SHOULDER ARTHROSCOPY

WHAT IS ARTHROSCOPY?

Shoulder arthroscopy is a sterile procedure that allows direct visualization of the shoulder joint to diagnose and treat problems. The word arthroscopy comes from the Greek “arthro” (joint) and “skopein” (to look), meaning “to look within the joint”. Dr. Brown makes a small incision in the skin and inserts a pencil-sized instrument that contains a small lens and lighting system to magnify and illuminate the structures inside the shoulder joint. The television camera attached to the arthroscope displays the image of the joint on a television screen.

WHY IS ARTHROSCOPY NECESSARY?

Diagnosing joint injuries and disease begins with a thorough medical history, physical examination, and usually x-rays and/or imaging (CT scan/ MRI). The arthroscope allows Dr. Brown to make a final diagnosis and treat it. A rotator cuff tear, bone spur or “impingement”, cartilage injury, or labral injury are the most common reasons for shoulder arthroscopy.

POSSIBLE COMPLICATIONS:

The risk of complications after shoulder arthroscopy is extremely low. However, with any arthroscopic surgery there are risks including, but not limited to:
- bleeding
- infection
- nerve and blood vessel injuries, or blood clot
- joint stiffness
- a build-up of fluid in the shoulder joint
- cartilage damage
- anesthetic complications

ADVANTAGES:

Shoulder arthroscopy is performed as day surgery. Compared to open surgery (large incision), arthroscopy provides:
- improved cosmesis
- shorter recovery time, accelerated rehabilitation
- fewer complications
- less pain
- less damage to soft tissues at the incision site

**BEFORE SURGERY:**

Dr. Brown may ask you to see your primary care physician or the anesthesia clinic for pre-operative surgical clearance. Depending on your age and medical condition, you may be asked to get an ECG, chest x-ray, and other laboratory tests a few days or weeks prior to your schedule surgery date.

Dr. Brown will ask you not to eat or drink anything for 8 hours before surgery. This includes no chewing gum. Many medications you can take on the day of surgery, but you should not take any aspirin or anti-inflammatory medications (e.g. Advil, Motrin, Ibuprofen) for 7 days before your surgery as they can increase bleeding.

You must arrange for someone to pick you up after surgery and stay with you for the first 24 hours after surgery.

**DAY OF SURGERY:**

On the day of arthroscopy you will need to:
- wear loose, comfortable clothing
- remove all jewelry
- go to bathroom just before surgery

Before surgery, you will be in the “pre-operative holding area” where the nurse or anesthesiologist will start an intravenous line, or “IV”. Your anesthesiologist will meet with you to go over the options for anesthesia which include anesthetic shoulder block and general anesthesia.

**HOW IS ARTHROSCOPY PERFORMED?**

The length of time for shoulder arthroscopy varies, depending on what is done during the surgery. Generally, it takes 1-2 hrs for the surgery.

Two or three small incisions (about 3 millimeters in length) are made around the shoulder to insert the arthroscopy camera and necessary instruments. Attached to this is a camera and light source which is also attached to a TV monitor. A pump is used to
precisely monitor the amount of fluid (sterile saline) to irrigate and fill the joint space for better viewing. Pictures and video may be taken and saved for later reference.

Dr. Brown will inspect the entire joint first. He may use a motorized “shaving” instrument to clean up torn cartilage or excessive growth of tissues.

**IMMEDIATELY AFTER SURGERY:**

After your arthroscopy you will go to the recovery room. You will remain there until the effects of your anesthetic have begun to wear off. You will remain in the recovery room until you can eat, drink without difficulty. Specially trained nurses will monitor your progress and give you verbal and written discharge instructions. You will not be able to drive home after surgery and we recommend that someone stay with you overnight.

Most patients will be able to walk with a sling immediately after surgery. You may have a “cooling device” that you may wear intermittently for the first few days after surgery.

**WHEN CAN I DRIVE:**

Driving recommendations will vary with the specific surgery. You should not drive while you are using narcotic medications. You should not drive if you are wearing a sling. For minor shoulder arthroscopy (e.g. subacromial decompression), most patients are able to drive within one week. For major shoulder arthroscopy (e.g. large rotator cuff tears) it can be several weeks.

**RETURN TO NORMAL ACTIVITIES:**

Most patients return to desk work or school within a week, but we recommend at least 1-2 days off. If your job requires physical activity, it may take much longer (weeks or months) depending on the nature of your job and type of surgery. It can take several months for your shoulder to “completely” recover.

You should have an appointment to start your rehabilitation plan that Dr. Brown designed for you within 2-4 days after surgery. To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your shoulder area starting the day after surgery – Please remove or have your therapist remove your dressing 3 days after your surgery and place waterproof band aids over your incision. After 1 weeks you can then shower with waterproof dressing
and stop using the garbage bag. If the dressing gets dirty or wet you may then change it. U may get the incision wet after sutures are removed. NO immersion of operative shoulder until 3 weeks after surgery (i.e. bath).

For minor arthroscopic procedures (e.g. subacromial decompression), limited sports activities can usually be started by the 4th week. For major procedures (e.g. labrum repair or large rotator cuff repair), limited sports begins after 3-6 months, and elite athletes will take longer than this to return to competitive form.