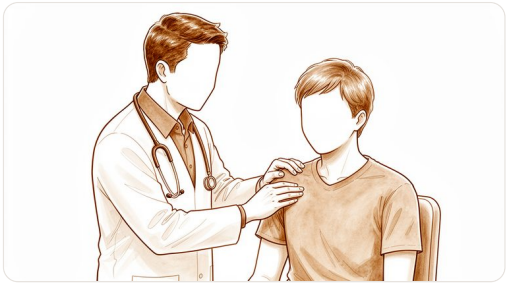
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Revision rotator cuff repair



A re-torn rotator cuff, treated with a revision repair.

Kieran Hirpara 4.0

At-a-glance recovery. Pooled from 45 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**6-12 months**	**12-24 months**
Return to light activities and desk work typically occurs within 2 to 6 weeks, though pain may persist during the middle portion of recovery.	Functional recovery reaches approximately 75% by 6 months, with maximum recovery plateauing at 1 year.	Pain and function continue to improve up to 5 years, though outcomes remain inferior to primary repair, with re-tear risks persisting up to 2 years.

Why this operation has suggested

This surgery, called revision rotator cuff repair, is a second attempt to fix a torn shoulder tendon after a previous repair did not work. Your surgeon likely suggested this because you still have pain and limited movement even after trying non-surgical treatments like rest, physical therapy, or injections. The main goal is to give you significant pain relief and better shoulder function, which studies show improves for up to five years or more.

Please know that this operation is more challenging than the first one because the tissue is often weaker. While the results are good, they are not quite as strong as a first-time repair, and you are twice as likely to have the tear come back within two years. Your surgeon wants to help you regain a functional shoulder, but they will only recommend this if you have no other major risk factors for failure.

Regarding driving, please refer to our guide on Driving after upper-limb surgery. You must not drive while wearing a sling, splint, or cast. You can only drive when you can hold the steering wheel with both hands and

react quickly to an emergency stop. You must also be completely off strong pain medication before getting behind the wheel.

Before the operation

You will need to fast before your surgery and stop certain medications as your surgeon advises. Please arrange for someone to drive you home and wear comfortable clothing. You may need X-rays, an MRI scan, blood tests, or an anaesthetic review to check your shoulder and overall health. These tests help your surgeon plan the best approach for your repair. Do not drive while wearing a sling, splint, or cast. You must be able to hold the wheel with both hands and react quickly in an emergency. You must also be off strong pain medication before driving. For specific rules, see our guide on Driving after upper-limb surgery.

On the day

You will arrive at the hospital and meet your anaesthetist to discuss your pain control. If the anaesthesia sentence above is empty, write a single neutral sentence saying the operation is done under general anaesthetic — do NOT volunteer alternatives or describe block techniques.

Your surgeon will then take you to the operating theatre. After the procedure, you will wake up in recovery where your team will manage your pain using a nerve block and other medicines. You cannot drive while wearing a sling, splint, or cast. You must be able to hold the wheel with both hands and react quickly in an emergency stop. You must also be off strong pain medication before driving. Please check the guide on Driving after upper-limb surgery for more details.

What the operation involves

Your surgeon will likely use arthroscopy, which means making two or three small keyhole cuts about 1 cm each. This approach is the gold standard for repairing torn tendons in the shoulder. Through these tiny openings, your surgeon inserts a camera and special tools to see inside your joint. They will clean up scar tissue and remove any old hardware left from previous surgeries.

If the tear can be fixed, your surgeon will reattach the frayed tendon back onto the bone using small anchors. This step is technically more difficult than a first-time repair because the tissue quality is often poor. In some cases where the tendon cannot be repaired, your surgeon may implant a spacer to improve shoulder function. If the joint is too damaged, they might replace the worn surfaces with metal and plastic parts.

Once the work is done, your surgeon closes the small cuts with dissolving stitches or glue and applies a dressing. You will leave the hospital with a sling to protect your shoulder. For details on when you can drive again, please read our guide on Driving after upper-limb surgery. Remember, you cannot drive while in a sling, if you cannot hold the wheel with both hands, or if you are taking strong pain medication.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

After the operation

You will wake up in a recovery ward where your team manages your pain. You will go home the same day or stay overnight, depending on your needs. Your shoulder will be in a sling, and a dressing will cover the small cuts. You must have someone stay with you for the first 24 hours. Do not drive while wearing a sling, splint, or cast, or while taking strong pain medication. You must be able to hold the wheel with both hands and react quickly in an emergency. Please read our guide on driving after upper-limb surgery for more details.

Recovery

Your shoulder will feel stiff and sore in the first few days. You will wear a sling to protect your repair while it heals. Swelling is normal, but you can manage it with ice and elevation. Your surgeon will guide you on pain relief to help you rest comfortably.

You will start gentle exercises as soon as your surgeon clears you. These movements help prevent stiffness while your tendon heals. You cannot lift heavy objects or reach behind your back until your team says it is safe. Sleep may be difficult at first, but many patients find they can rest better after the first few months.

Recovery is a personal journey. Your timeline may differ from others, and your surgeon and physiotherapist will guide your specific plan. Do not drive while wearing a sling or taking strong pain medication. You must be able to hold the steering wheel with both hands and react quickly in an emergency. Please review our guide on driving after upper-limb surgery for more details.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Your shoulder might feel weaker or less stable than expected. You may notice a sudden return of pain or a grinding feeling that does not go away. This could mean the repair has torn again. If this happens, contact your surgeon right away.

Infection can occur after surgery. You might see redness spreading from the wound, feel warmth, or notice swelling that gets worse. Deep pain that does not ease with simple painkillers is also a warning sign. Call your clinic immediately if you see these signs.

Blood clots are rare but serious. You might feel sudden swelling, tenderness, or pain in your calf or leg. If you experience this, go to the emergency department immediately.

Your shoulder might not move as freely as hoped. You may find it hard to lift your arm or turn it outward. Tell your surgeon if your range of motion does not improve as expected during your follow-up visits.

If you had a joint replacement, the implant could loosen over time. You might feel a new clicking sound or a deep ache when moving your arm. Report these symptoms to your surgeon so they can check the implant.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

Smoking and certain medicines can increase these risks. If you smoke or take testosterone therapy, tell your surgeon before the operation. They may advise you to stop to lower the chance of complications.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness, or discharge from your wound. Go to emergency if you feel sudden severe pain, calf swelling, or shortness of breath. Contact your surgeon immediately if you lose sensation or cannot move your arm. These signs may mean infection or a blood clot. Do not drive while in a sling or taking strong pain medication. See our guide on driving after upper-limb surgery for when it is safe to return behind the wheel.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

COMPLICATIONS & CONSENT

Revision rotator cuff repair

Complication rates from published literature

Pooled from 45 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
re-tear	**32.6-55.5%**	Structural failure rates vary widely by study, with some cohorts reporting up to 55.5% retear rates at 2 years.
revision surgery	**10.0-37.0%**	Reoperation rates vary significantly, with some studies reporting up to 37% requiring further surgery.
stiffness	**5.0-10.0%**	Persistent stiffness is a common complication, occurring in 5% to 10% of patients.
infection	**2.1-5.0%**	Clinical infection rates range from 2.1% to 5.0%, though subclinical infection rates may be as high as 28.9%.
nerve injury	**1.1%**	Neurologic injury is a rare but documented complication.
foreign body reaction	**Rare**	Reactions to bioabsorbable materials or loose suture anchors can occur.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME | SIGNATURE | DATE

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au