surgery.

The improvement in function starting at about 3 months made all the suffering worthwhile; it is knowing that there is light at the end of the tunnel that we think gets you through the difficult first 6-8 weeks.

We hope others find these brief notes helpful.

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