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Mid-Term Clinical Evaluation Of Primary Rotator Cuff Repair In Patients Aged 80 And Above

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Faculty Disclosure Information

- Nothing to disclose

Background

- There is limited documentation on the indications and outcomes of primary rotator cuff repair in the elderly, particularly in those aged 80 years and above.
- In developed countries, a significant proportion of the elderly population prefers joint-preserving surgical interventions to maintain an active lifestyle.
- This study aimed to evaluate the medium-term outcomes of primary rotator cuff repair in patients over 80 years old.

Methods

- A retrospective analysis was conducted on a cohort of 75 consecutive patients (aged >80 years) who underwent primary arthroscopic repair for rotator cuff tears between January 1, 2017, and December 31, 2018.
- Patients who had partial tear reconstructions were excluded.
- Clinical evaluations included the American Shoulder and Elbow Surgeons Standardized Shoulder Assessment Form (ASES), Single Assessment Numeric Evaluation (SANE) score, Quick Disabilities of the Arm, Shoulder, and Hand (Quick-DASH) score, and the Short Form 12 Health Survey Questionnaire (SF-12v2).

Methods

- Questionnaires, along with participation consent forms, patient information sheets, and self-addressed envelopes, were mailed to participants.
- Only fully completed forms with signed consent sheets were included in the analysis.

