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Shoulder arthroscopy

Introduction

The shoulder is a complex joint with numerous muscles, ligaments, cartilage and bony structures as well as specialized cartilage that covers bony surfaces. These structures can get damaged due to injury, degeneration (wear and tear) or other systemic diseases. Arthroscopy (key-hole surgery) is a small procedure that allows us to see and repair damaged structures inside the shoulder joint without making large incisions.

The Operation

You will be admitted to the hospital on the morning of surgery and may be required to stay overnight.

During surgery I insert a narrow tube attached to a fiber-optic video camera through a small incision — about the size of a buttonhole. The view inside your joint is transmitted to a high-definition video monitor. This allows me to see inside your joint and perform the necessary procedure using pencil thin instruments through 2 or 3 small incisions.

A small drainage tube is left in the shoulder to drain remaining fluid. This drain is removed later together with the bandage around your shoulder

Most shoulder arthroscopy surgeries entail a full surgical evaluation of the joint and surrounding structures through 3 portholes. Additional portholes may be required depending on certain procedures. The most common procedures perfomed during arthroscopy are as follows:

- **Acromioplasty (decompression):** Shaving of the under surface of the Acromion (part of the shoulder blade) in order to make more space for the Rotator cuff muscles to function. The procedure is performed for Rotator cuff impingement.
- **Bursectomy:** Removal of a small bag of fluid (Sub-acromial bursa) which is inflamed and swollen in order to remove the inflammation and to create more space for the rotator cuff to function in.
- **Acromio-Clavicular joint (AC joint) excision:** Performed for Arthritis (wear and tear) of the AC joint in order to relieve pain from raw bony surfaces moving against each other. It entails removing 8 -10mm from the collar bone in order to open the space between the two contacting bones
- **Biceps tenotomy/tenodesis:** A Frail, inflamed or partially torn Biceps tendon in the shoulder causes pain and sometimes damage to other muscles in the shoulder. Biceps is then released in the shoulder and occasionally reattached to the humerus. This may result in a Pop-eye deformity of your biceps. The main portion of Biceps remain intact for function.
- **Labral Repair:** Usually associated with dislocated shoulders where the cartilage lip around the cup of the shoulder joint is torn off. 2 or 3 very small anchors is then used to reattach the torn cartilage back to its position and reestablish stability of the joint.
- **Rotator cuff repair:** The rotator cuff is a group of 4 muscles deep in the shoulder that attach the shoulder blade to the humerus. These muscles can tear after injury or even degeneration causing the inability to lift your arm overhead. The surgery entails reattachment of these muscles with anchors back into the bone.

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This procedure may sometimes be done via a small open inscion.

The above are the most performed procedures. I did discuss your specific procedure in detail. Please ask if anything remains unclear.

Possible Complications

There is always risks involved with surgery, but complications during arthroscopic shoulder surgery are rare in our practice. Possible surgical related problems that can occur are, infection, bleeding, blood clot formation, stiffness (frozen shoulder), and numbness around the surgical scars. Medicine to prevent blood clot formation is not routinely given due to the unwanted side effects of these drugs. We rather focus on early mobilization and good hydration to prevent these rare occurrences. Isolated high-risk cases are however treated with clot prevention therapy.

Each separate procedure during shoulder arthroscopy has its own specific risk profile and was discussed during your consultation. Please ask if you are still unsure.

After the Surgery

You will be able to go home the following day. You will be required to use a shoulder sling which is provided on day of admission. This is used for 3 weeks after surgery. If rotator cuff repair is performed, you are required to use the sling for 2 months. Your physiotherapist will provide clear instructions as to the do's and dont's after surgery.

Absorbable stiches are used and need not to be removed. The dressings over the wounds must remain on the shoulder for 14 days. After this, you are allowed to shower with open wounds.

Do not soak your shoulder in a bath before 3 weeks after surgery.

Swelling and pain of the shoulder is normal in the first 6 weeks after surgery. Pain and stiffness may even persist for 6 months in rare cases.

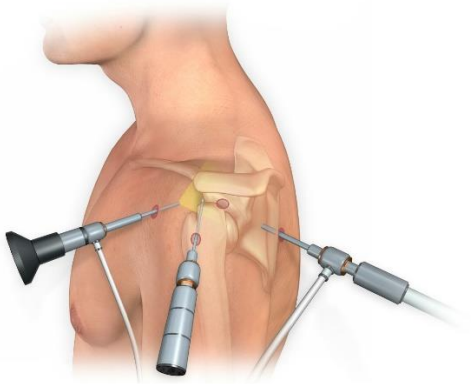
Your shoulder will take approximately 6 to 12 weeks to heal although this depends on the findings and procedures during surgery.

You can start driving when the shoulder sling comes off and when pain medication is finished provided you are comfortable to do so.

Please avoid sport, heavy lifting or strenous overhead activity for the first 3 months after surgery.

9 out of 10 people have major improvement after surgery, but it takes time for pain to lessen and movement to increase. You may not get back the same strength that you had before you damaged your shoulder. The shoulder is a complex joint and symptoms may come back with time necessitating another operation. Long term regular exercise may prevent this from happening

We wish you a speedy recovery



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