

Orthopaedic and Spine Institute
21 Spurs Lane, Suite 245, San Antonio, TX 78240

www.saspine.com

Tel# 210-487-7463

Joel B. Nilsson, M.D., P.A.

PATIENT GUIDE TO SHOULDER ARTHROSCOPY ACROMIOPLASTY

WHAT IS ARTHROSCOPIC SURGERY?

Arthroscopic surgery is a procedure in which the inside of the joint can be evaluated and treated using surgical instruments placed into the joint through small incisions (portals) measuring one centimeter or less (less than half an inch). The arthroscopic equipment consists of the scope and small surgical instruments which allow the surgeon to probe, cut, or shave tissues inside the shoulder. The scope itself is a small tube 4-5 millimeters in diameter (smaller than a pencil) which has a fiberoptic light source and a magnifying lens. Attached to this is a camera and cable which projects the image from inside the shoulder onto a television screen or monitor. The shoulder joint is filled with sterile fluid and the scope is moved around the inside of the shoulder joint by the surgeon so that various areas and structures can be seen and evaluated on the monitor. The small surgical instruments (*bite*s, *shavers*, *probes*, *scissors*, *etc.*), also measuring 2 to 5 millimeters, are placed into the joint through separate incisions to remove torn cartilage, trim or repair torn structures (i.e. *labrum*, *rotator cuff*), or to perform other procedures [See Figure]. Two to usually needed for

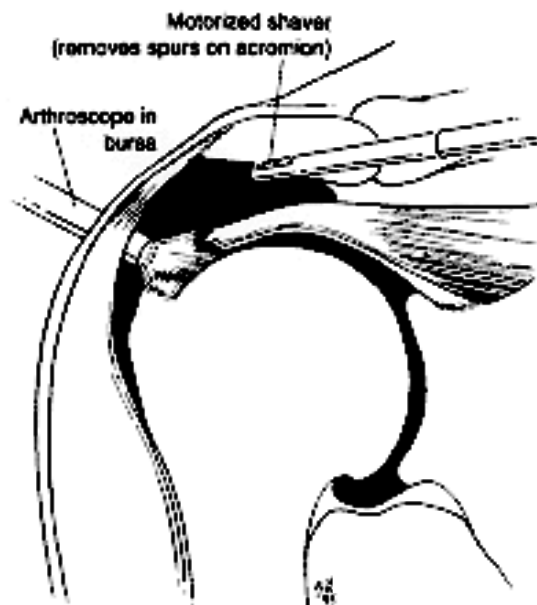


Figure 4

four small incisions are
shoulder arthroscopy.

WHAT IS THE

The upper arm bone
to the shoulder by
[Figure 1]. Four of
groups form the rotator

ROTATOR CUFF?

(the humerus) is connected
muscles and tendons
these muscle-tendon
cuff, which controls

rotation of the arm out away from the body and stabilizes the shoulder. The cuff part comes from the four tendons merging together to form a cap" or "hood" around the head of the humerus. The head of this bone can be thought of as the ball in the 'ball and socket' joint which is your shoulder. This joint allows motion in a full circle, but this may be limited by tendinitis in the cuff .

WHAT IS ROTATOR CUFF TENDINITIS?

Rotator cuff tendinitis is also called "impingement," "bursitis," or "biceps tendinitis". These are all different names for the same process. They mean that there is pain and swelling of the cuff tendons and the surrounding bursa. The bursa is a soft sack that contains a small amount of fluid and cushions the joint.

WHAT CAUSES ROTATOR CUFF TENDINITIS?

Rotator cuff tendinitis does not occur all at once. Usually it happens over a long time with repeated irritation to an area. It happens more often in people with loose joints, people with abnormal bony anatomy in the shoulder, and people who do heavy or repetitive lifting above shoulder level.

Lifting overhead or just moving the arm above the head may cause pinching of one of the tendons of the rotator cuff between the upper part of the arm bone and the acromion (which is part of the shoulder blade) [Figure 2]. This pinching is called "*impingement*." Other causes include calcium in the tendons or a sudden injury to the shoulder.