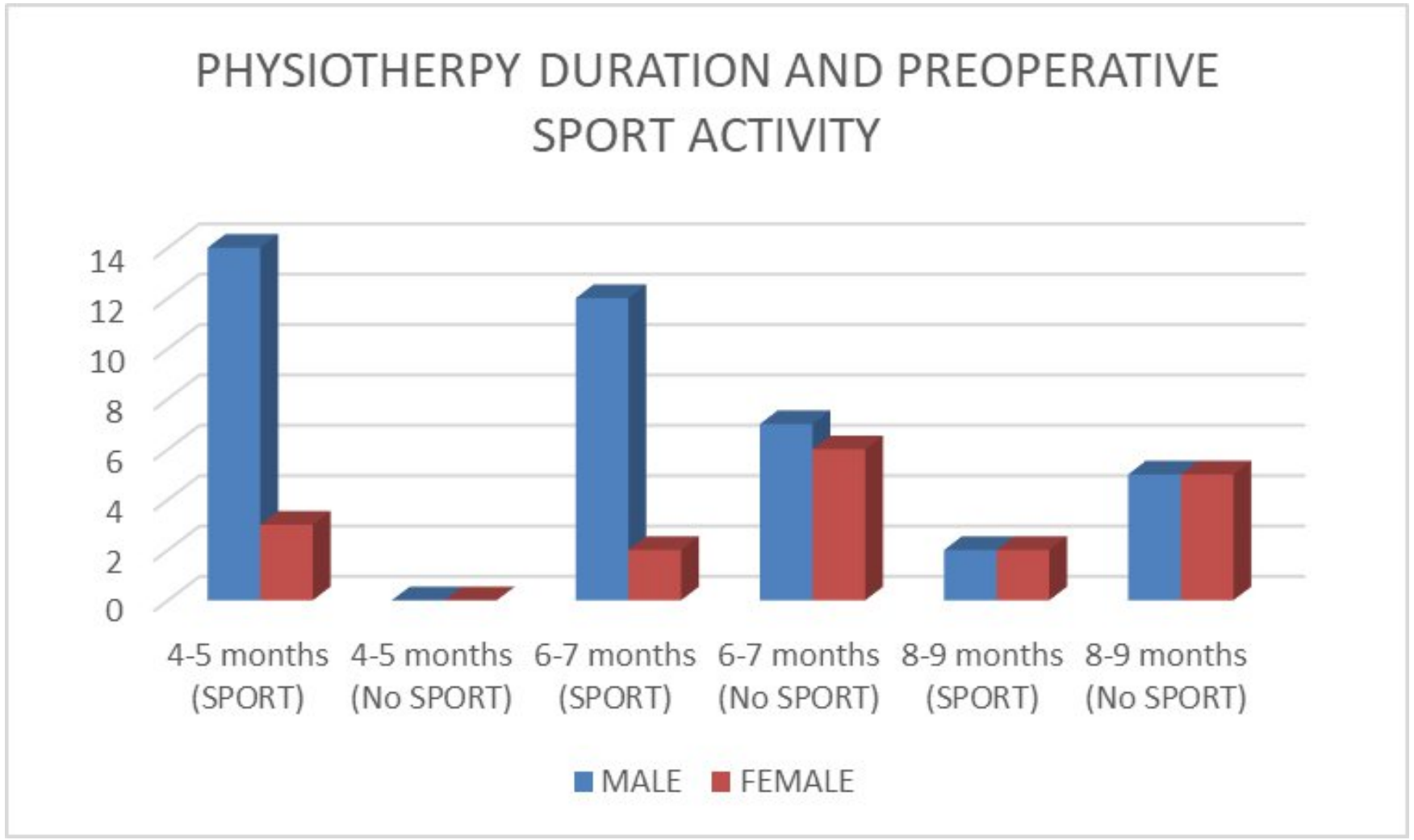
Results

- By March 31, 2023, 62 completed forms were received.
- The study subgroup consisted of 43 males (69%) and 19 females (31%), with a mean age of 82.1 years (range: 80-105; median: 81 years).
- Two-thirds of the patients had massive tears involving more than two tendons. At an average follow-up of 51 months (range: 49-58 months), 86% (53 patients) expressed satisfaction with their shoulder function.

Result

- Patients engaged in regular sports activities preoperatively typically exhibit shorter physiotherapy recovery durations compared to sedentary individuals.
- While males may recover slightly faster in compare with females often have longer recovery duration and more physiotherapy visits.

PHYSIOTHERAPY DURATION AND PREOPERATIVE SPORT ACTIVITY						
GENDER	4-5 months (SPORT)	4-5 months (NO SPORT)	6-7 months (SPORT)	6-7 months (NO SPORT)	8-9 months (SPORT)	8-9 months (NO SPORT)
MALE	14	0	12	7	2	5
FEMALE	3	0	2	6	2	5

