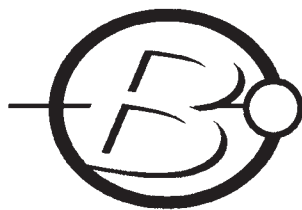


**Patient Guide
To
Shoulder Arthroscopy**



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Shoulder Arthroscopy – a patient’s guidebook

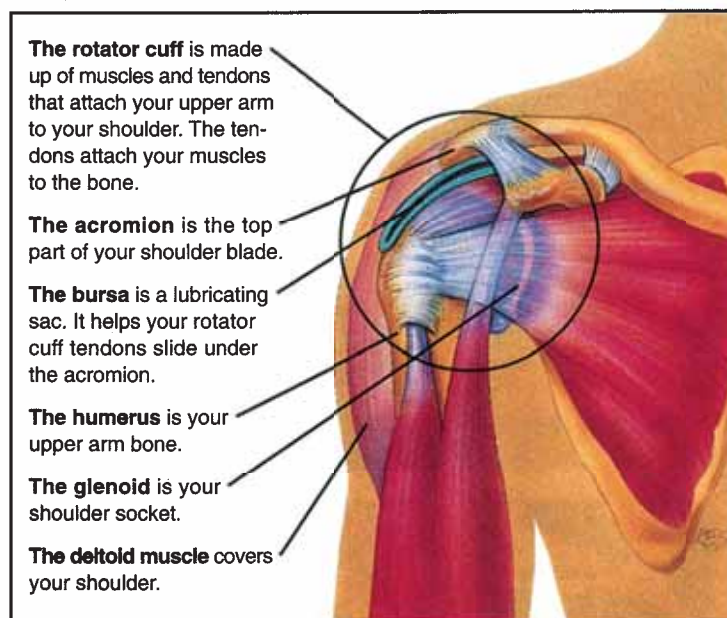
When contemplating shoulder arthroscopy surgery it is not uncommon to have many questions about the surgery, your recovery, and your long term outcome. Our goal at Bridger Orthopedic & Sports Medicine is to make you as comfortable as possible about your decision. This guidebook is designed to help answer your questions, to give you a general overview of what to anticipate before and after surgery, and to outline your responsibilities to help insure an excellent result. Shoulder arthroscopy is a team effort. Surgery will repair the damage within your shoulder, but it will be your hard work post-operatively that will allow you to regain normal use of your shoulder. Our commitment at Bridger Orthopedic & Sports Medicine is to help you every step of the way.

What is a shoulder arthroscopy?

Shoulder arthroscopy is a surgical procedure which allows your doctor to see inside your shoulder. The advantage of this procedure is that your doctor can visualize all of your shoulder anatomy through very small incisions. The arthroscope itself is a small instrument about the size of a pencil which is attached to a fiber optic camera. The camera transmits an image of the inside of your shoulder onto a screen. The beauty of shoulder arthroscopy is that it allows your doctor the opportunity not only to visualize the inside of your shoulder anatomy, but to diagnose and repair shoulder injuries in a minimally invasive fashion.

Routine shoulder arthroscopy involves a thorough evaluation of your shoulder’s anatomy. This includes looking inside the joint at your: rotator cuff, biceps tendon, articular surfaces (bone), glenoid labrum, and joint recesses; and from above the joint, at the bursal surface of the rotator cuff, the coracoacromial ligament, the anatomy of the acromion, and the acromioclavicular joint.

FRONT VIEW



When is surgery the right choice for you?

Surgery is the right choice for you if you have not made significant improvement with conservative treatment. Shoulder injuries are notorious for taking a long time to heal – even up to six months or more. Conservative treatment includes: rest, ice, anti-inflammatory medications, cortisone injections and physical therapy to rehabilitate your shoulder's range of motion and strength. Rarely, an injury is so debilitating that surgery is recommended immediately.

What are the indications for shoulder arthroscopy?

Your doctor may choose to do an arthroscopy of your shoulder to help aid in the diagnosis of any condition in which the diagnosis is unclear or incomplete. Arthroscopy is also an excellent option for treating known problems such as arthritis, inflammation, shoulder instability, and rotator cuff problems.

What type of surgery can be done arthroscopically?

Shoulder arthroscopy has evolved over the last several years. Many shoulder surgeries that were previously done through large incisions can now, in selective patients, be done through the arthroscope. Not only can areas of inflammation be debrided with shavers and burrs, but advanced procedures such as stabilizing the shoulder and repairing glenoid labrum tears can now all be done arthroscopically.