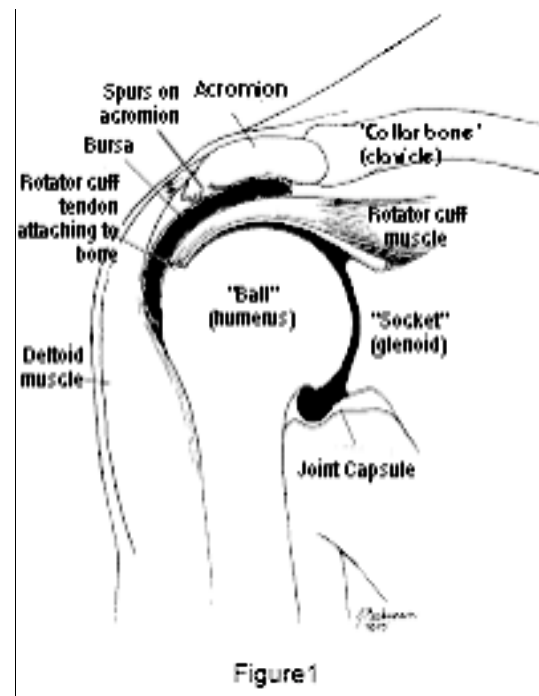


Figure 1

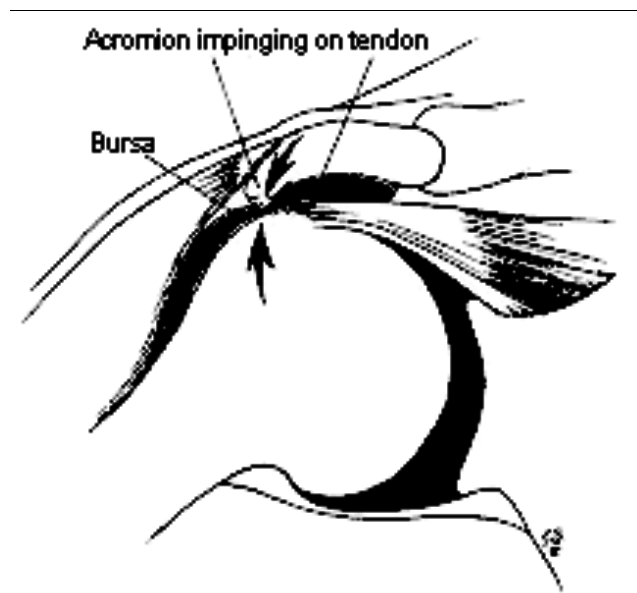


Figure 2

WHAT ARE THE STAGES OF INJURY?

The first warning sign of cuff injury is pain and swelling of the bursa, as described above. Shoulder weakness and/or limited range of motion can also occur with long-term irritation or outright injury to the shoulder. The tendinitis can progress to a partial or complete tear of a tendon due to progressive weakening of the fibers [Figure 3].

HOW IS IT DIAGNOSED?

A physical examination of the shoulder by a qualified physician is the first step. This includes movement and strength testing to evaluate range of motion, pain, weakness and instability. X-rays are useful for ruling out other causes of shoulder pain, such as broken bones, arthritis and other bone diseases. If a cuff tear is suspected, an MRI (magnetic resonance imaging) scan may be used to visualize it. The MRI scan can detect even small partial tears of the rotator cuff. Another study, the arthrogram, in which dye is injected into the joint, may also be useful for diagnosis.

HOW IS IT TREATED?

The injured shoulder should be rested until the pain and swelling subside. Then physical therapy is used for gentle stretching and strengthening to preserve full motion of the shoulder. However, exercises above shoulder level should be avoided because they will only continue to pinch the tendons and increase inflammation. Total inactivity is not recommended, however, as it may cause the joint to stiffen and result in a "frozen shoulder".

Ice: Putting ice bags or cold packs on the shoulder reduces inflammation and pain. Ice should be applied twice a day for at least 20-30 minutes. Just massaging an ice cube over the painful area can also help reduce the pain and swelling.

NSAIDS (Non steroidal anti-inflammatory drugs):

These aspirin-like drugs (*Motrin, Ibuprofen, Naprin, Naprosyn, Advil, Alleve*, etc) can reduce pain, inflammation, and swelling. There are a number of different kinds available and your doctor can choose the right one for you. The most common side effect of these drugs is stomach upset, which can usually be limited by taking the medication with meals. Patients with other medical problems (i.e. GI ulcers, bleeding disorders, anemia, easy bruising) should consult with their medical doctors prior to taking any NSAIDS.

