

What is shoulder arthroscopy?

Shoulder arthroscopy is a procedure making three tiny incisions that allow the doctor to place a small fiber optic camera (arthroscope) into the shoulder. The camera allows your doctor to see inside the joint without making large incisions. Additional tiny incisions are made for insertion of instruments. This procedure is used to treat many types of problems in the shoulder. In most cases it is performed as an outpatient (same day) procedure.

Shoulder impingement:

The acromion can pinch (impinge) the bursa and rotator cuff when the arm is raised overhead. This can cause pain, swelling or even a tear. To free up space in the joint, your surgeon can remove the bursa, cut the ligament and remove part of the acromion. A partial tear can be shaved to stimulate bleeding and healing. This can all be done arthroscopically.

Rotator cuff tears:

Sometimes during arthroscopy, it is determined that the rotator cuff tendon has a complete tear. If this is discovered it will usually need to be repaired. A repair involves a large incision to allow exposure so the tear can be repaired with suture. This will involve a longer disability and recovery period.

MRI (magnetic resonance imaging):

If your doctor is unclear on the extent or nature of your condition he may order an MRI. Magnetic resonance imaging is a technique that allows your doctor to view soft tissue and joints more clearly than plain x-rays. This will help your physician determine your course of treatment.

More indications for use of shoulder arthroscopy:

Labral tear: A dislocation or unstable joint may lead to a labral tear which may cause the shoulder to painfully “pop” or “catch”. Labral tears can be debrided or repaired arthroscopically.

Shoulder instability: When a shoulder is forced beyond its normal range of motion, the ball can pop out of the socket. This will stretch the anterior capsule or soft tissue of the shoulder joint. The dislocation can cause the labrum and capsule to pull away from the socket. When this occurs, technology is available to tighten the stretched capsule back to the glenoid. Usually this procedure can be performed arthroscopically. If not, a larger incision can be made for better exposure and suture repair.

Arthritis and loose bodies: Various conditions can cause arthritis in the shoulder, such as rheumatism, osteoarthritis or large long-standing rotator cuff tears. Loose bodies are usually pieces of the articular surface that break away from the bone and cause a floating loose body or “joint mice.” During arthroscopy, the shoulder joint can be cleaned out or debrided using an arthroscopic shaver.

Outpatient surgery:

Most shoulder arthroscopy is performed on an out-patient basis (same day surgery). Occasionally, your doctor may perform the surgery at the main hospital if he feels you may need to spend the night for other medical reasons. If he suspects the necessity to make larger incisions, he will usually do it in the main hospital so that you can spend the night for pain control. Many patients, however, go home the same day after rotator cuff repairs. Discuss these options with your doctor.

Anesthesia:

Most patients undergo general anesthesia where they are completely asleep. If you are not a candidate for general anesthesia or you would like to request a different type of anesthesia, please speak to your anesthesiologist the day of the surgery and other options will be discussed with you.

Preoperative lab work:

Routine laboratory work is required prior to surgery. In addition, a nurse from the hospital will conduct a comprehensive medical interview prior to surgery. The surgery scheduler will set an appointment for you to do the interview and required lab work. If you have had lab work, chest x-ray or an EKG done recently, bring it with you to the interview appointment. It may not need to be repeated.

Do I stop my medication?

No. You should not stop taking any of your medications unless instructed by your doctor. Prior to arthroscopic surgery you will usually be asked to stop taking anything that can thin your blood (aspirin, Coumadin, anti-inflammatories, etc.). St. John’s Wort (an herb) must be discontinued 10 days prior to surgery. Make sure your physician has a complete list of all of your medications including vitamins and supplements.

Can I eat or drink before surgery?

No. For safety reasons, your stomach must be empty at the time of surgery. You will be instructed not to eat or drink anything after midnight the night before surgery. If you do eat or drink anything, your surgery will be cancelled. If you are diabetic, inform your doctor so your surgery can be scheduled earlier in the day.

Day of surgery:

You should arrive 1½ hours prior to surgery time. Surgery takes approximately one hour. You will then spend time in recovery and can go home when you have recovered from the anesthesia. Someone will need to drive you home.

Dressing and bandages:

Complete instructions for postop care will be given to you by the recovery room nurse. You must keep the incisions dry for one week. Your doctor will give you specific instructions on when you can get the incisions wet. In most cases your dressings may be removed three days after surgery. New Band-aids are available that are waterproof and can be used to keep incisions dry.

Postoperative appointments:

A postop appointment will be made for you before you go home after surgery. The recovery nurse will inform you of the date and time of that appointment. Patient appointment times are booked in the order in which the surgeries took place. You will be shown a video of your surgery when you return to the office. If you need to reschedule that time you may not be able to view your surgical video.

Recovery and physical therapy:

Recovery varies for each case and patient. The first week you are simply recovering from the surgery. It is normal to experience soreness from the procedure. Once the shoulder calms down you are usually able to begin range of motion and strengthening exercises. What you can do varies on the exact type of surgery performed. Definitely no overhead reaching or heavy lifting for least 10 days.

Your doctor will instruct you on what you may do, or you may be given a prescription to begin physical therapy. If you have any questions, please call the office.

Risks and complications:

As with other surgeries, arthroscopy involves a very small risk of infection, blood clots, or blood vessel or nerve injury.

DISCLAIMER

This brochure contains general information regarding shoulder surgery. For specific questions, please contact your doctor. This surgery, like most surgeries, does involve the potential for risks and complications. Make sure you understand all potential risks and complications such as infection, blood clots, anesthetic complications, etc.

IMPORTANT DATES AND TIMES

Patient Name: _____

Surgery Date: _____

The time of your surgery is not determined until the day before. The hospital will call you the day prior to surgery to inform you of the time.

PREOPERATIVE INTERVIEW

Date: _____

Time: _____

The Bone & Joint Institute
47-647 Caleo Bay, Suite 200
La Quinta, CA 92253

Phone: (760) 777-8282
Fax: (760) 771-9085



PATIENT GUIDE TO SHOULDER ARTHROSCOPY

L. SAM REBER, M.D.
ANDY LOVATO, PA-C