During the course of your shoulder arthroscopy, the arthroscope, fluid tubes, and surgical instruments are inserted through small incisions called portals. You will have at least two incisions: one in front of the shoulder, and one in back of the shoulder. It may be necessary to make further portal incisions for better visualization and to aid in repairing your shoulder.

Activities which may speed your recovery:

Even before your surgery you may still benefit from physical therapy. Our shoulders have several redundant muscles which help us move. When these muscles are strengthened before surgery, recovery time is often quicker. Remember, exercising your shoulder should not cause you pain. If the exercise hurts, use a smaller weight and stop exercising when the pain begins.

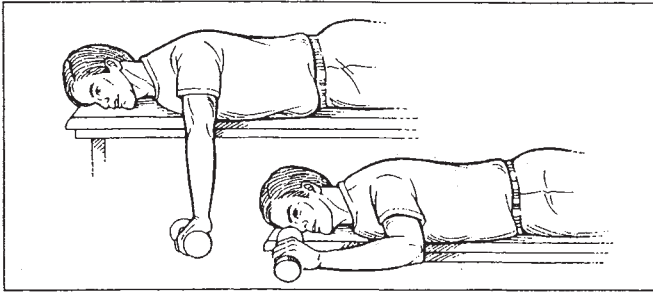
Perform each exercise slowly: lift your arm to a slow count of three and lower your arm to a slow count of six.

Look at the pictures with each exercise so you can follow the right position. Warm up before adding weights. Do not forget to stretch your arms and shoulders. Begin with gentle pendulum exercises. Supporting your body with your good arm, bend at the waist with your other arm hanging down. Keeping arm and shoulder muscles relaxed, move arm in a circular manner. Go both directions (clockwise and counter clockwise).

Keep repeating each exercise until your arm is tired. Initially, you should do these exercises without any added weight. As your rotator cuff muscles begin to strengthen you may add very light weights. Begin with 2 pounds, adding 2 pounds weekly as you progress. Use a light enough weight that you do not get tired until you have repeated the exercises 20-30 times.

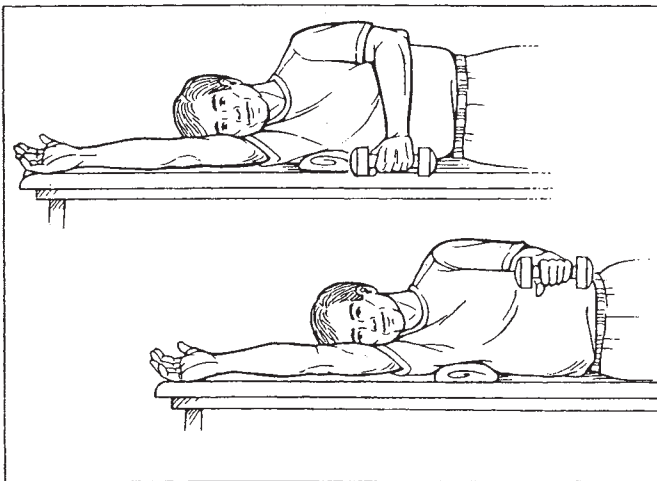
If you do all four exercises three to five times a week your rotator cuff will become stronger. Each time you finish doing all four exercises, put an ice bag on your shoulder for 20 minutes. We like frozen peas!

Exercise 1:



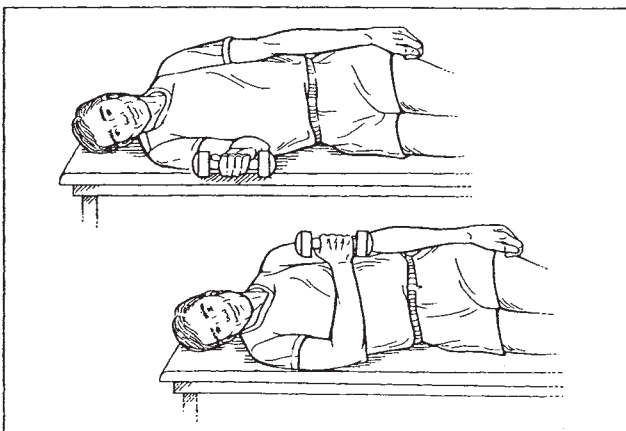
- Start by lying on your stomach on the side of your bed. Dangle your left arm out at shoulder level. With your hand facing down slowly bend the left elbow to 90°. Stop when your hand is level with your shoulder. Lower the hand slowly. Repeat the exercise until your arm is tired. Then repeat the whole exercise with the right arm

