Shoulder Arthroscopy Patient Guide

About Your Surgery and Recovery

WELCOME

This booklet has been designed to answer your questions about what to expect if you will need shoulder arthroscopy. I truly hope that this will make your shoulder surgery an easier and more understandable experience for you. If you have any questions or suggestions about the information in this booklet, please share them with me. I am always interested in improving the care I provide for my patients. Your input can help me to provide even better care for those who come after you. Please note that this booklet is not intended as a substitute for professional medical care, but as an aid to provide additional information for my patients.

ABOUT DR. BURNS

Dr. Burns is a board certified orthopedic surgeon with additional subspecialty training in sports medicine and shoulder surgery. Her practice focuses primarily on diseases of the shoulder, including degenerative arthritis, rotator cuff problems, and shoulder problems in the athlete. Currently Dr. Burns is a member of several societies, including the American Academy of Orthopedic Surgeons, the Arthroscopic Association of North America, the American Orthopedic Society for Sports Medicine, and the Ruth Jackson Orthopedic Society. She is also a member of several state and local associations as well. She was awarded a Ruth Jackson Orthopedic Society traveling fellowship in 2005 for additional study in shoulder surgery, and traveled in the United States and Europe. For additional information about Dr. Burns, her practice, and common shoulder problems, please visit her website at www.kburnsmd.com.

ABOUT YOUR SURGERY

Shoulder arthroscopy is a surgical procedure that involves inspecting the shoulder joint and the space around the rotator cuff with a small camera, or arthroscope. The camera and any instruments your surgeon uses to work on your shoulder will be placed through small metal and plastic tubes called cannulas. The cannulas are placed into the shoulder joint through small skin incisions called portals. These incisions are usually about the size of buttonholes, one-quarter to one-half inch in length. Many operations that used to require large incisions can now be done through these small skin incisions. As arthroscopic techniques and instrumentation continue to evolve,
many surgeries that used to require longer incisions (“open” surgery) can now be done arthroscopically.

There are usually at least two portals placed around the shoulder joint, one in the front and one in the back. Additional portals may be placed on the side or added to the front or back, depending on the work that must be done in your shoulder. Shoulder arthroscopy can be done with you reclining on your back (the beach chair position) or on your side (the lateral position).

Special instruments have been designed to help your surgeon accomplish the same job through small incisions. This includes small devices called suture anchors. These devices are small screws or “anchors” that allow your surgeon to sew things directly down to bone, including torn ligaments and tendons, such as the rotator cuff. Special instruments to sew and tie knots through the cannulas have also been designed.

The advantage of having shoulder operations done through the scope is more than cosmetic. Depending on the type of procedure, post-operative pain and recovery time can be faster. This type of surgery is often done on an outpatient basis, so that you can go home the same day. However, sometimes it can be necessary to make a larger incision to get the work done properly, and the final decision is made at the time of surgery.

**BEFORE SURGERY**

There are risks associated with everything we do in life. Surgery is no exception. The risks of surgery include, but are not limited to, the following:

1. **Bleeding.** Usually only a very small amount of blood is lost with arthroscopic surgery, equivalent to a few tablespoons.

2. **Infection.** This is also very uncommon. You will receive antibiotics through your IV on the day of surgery to minimize this risk.

3. **Nerve, blood vessel, or tendon injury.** Anything important that goes by the shoulder can be injured at the time of surgery. The most common thing is skin numbness, but even that is not all that common.

4. **Medical problems.** This includes blood clot, stroke, heart attack, pneumonia, and even death related to the procedure or a complication of the procedure. This is exceedingly rare. Dr. Burns will work in conjunction with your regular medical doctor to minimize this risk and try to ensure that you are healthy enough to undergo a surgery.

5. **No or incomplete relief of pain, or other failure of the surgery.** There are no guarantees in life, and that includes surgery. Most people do experience relief of pain and improvement of their symptoms. However, the results are often not 100 percent. Torn rotator cuffs cannot always be repaired, or repaired fully, depending on the size of the tear or how old the tear is. Even when the tissues
are repaired, the healing rates are not 100%.

PREPARING FOR SURGERY

In the 7 to 10 days before surgery, you should stop taking aspirin and ibuprofen or other anti-inflammatory medications, as this can increase your tendency for bleeding. Tylenol is safe to take as an alternative pain medicine prior to surgery. Dr. Burns may order preoperative blood work, EKG, or chest x-ray if necessary, depending on your age and medical history. Your primary care doctor may also be required to evaluate you and determine if you can safely undergo surgery.

DAY BEFORE SURGERY

Do not eat or drink anything after midnight on the night before surgery. If you have a fever or a cough before surgery, please call the office at (314) 291-3399.

