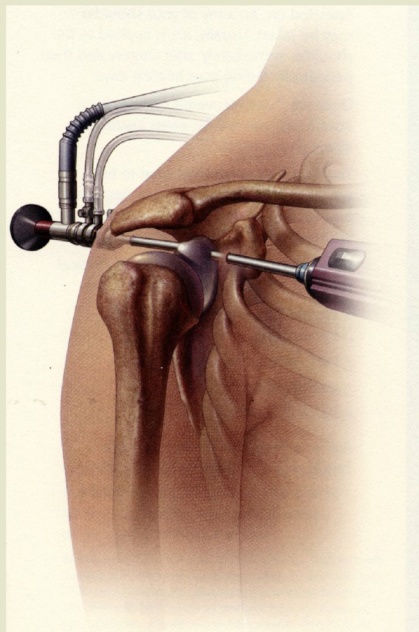


Shoulder Arthroscopy



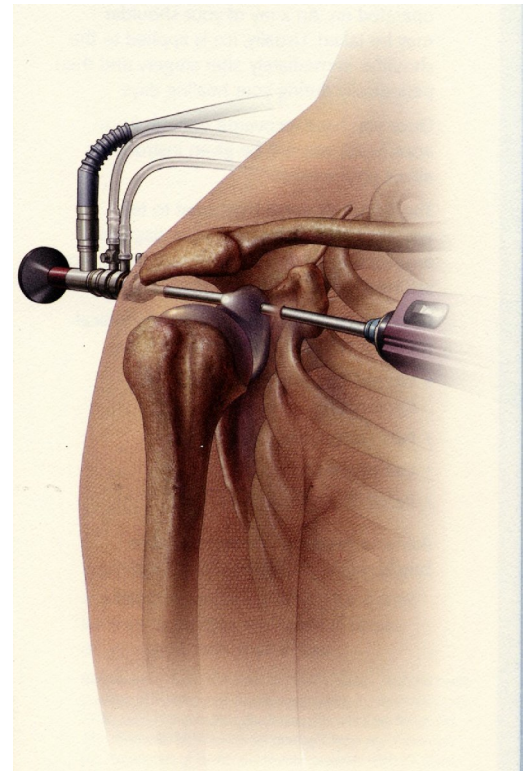
Patient guide to Shoulder Arthroscopy and Rotator
Cuff Surgery

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What is arthroscopy?

Arthroscopy is a common surgical procedure for examining and repairing the inside of your shoulder. It is a minimally invasive surgical procedure which uses an Arthroscope and other specialized instruments. An Arthroscope is a small instrument which consists of a small lens which is about the size of a pencil and a miniature camera. Shoulder Arthroscopy is usually done as an outpatient procedure, and is done under a general anesthetic. Small incisions (about 1/4 inch) around the shoulder are made, and the Arthroscope and other small instruments are placed into the joint through these incisions. By using the Arthroscope your surgeon can diagnose and treat many common disorders of the shoulder joint.



Reasons for Shoulder Arthroscopy

Tendinitis, Bursitis, Impingement Syndrome

Tendinitis is inflammation of a tendon. The rotator cuff is a group of tendons around the shoulder joint which can commonly become inflamed. Bursitis of the shoulder is when the fluid filled sac surrounding the rotator cuff becomes inflamed. Impingement Syndrome is when the inflamed rotator cuff tendon and/or bursa becomes pinched between the humerus (arm bone) and the acromion, which is the bone at the top of the shoulder. Using the Arthroscope and special shavers, your surgeon can remove some of the inflamed bursa and any spurs which are pinching the rotator cuff and relieve some of the pressure on the rotator cuff .



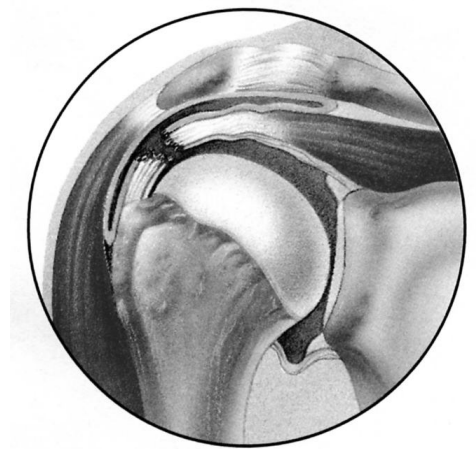
AC Joint Arthritis

There is a small joint in the shoulder between the collar bone and the acromion. This joint can develop arthritis, even in people who are relatively young. Your surgeon can remove a small amount of bone and any bone spurs from the end of the clavicle which are causing arthritis pain.