Exercise 2:



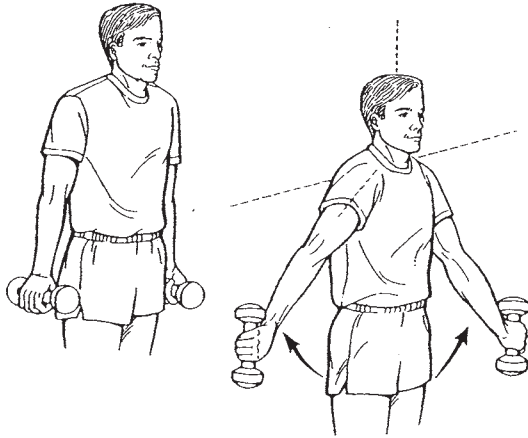
- Lie on your right side with a rolled up towel under your armpit. Stretch your right arm above your head. Keep your left arm at your side with your elbow bent to 90° and the forearm resting against your chest, palm down. Roll your left shoulder out, raising the left forearm until it is level with your shoulder. Lower the arm slowly. Repeat the exercise until your arm is tired. Then repeat the whole exercise again with your right arm.

Exercise 3:



- Lie on your right side. Keep your left arm along the upper side of your body. Bend your right elbow to 90°. Keep the right upper arm always resting on the table. Now roll your right shoulder in, raising your right forearm up to your chest. Lower the forearm slowly. Repeat the exercise until your arm is tired. Then repeat the whole exercise again with your other arm.

Exercise 4:



- In a standing position, start with your arms at your side, thumbs touching your legs. With your thumbs always pointing to the floor raise your arms at a 45° angle forward and away from your body. Do not lift beyond the point of pain. Slowly lower your arms. Repeat until your arms are tired.

Remember:

- 1) Do not do any exercises with your arms fully extended and away from your body. Five pounds held in your hands exerts **one hundred** pounds of force in your shoulder! This is too much for an injured shoulder to handle.
- 2) If your shoulder hurts you have done too much!

Scheduling your surgery:

Our surgery coordinator will schedule your surgery for you. All of our shoulder arthroscopy surgeries are done at Rocky Mountain Surgical Center. You will have a pre-operative appointment at RMSC to review your medical information and to meet with either the pre-op nurse or your anesthesiologist. This is your opportunity to become acquainted with the surgical staff. Please feel free to ask the staff specific questions about your care and about your stay. We are happy to address any questions or concerns that remain after your pre-op visit.

The day before your surgery, you will be asked to call Rocky Mountain Surgical Center to confirm your arrival time.

Rocky Mountain Surgical Center: (406) 556-9000

While we fully expect to begin your surgery at the scheduled time, delays can occur. You may wish to bring a book or magazine to help you pass the time. If this does occur, please have patience with us and the surgical staff – we are all doing our very best for you and our other patients.

The Day of Your Surgery:

Once you arrive at Rocky Mountain Surgical Center you will be registered and assigned a pre-op bed. You will meet your nurse, who will help you get into a hospital gown. Do not bring anything of value with you to Rocky Mountain Surgical Center. We suggest wearing something

easy to get on and off. Loose button-down shirts usually work the best. All of your street clothes will be placed into a locker and labeled with your name. Remember to leave all jewelry, including rings, and contact lenses at home. Your nurse will start an IV in your arm. This will be used for fluids and your anesthetic. Typically, your doctor and your anesthesiologist will stop by your room just prior to surgery. This is an excellent opportunity to ask any lingering questions. Before you go to the operating room your anesthesiologist will probably give you relaxing medication through your IV. Once in the operating room your blood pressure, heart rate and other vitals will be monitored. Shoulder arthroscopy surgery requires general anesthesia – you will be asleep for the entire operation. Your anesthesiologist will discuss with you the details of general anesthesia.

Total surgical time beginning from the time you are brought back for your surgery until the time you are returned to the recovery room is generally 1 to 1 ½ hours. Your stay in the recovery room will involve two phases. Phase 1: Waking up. Once surgery is over you will be transferred to the recovery room. Once again you will be assigned a nurse who will monitor your heart rate, respiratory rate, and body temperature. The nurses will help you with any issues of nausea or pain. It usually takes anywhere from 30 to 60 minutes for you to completely wake up. Phase 2: Pain management. Once the recovery room nurses feel that you have stabilized, you will be transferred back to Day Surgery to complete your recovery. Your family can wait in the surgery waiting area. The Day Surgery nurses will bring you something to eat and drink, and monitor your pain level. Once your vital signs have stabilized, and you are able to eat and drink you will be discharged home.