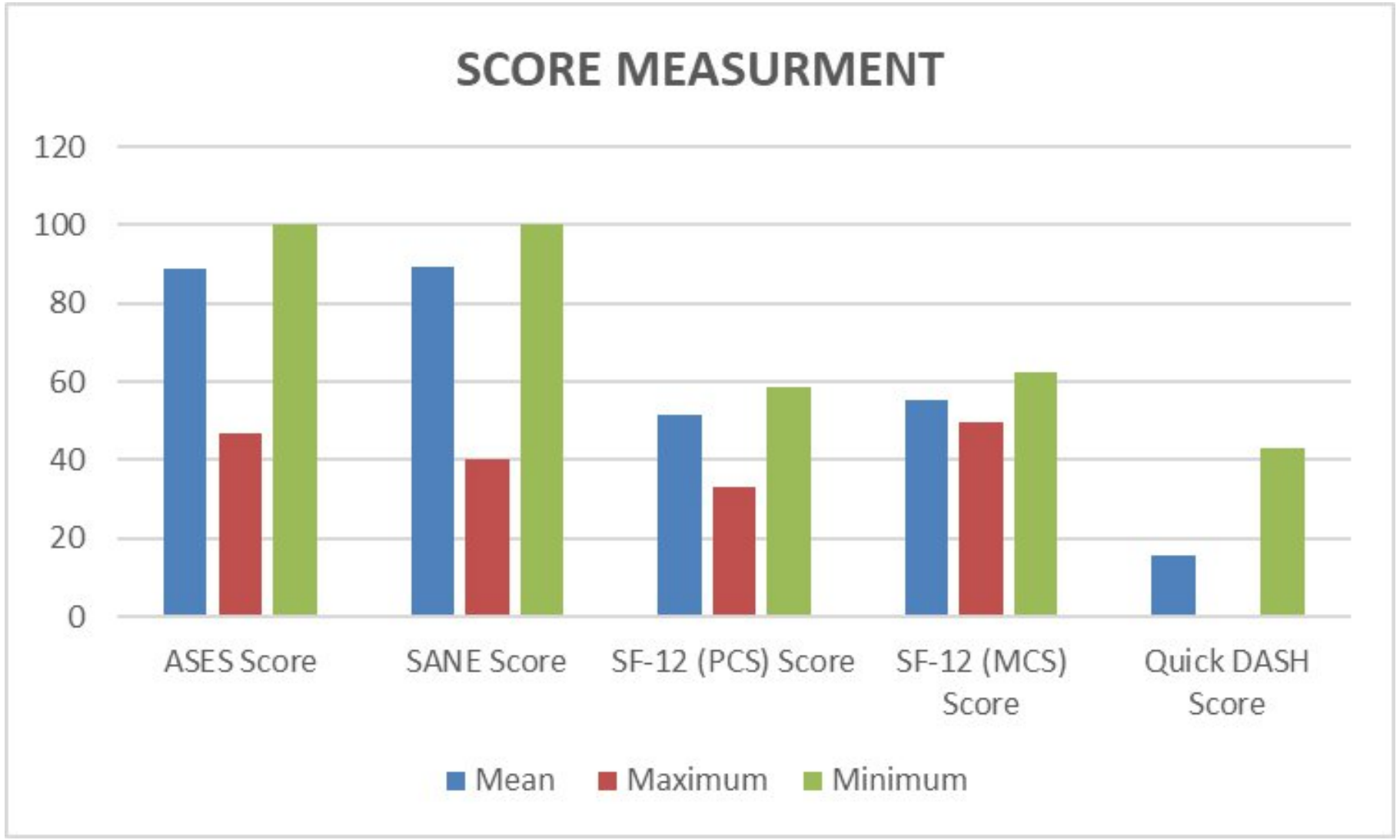

PHYSIOTHERPY DURATION AND PREOPERATIVE SPORT ACTIVITY
14
12
10
8
6
4
2
0
4-5 months (SPORT)
4-5 months (No SPORT)
6-7 months (SPORT)
6-7 months (No SPORT)
8-9 months (SPORT)
8-9 months (No SPORT)
MALE
FEMALE

Results

- The mean SANE score was 89.5 (range: 40-100), while the mean Physical Component Summary (PCS) of SF-12v2 was 51.64 (range: 32.98-58.6), and the Mental Component Summary (MCS) was 55.44 (range: 49.61-62.38).
- The average ASES score was 88.4 (range: 47-100), and the mean Quick-DASH score was 15.62% (range: 0-43%), indicating favourable clinical outcomes with minimal disability.

TYPE OF MEASUREMENT	NO.	MEAN SD	RANGE
ASES SCORE	58 (93,54%)	88.4	47 - 100
SANE SCORE	58 (93,54%)	89.5%	40 - 100
SF-12 (PCS) SCORE	58 (93,54%)	51.64	32.98 - 58.6
SF-12 (MCS) SCORE	58 (93,54%)	55.44	49.61 - 62.38
QUICK DASH SCORE	58 (93,54%)	15.62%	0% - 43.20%

Abbreviations: ASES, American Shoulder and Elbow Surgeons; SANE, Single Assessment Numeric Evaluation; SF-12(PCS), 12-Item Short-Form instrument (physical component summary); SF-12(MCS),12-Item Short-Form instrument (mental component summary); Quick DASH, disabilities of the arm, shoulder and hand.


SCORE MEASURMENT
120
100
80
60
40
20
0
ASES Score
SANE Score
SF-12 (PCS) Score
SF-12 (MCS) Score
Quick DASH Score
Mean
Maximum
Minimum

Conclusions

- Primary rotator cuff repair in patients aged 80 and above produces excellent clinical, mental, and functional outcomes at a minimum mid-term follow-up of four years.
- Despite the higher risk of re-tears in this age group, primary repair remains a highly effective joint-preserving option for elderly patients.