Reasons for Shoulder Arthroscopy

Rotator Cuff Tears

A rotator cuff tear is when one or more of the tendons of the rotator cuff begin to tear away from their attachment on the humerus bone. A rotator cuff tear can develop suddenly from an injury, or gradually over time even without any injury. Once the rotator cuff begins to tear, it will usually not heal by itself unless it is repaired. Your surgeon may be able to repair the rotator cuff arthroscopically, or if the tear is too large or complex, he may choose to perform the surgery partly using the Arthroscope, and partly using an open repair.



Shoulder Instability

Shoulder instability is when the shoulder joint becomes totally or partly dislocated. (i.e. pops out of joint) This can occur after an injury, or it can be a chronic problem. Your surgeon may be able to repair or tighten up some of the shoulder ligaments using the Arthroscope.

What to expect the day of surgery

- Plan on arriving at the hospital 2 hours prior to the start time of your procedure
- Arrange for someone to be able to pick you up after surgery, as you will be unable to drive
- Do not eat or drink anything after midnight on the night before surgery
- Your surgeon will often recommend that the anesthesiologist perform a nerve block prior to your surgery. This will greatly reduce your discomfort post-operatively.
- After surgery you will be in the recovery room for approximately 1 hour
- After the recovery room, you will stay in the observation room for an additional 1—3 hours
- Your arm will be in a sling
- You may be given ice packs or a cold therapy unit
- You will be given a prescription for a pain medication
- Sometimes patients with very large rotator cuff tears or extensive surgery will need to stay overnight.

What to expect after you get home

- Try to get a lot of rest for the first few days after surgery.
- Resume all pre-operative medications
- Take prescribed pain medications as needed. Try to take the medication before the pain becomes too severe
- You may take over the counter pain medications such as Advil, Aleve, or Tylenol as needed for less severe pain.
- Your shoulder will be very swollen for the first 24–48 hours after surgery. This is due to the fluid that we use during surgery and is normal.
- Use icepacks or your cold therapy unit as much as possible for the first few days to control pain and swelling.
- Some patients will have a continuous passive motion machine for use at home. Use as directed.
- Remove your dressing the day after surgery and cover the small incisions with band-aids. Cover larger incisions with larger bandages.
- Expect some drainage from the incisions for the first few days. You may leave the incisions open to air if there is no drainage for two days in a row.
- You may shower, but do not soak the incisions, and do not leave a wet bandage on the incisions.
- Call for a follow-up appointment 10–14 days after surgery.

Post-operative Rehabilitation Protocol

Your surgeon will prescribe a rehabilitation protocol for you depending on the type of procedure performed. You will usually begin your rehabilitation program after your first post-operative visit. Often your surgeon will give you a referral to a physical therapist at this time to supervise your rehab. If your surgeon has prescribed a continuous passive motion (CPM) machine, you may use this immediately after surgery and for the first 3 or 4 weeks. Use the CPM machine 3 to 6 times per day. Begin with 15 to 20 minutes and work up to 30 to 40 minutes at a time. Gradually increase the range of motion settings.

Your recovery time will vary depending on the type of procedure performed. Generally light activity can be resumed within a few weeks, but it may be several months before you can return to heavy overhead work or throwing or racquet sports. Some patients may need to keep their arm in a sling or brace for several weeks after surgery. Use your sling at least until your first post-op visit or as directed by your physician.

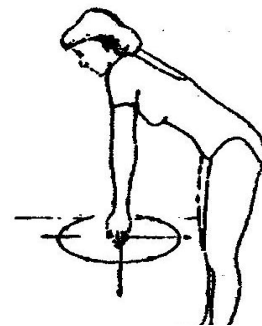
The following pages contain exercises for range of motion and strengthening that your physician may recommend. Do not begin any of the following exercises until directed by your Physician or Physical Therapist.

Shoulder range of motion exercises

The following pages contain some exercises for your shoulder. These exercises are to improve your shoulder's motion and strength. Your surgeon and your therapist will direct you as to which exercises you should do. Your therapist may also have other exercises in addition to these. Before beginning each exercise it is often useful to loosen up the shoulder by use of a moist-heating pad, taking a hot shower or soaking in a hot tub if possible. Do each exercise five to ten times, holding each stretch for several seconds.