Your Arthroscopy:

- Diagnostic:** this is a systematic review of your shoulder's anatomy. Your doctor will evaluate every structure within your shoulder, checking for uniformity, alignment and possible areas of pathology. The goal of a diagnostic arthroscopy is to identify the source of your shoulder problem and repair it if possible.

- Mini Open Rotator Cuff repair:** if during your diagnostic arthroscopy your physician diagnoses a partial rotator cuff tear, we will proceed with repair of this tear. A small incision is made through the shoulder muscles, and the tear is identified and repaired with suture. Occasionally, it may be necessary to proceed with a complete open rotator cuff repair.

- Bankart:** this is a specific tear in the glenoid labrum. This tear involves the avulsion of the anterior labrum and the glenohumeral ligaments away from the glenoid. This type of tear is usually caused by dislocations of the shoulder. A Bankart repair requires both arthroscopy and an open surgical procedure to repair.

- SLAP repair: SLAP stands for Superior Labrum Anterior Posterior. This acronym describes a specific type of shoulder injury involving the superior labrum, the biceps anchor, and a portion of the glenohumeral ligament attachment. Depending on the nature of the tear, most SLAP lesions can be repaired arthroscopically using anchors to tack the tear back down to the glenoid.

- Thermal Capsular Shift: this is an arthroscopic technique used to help shrink the ligaments inside the rotator cuff. The theory behind this technique is that shoulders which have been subjected to dislocations and stretching of the rotator cuff will respond to shrinking of those ligaments. Heat is applied to the capsule of the rotator cuff, which in turn tightens the attachment of the ligaments inside the shoulder.

- Subacromial Decompression: the acromion is a portion of your scapula (shoulder blade) which forms the bony roof of your rotator cuff. Sometimes the acromion protrudes into the rotator cuff, pinching the muscles. This is a source of irritation within your shoulder and often causes inflammation within your rotator cuff. A subacromial decompression removes a small portion of the acromion to make more room for the rotator cuff muscles.

- Distal Clavicle Excision: the clavicle (collar bone) connects with the acromion, forming the acromioclavicular joint. This joint is often prone to arthritis, which causes inflammation within the rotator cuff muscles. By removing a portion of the clavicle, and the associated arthritis, we are able to make more room for the rotator cuff muscles. This procedure is often performed in conjunction with a subacromial decompression.

Once You Get Home:

Pain Medications:

You will be sent home from Rocky Mountain Surgical Center with a prescription for narcotic pain medication. Our experience has taught us that the most effective way to control your pain is for you to take your medication every 3 to 4 hours. This includes waking yourself up during the night. Do not wait until the morning! Missing even one dose may put you behind on your pain control. Once this happens you may struggle to get control of your pain again. You should anticipate following this schedule for the first 48 hours. As your pain diminishes (and it will!), begin to wean yourself off the pain medication. As your pain subsides it is OK to take your pain medication only when you are experiencing pain. Most of our patients are off pain medication very quickly after surgery.

You may supplement your narcotic pain medication with Tylenol or Ibuprofen. Tylenol can be taken every 4 hours up to 500 mg per dose. Do not exceed 4 grams per day. Ibuprofen can be taken every 6 hours up to 800 mg per dose. Max dosage is 3200 mg per day. **Do Not** take additional Tylenol if you have been prescribed Vicodin. All medications, narcotics or anti-inflammatories, should be taken with food.

If your medication is making you nauseated or causing vomiting please call Bridger Orthopedic & Sports Medicine (406) 587-0122. Our goal is to make you as comfortable as possible.

Pain Pump:

Prior to leaving the operating room your physician may place a catheter into your shoulder joint. Through this tube, you will be able to deliver pain medicine directly into the shoulder. The catheter is attached to a reservoir that is filled with local anesthetic. As you squeeze the bulb, this medicine is released into the surgical area. The pump also automatically delivers the numbing medication into your shoulder at a continuous rate. The reservoir lasts approximately 24-48 hours. Once the reservoir is empty, you will need to remove the catheter. Gently remove the bandage on your shoulder, and remove the steri-strips holding the catheter to your skin. Please do not remove the steri-strips over the incision itself. Gently pull the catheter until the end is completely free from the incision. Discard both the catheter and reservoir. Apply pressure at the catheter site for a minute or more. It is not unusual for this to drain for a day or so. It is ok to place a bandage or gauze over this site to collect any drainage. Please view the pain pump video tape at your convenience.