DAY OF SURGERY

You will be asked to check in at the surgery center 1 hour to 1 ½ hours prior to your scheduled surgery time. You will have an IV placed, as well as a shoulder block. The anesthesia team will place the shoulder block by injecting numbing medicine at the base of your neck with a needle before your surgery. This will make your shoulder and arm numb and weak. This is the same type of medication that is used at the dentist. Most people cannot lift or move their arm while the block is working. The shoulder block usually lasts around eight hours. This will decrease your anesthesia requirements, which reduces postoperative nausea and vomiting. The block will also provide good post-operative pain relief, even after your leave the hospital.

You will spend approximately 1-2 hours in surgery, depending on what your surgeon will find at the time of arthroscopy. After shoulder arthroscopy, expect to have your shoulder bandaged and elevated. The incisions will be stitched and taped with steri-strips. Pain medication will be given orally or through your IV. You will be given a sling to support your arm, and use ice on your shoulder which will help to minimize post-operative pain.

After your surgery is over, you will spend about one hour in the recovery room, where your blood pressure, pulse, respirations, and temperature will be closely monitored. When you are stable and comfortable, you will return to your room in the outpatient surgical area. After the nurses give you any final instructions, you will be ready to go home. You should not drive immediately after your surgery, so you will need someone to take you home.

AT HOME
Your arm will be placed in a sling. You should also keep ice on your shoulder for the first 48 hours and as needed for pain and swelling. You will also be given pain medication to take at home. The goal of pain management is to prevent the pain from occurring rather than to control the pain once it occurs. We use several types of medication to prevent and control pain.

*Vicodin* is a strong narcotic pain medication. Common side effects include nausea and upset stomach, as well as itching.

*Ibuprofen* is an anti-inflammatory medicine, which is used in addition to the narcotic. This medicine can help control swelling and inflammation, as well as pain. You should take this on a regular schedule to maintain a constant blood level of the drug in your body. An upset stomach can occur when you take this drug, so take it with food. If your stomach continues to be upset, stop taking this medication.

A list of recommended exercises is attached. By leaning over and allowing the arm to hang, you can use this motion to wash under your arm and to pull on a shirtsleeve. (See pendulum exercise, below.)

You may remove your dressing and shower 24 hours after surgery. Do not soak your incisions in a bath. After showering, pat your shoulder dry or allow it to air dry. You will have small tapes, called steri-strips, over your incisions. These should remain in place. We will change your steri-strips over your incisions on your first follow-up visit one week after surgery. At this visit, your surgeon will review what was done at your surgery and cover what type of home exercises and physical therapy regimen you will need.

Call your surgeon’s office if you have excessive bleeding, pain uncontrolled by the medication prescribed, fever (>101 degrees), severe nausea or vomiting, or shortness of breath. The office number is (314) 291-3399 and the exchange (for after hours calls) is (314) 388-6120.

**EXERCISES: THE FIRST WEEK**

After your shoulder surgery, you should rest, ice and elevate by sitting or laying propped up on pillows or a recliner for the first 2 days after surgery. On the second day after surgery, you will start shoulder exercises. These exercises are designed to allow you to start your rehab after 48 hours of resting, icing and elevating. You will be provided a pulley at the hospital. At any time, you can take your arm out of the sling to move your elbow, wrist, and hand so they don’t get stiff. You should then perform the exercises listed below, based on your type of surgery. Remember to use ice after the exercises as a cool down. All exercises should be performed within the limits of MILD discomfort; any soreness after exercise should not last more than 3 hours after exercise. Perform 10 repetitions of each exercise twice a day (morning and evening). The purpose of these exercises is to gain some gentle range of motion and reduce
stiffness; do not overdo it and don’t push beyond mild discomfort.

EXERCISES:

Pendulums: Allow your arm to dangle away from your body by leaning over, stabilizing yourself with your “good” arm on a table or countertop. Swing your “bad” arm gently in 10 small clockwise motions, then counterclockwise motions 10 times. Use your torso to swing the arm, trying to sway your whole body. Do not use your shoulder muscles to move the arm. Perform 10 times, twice a day.

Shoulder Squeezes: Perform in sitting or standing position, by squeezing the shoulder blades together and down; do not raise the shoulder blades toward the ears. Perform 10 times, twice a day.

Pulley Exercise: Place the pulley over a door as instructed, and adjust the rope height. Perform in sitting or standing position. Face the door or pulley apparatus. Using the good arm, gently pull and assist the surgical arm upward in a slow steady fashion to shoulder height, and hold for 10 seconds. Slowly lower down. Perform 10 times, twice a day. Work toward reaching overhead as tolerated, only within the limits of comfort.

SSM Orthopedics
Dr. Katherine Burns, M.D.
12349 DePaul Drive, Suite 100
Saint Louis, Missouri 63044
314-291-7900

Source URL (retrieved on 04/13/2018 - 09:07):
https://www.kburnsmd.com/content/shoulder-arthroscopy-patient-guide