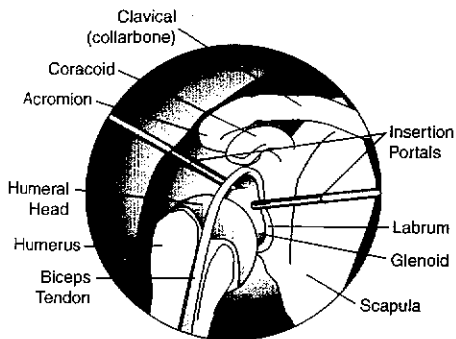


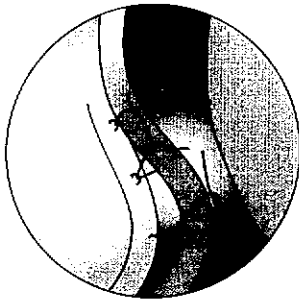


SHOULDER ARTHROSCOPIC SURGERY



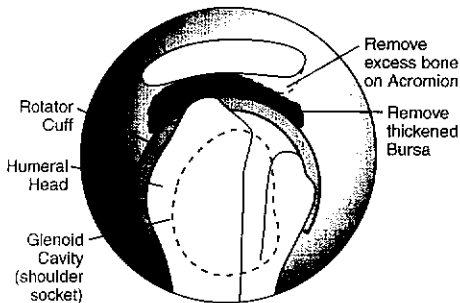
Shoulder Arthroscopy

Arthroscopic surgery of the shoulder is a common type of surgery and may also be combined with open surgery performed through small incisions. After a patient is given general anesthesia, he is placed in a semi-upright sitting position, and his shoulder is prepped. Two small incisions, called "*portals*", are made in the front and back of the shoulder joint. Additional portals are made if needed. A scope attached to a closed circuit TV as well as instruments can be inserted into either portal, but most work is done through the front portal while looking through the back portal.



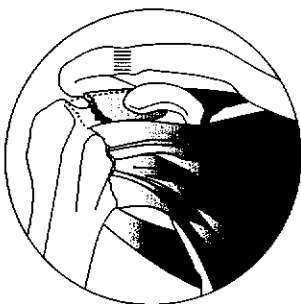
Reattaching Labrum

If the surgery is for *shoulder instability*, the fibrous tissue lip has usually detached from the rim of the shoulder socket (*glenoid*) and needs to be reattached. The surgeon can drill one or more small suture anchors (similar to a rock climbers' piton), into the bone edge. The tissue lip is tied back in place, which reattaches and tightens the ligament that runs across the front of the joint.



Relieving Impingement
(Side view of shoulder)

If the surgery is for *impingement syndrome*, the rotator cuff is being "pinched" and needs to be allowed to move freely. The scope is inserted into the fluid-filled pouch (*bursa*) that lies between the rotator cuff and the overhanging bone (*acromion*). Often, the bursa appears to be filled with "cobwebs", and this has to be removed with a suction tool. After this has been removed, an electrocautery tool is then used to "peel" the coracoacromial ligament from the underside of the acromion. A burr is then used to partially remove the underside of the acromion.

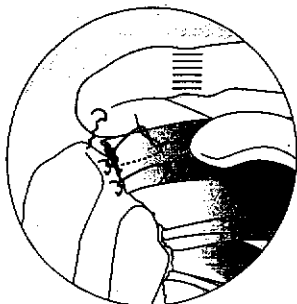


Rotator Cuff Tear

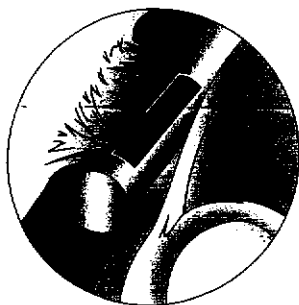
If the *rotator cuff tendon is also torn*, a larger side incision is made and the muscle fibers spread to provide a clear view. The first step is to "free" this tendon by breaking up attached scar tissue that limits its ability to stretch. The tendon is then repositioned in its normal bed, and the area of the bone where it is to be attached is lightly roughed up to make a good healing base. Sutures attached to suture anchors or run directly through holes drilled through the

continued on back

Shoulder Arthroscopic Surgery, *continued from front*



Reattaching Rotator Cuff



Shaving Torn Rotator Cuff Tendon

bone tie the tendon to the bone. If the seal is good, the tendon should heal to the bone and not tear away again.

Repairs of *shoulder instability* have a 90-95% good to excellent chance of healing without loss of strength and with only a slight loss of movement. Repairs of rotator cuff *impingement* have an 80% good to excellent chance of healing if there are no rotator cuff tears. If a *rotator cuff tear* is repaired, about 90% of the patients will be satisfied with their relief of pain, but only about 70% with their strength and motion. This is usually because the tear was either so large it could not be repaired or so scarred that it had to be attached to the bone in a tighter than normal position.

Recovery from surgery varies. If it consisted simply of removing the bursa, trimming bone, and repairing the ligament (*Impingement Syndrome*), the arm will be in a sling, but the patient can resume normal activities as soon as he or she feels comfortable doing so. The arm can be taken out of the sling for exercise and most individuals quit using the sling after about 10 days. However, it may be three or more months before normal activities can be resumed without some pain in the shoulder and up to nine months for complete recovery.

If a *rotator cuff tear* was also repaired, the arm must be kept at the side of the body without any significant movement for four to six weeks before the patient can gradually start normal daily activities and shoulder exercises. These six weeks are in addition to the above schedule.

As far as returning to work, the patient should be able to return to a desk job within one to two weeks. The more lifting or overhead activities the job requires, the longer it will take to go back. Returning to prolonged, repetitive, overhead work like house painting and heavy, manual labor may take six to eight months.

Hopefully, this information has been interesting and helpful to you. As with any general information, some of it may not apply to your case and it is not intended to take the place of an orthopedic evaluation and personalized treatment plan. If you still have questions, please do not hesitate to discuss them with Dr. Nickel.

F. Roy Nickel, MD is an orthopedic surgeon/sports medicine specialist who focuses on knee and shoulder problems. He joined Ventura Orthopedic and Sports Medicine following his fellowship training in 1985 and has practiced in Ventura County ever since.