Wound Care:

You will be sent home from the hospital with a dressing covering your incisions and wearing an immobilizer or sling. This initial bandage must stay clean and dry for 48 hours. Please do not get this bandage wet. It is OK for you to shower, but cover your bandage with a towel and plastic wrap (i.e. Saran Wrap). Most patients usually opt for a sponge bath for the first two days.

Two days after your surgery you may remove the bandages from your shoulder. Do not remove the steri-strips that have been placed onto your skin. You may begin to shower normally. Remember do not attempt to raise your hand above your head, unless expressly approved by the doctor or PA. This will not only cause pain, but will put tremendous strain onto your shoulder's repair. It is not necessary to cover your incision from this point forward, unless you experience irritation from your clothing. If this happens to you, you can use a Band-Aid or 4x4 gauze and tape over the incision.

Immobilizer / Sling:

Please wear your immobilizer / sling anytime you are up and active. Depending on your procedure it may be necessary to wear the immobilizer at all times. Please consult your post operative instruction sheet—this will give you detailed instructions to follow. Our doctors will

advise you on your first follow-up appointment when you can wean yourself from the immobilizer or sling.

Ice:

Ice is an excellent source of pain relief. We recommend that you place an ice pack on your shoulder for 20-30 minutes at a time. If you can do this four to five times per day for the first week to ten days after surgery you will greatly reduce the swelling in your shoulder. Do not put ice directly onto your shoulder. Use a moist towel and either a bag of ice or a bag of frozen peas. Remember that swelling can be a source of pain and ice is the cure. Your surgeon may request that you use a Don Joy *ICEMAN*. This is a device that is applied to the shoulder and attached to a cooler filled with chilled water. You should wear the *ICEMAN* continuously to achieve maximum benefit from the ice.

Motion & Activity:

Your commitment to your shoulder's rehabilitation begins the moment you decide to proceed with surgery. Right after surgery, you should do very little with your arm. During your first week we encourage you to begin moving your fingers, wrist and elbow. You can begin as soon as your surgery is complete. This will help to reduce swelling and prevent your other joints from getting stiff. We do not want you to try to move your arm away from your body, unless otherwise instructed.

Remember to:

- 1) Keep your elbow at your side at all times, unless otherwise instructed
- 2) Avoid lifting
- 3) Do no overhead activity
- 4) Move your elbow, wrist and fingers. This will reduce post operative swelling. Squeezing a ball works well.

Your First Post Operative Evaluation:

Your first visit will be with the Physician Assistant usually 7 to 10 days after surgery. Your steri-strips and sutures will be removed. New steri-strips may be placed over the incision. These will eventually fall off over the next several days. Once the steri-strips have fallen off, we encourage you to apply vitamin E oil onto the well healed incision. This helps to soften your scar.

At this first visit we are most concerned with swelling and pain management. It is likely that you will begin your first shoulder rehabilitation exercises today. You may also begin your formal physical therapy rehabilitation program at this time. Physical therapy is tailored to your injury and shoulder repair. It is essential that you participate fully in physical therapy to insure an excellent end result.

Your next visit will be scheduled for approximately four weeks from this first post-operative appointment.

Your Monthly Post Operative Goals:

By the end of each month after surgery you should anticipate:

- Month One:
1. Limited use of pain medication
 2. Out of sling
 3. Little difficulty with pendulums and passive range of motion exercises
 4. Begin professional physical therapy rehabilitation program

- Month Two:
1. Limited use of pain medication
 2. Continue professional physical therapy rehabilitation program
 3. Passive range of motion transitioning to active range of motion
 4. May return to one handed light duty work

- Month Three:
1. Very limited use of pain medication (night time only)
 2. Demonstrate full passive range of motion
 3. Active range of motion exercises and strengthening

- Month Four:
1. Be pain free
 2. Demonstrate full passive range of motion
 3. Demonstrate full active range of motion
 4. Regaining strength in your rotator cuff
 5. May return to full duty work

- Month Six:
1. Full active and passive range of motion
 2. Regained all strength in rotator cuff
 3. Participating fully in all activities including sports

This is not a fixed time line. We will monitor your progress as it relates to you and your injury. You will not be released from our care until you have achieved all of the goals we have set for you.

Conclusions:

The goal of this handout is to help answer the basic questions regarding rotator cuff surgery. We also hope that it will generate further questions from you, too. We encourage you to write down your questions so that they can be addressed. Please feel free to contact us at (406) 587-0122.

Finally, thank you for choosing Bridger Orthopedic & Sports Medicine for your shoulder care.