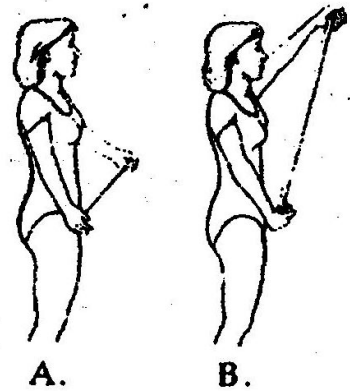
1. Pendulum / Circumduction

This is a good warm-up exercise to begin each session. Bend forward at the waist and support yourself by placing the opposite hand on a table. Let your arm hang down and try to relax your muscles. Let your arm swing at the shoulder back and forth, then left and right. Then begin making circles with your arm clockwise, then counterclockwise. Begin with small motions at first, then gradually increase the amount of motion. Do this for several minutes at the start of each session

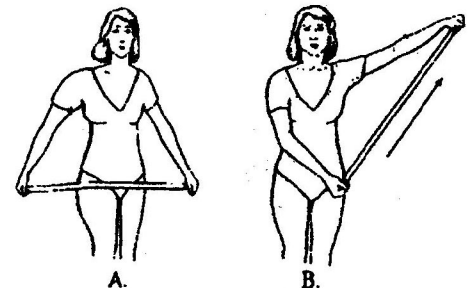


2. Stick exercises

For these exercises you will need a cane or stick about three feet long. You will use your "good" arm to move your "bad" arm. The good arm will use the stick or cane to move the bad arm. First, flex the arm forwards

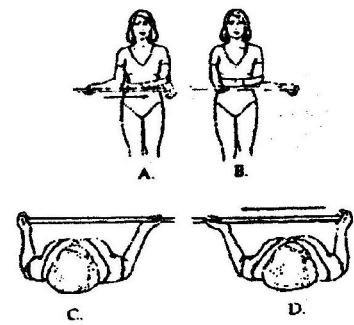


Next, abduct the arm, or move it to the side. Do each of these exercises five to ten times.



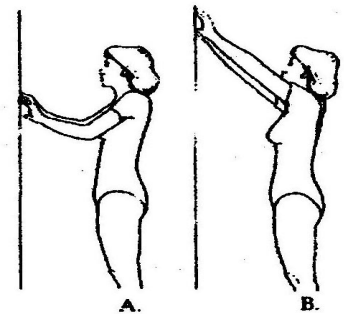
3. Stick exercise, continued: Rotation

You can also use the stick or cane to rotate your arm. While keeping your upper arm at your side, use the stick to rotate your arm to the side. This will help the outward (external) rotation of the shoulder.



4. Climb the walls

For this exercise stand about one or two feet from a wall, reach out and touch the wall with your hand and use your fingertips to climb up the wall. You can do this first facing the wall and then stand sideways to the wall. Every week or so make a mark on the wall with a pencil or tape at the highest place you can reach so you can see your progress.



5. Pulley exercises

For this exercise you will need to attach a pulley to a position over your head, for example to the top of a door. Place a piece of rope through the pulley and grasp the rope with your involved hand. Then use your other hand to pull the involved hand up. Pull to the point where you feel stretch in your shoulder, but not to the point of pain.

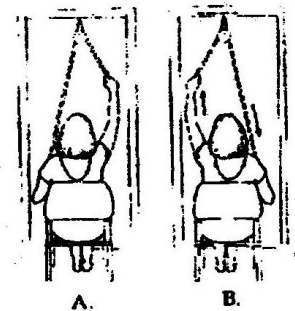
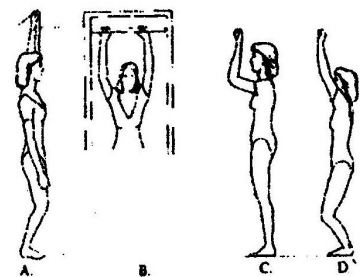


Figure 10

The exercises that follow are stretching exercises and will generally be done later in your rehab program. They are to be done once you have regained much of your motion and need additional stretching.