Steroids: If other treatments do not work, steroid treatment may be used to reduce inflammation and pain. These drugs can be taken at home as pills or injected directly into the space just above the injured



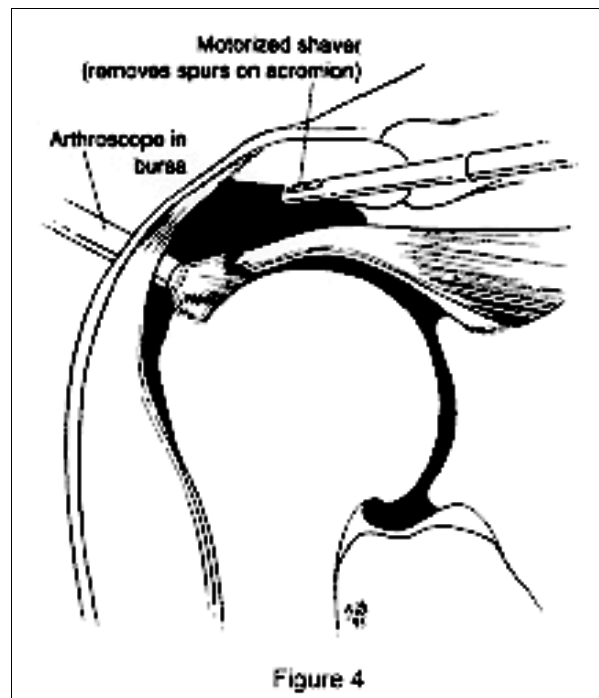
Figure 3

tendons. Injections of steroids can offer long-term pain relief but are used only when they are specifically indicated. Too many steroid injections can cause damage to the shoulder.

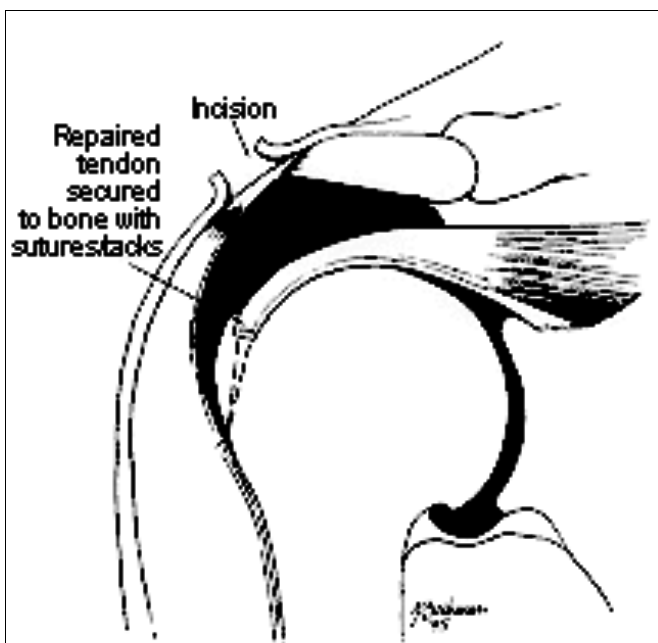
WHEN SHOULD THE SHOULDER BE OPERATED ON?

Rotator cuff tendinitis without a cuff tear normally does not require surgery, and treatment as described above is usually enough to cure the inflammation. If pain continues after several months of these treatments and steroid injections have provided only temporary relief, then surgery becomes an option. The most common procedure for rotator cuff tendinitis is called an *acromioplasty, or sub-acromial decompression* [Figure 4]. Using an arthroscope (a small camera inserted into the shoulder joint through an incision about the size of a buttonhole), the surgeon can view the affected area and shave the underside of the acromion to increase the space between it and the cuff tendon that is injured. This space helps prevent pinching of the tendon and irritation during shoulder movements. Also, damaged tissue can be removed and minor tears can be repaired.

To repair severe damage or serious tears in the rotator cuff, open surgery is necessary. Compared with arthroscopy, the incision is larger and the time required for healing and rehabilitation is somewhat longer. During open surgery, the space between the acromion and the damaged tendon is increased, the tendon is trimmed, and a small area of bone is cut out of the humerus. The injured tendon is then reattached to the humerus with tacks or stitches



[Figure 5].



HOW LONG FOR REHABILITATION?

Rehabilitation usually begins the first week after arthroscopic surgery. It is very important to follow the program that the surgeon recommends. The physical therapist will demonstrate how to do the exercises to increase range of motion and to build muscle strength. A typical program might start with stretching and some minor strengthening exercises with rubber bands and light weights. With surgery, it might take up to several months before strength is back to normal, but with hard work and adherence to the recommended program, you can maximize your recovery.