



SHOULDER ARTHROSCOPY INFORMATION

The problem you are having with your shoulder is a result of:

Labral tear

Chondral Defect

Loose body

Synovitis

Frozen shoulder

Biceps tear/injury

Cartilage damage (chondromalacia)

Instability/dislocation

Arthritis of AC joint

Rotator cuff tear/impingement

The most efficient means to address this problem in your case is by way of shoulder arthroscopy.

Arthroscopy requires putting a small fiber-optic camera into your shoulder and using small microscopic instruments to perform surgical procedures within the joint and/or surrounding spaces. This is done under sterile conditions in a surgical room. You will most often have this done under a general anesthetic with a nerve block. The procedure time varies, but is generally 1-1 ½ hrs. It requires making several small incisions around the shoulder (2 or more), which allow me to place the instruments within your shoulder to see and treat most of the problems.

The incisions are usually sealed with Steri-Strips and buried absorbable sutures. The dressing is maintained for up to a week after surgery to allow the incisions to heal sufficiently, absorb any leaking fluid from the surgery and to prevent infection.

Generally, you are beginning a limited range of motion immediately upon completion of the procedure. If range of motion status should be different, I will specifically instruct you on this at the time of surgery, or inform your family after the procedure. It will also be indicated on the specific post-op instruction form.

The risks involved in any arthroscopy includes, but are not limited to: infection, failure to heal the repairs, persistent pain, shoulder stiffness requiring a repeat arthroscopy or manipulation to regain motion, deep vein thrombosis or pulmonary embolus (blood clots) which can lead to death, injury to nerves and blood vessels, and complications that are secondary to the anesthetic. The risks for any of these are extremely low. It is always better to have a stiff shoulder than one where the repairs do not heal because of excess activity after surgery. The former can be treated easily and without significant delay in your recovery. The latter would require “starting over” so it’s important to always follow post-op instructions..

This information is in no way a substitute for discussing your problem in surgery with me personally in the office. I give this to you as a reference, as people frequently have questions after they leave my office or before surgery. Should you have any questions prior to the time of your surgery, please feel free to contact me at your convenience or write them down so we can discuss them at the time of your surgery. You will see me before the surgery and I will speak with you and/or your family afterwards. I answer email daily and I can be reached at dsb@azisks.com and my staff contact information is on our website, www.AZISKS.com.

On behalf of my staff, I thank you for allowing us to participate in your care and hope we can return you back to your full activities as soon as possible.