6. Hanging stretch

For this exercise you will need to be able to reach a fixed overhead structure like the top of a door or a chin-up bar. Grasp the bar with the involved hand (or both hands) and slightly bend your knees until you can feel a stretch in your shoulder.



7. Posterior stretch

This exercise stretches the posterior part of your shoulder. Grasp the back of your involved elbow with your opposite hand and gently pull your arm across your chest until you can feel a stretch in your shoulder.

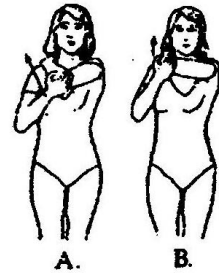


Figure 4

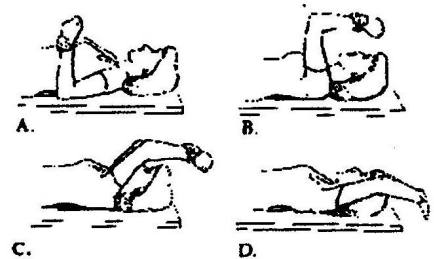
8. Towel stretch

For this exercise, reach behind your back with your involved hand. Take a towel in your other hand and place it behind your back as shown. Grasp the towel with your involved hand and pull up with your other hand. You can also reverse this and put the involved hand behind your head and pull down with the other hand



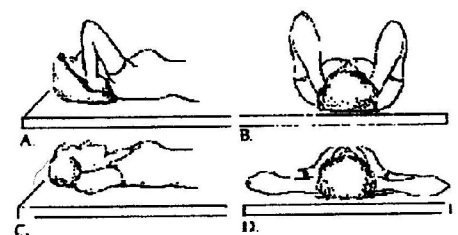
9. Supine stretch

This exercise is done while lying on your back. Use your good arm to gradually pull your involved arm up and over your head.



10. Butterfly wing stretch

This exercise is also done lying on your back. Do this exercise once your shoulder has attained enough motion that your hand can reach to your head and neck. Lace your fingers behind your neck and then slowly try to lay your elbows flat on the table. Also try to touch your elbows together.

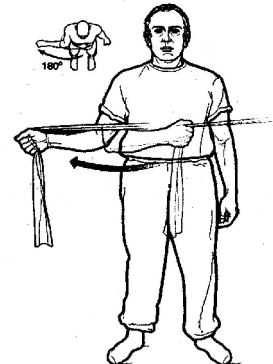


Shoulder strengthening exercises

The following exercises are to improve the strength of your shoulder. For our patients with rotator cuff repairs, it is very important that you do not begin these exercises until you are told to by your surgeon or therapist. Typically this is 4 to 6 weeks after your surgery. For each exercise do three sets of 15 to 20 repetitions.

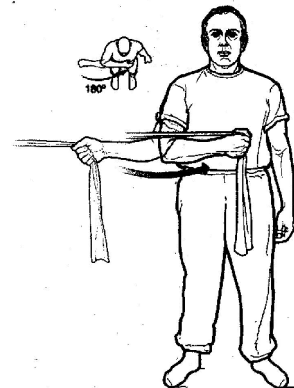
1. External rotation strengthening

For this exercise you will need an elastic band such as surgical tubing or a Theraband fixed to a stationary object such as a doorknob. Stand with your upper arm at your side and your elbow bent to 90 degrees. Grasp the tubing and rotate your lower arm out to the side as shown while keeping your upper arm at your side, and then slowly rotate it back.



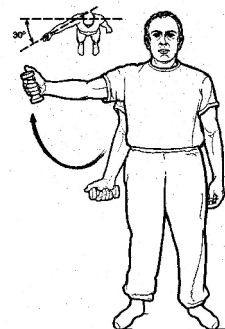
2. Internal rotation strengthening

This exercise is similar to the previous exercise, except you start with your lower arm rotated externally away from your body and rotate it inward across your body. Again, keep the upper arm at your side.



3. Anterior deltoid strengthening

For this exercise you will need some 1 to 5 lb weights. Stand with your arm at your side and keep your elbow straight. Slowly raise the weight up with your arm at a 30 degree angle from your body as shown. Keep your thumb rotated up while you raise the weight. Repeat this exercise with the arm straight in front of you. Do not raise your arm above the level of your shoulder.



4. Middle deltoid abduction strengthening

For this exercise again start with your arm at your side and your elbow straight. This time keep your palm facing downward and slowly raise the weight straight out to the side away from your body.

