

The Shoulder Instability Book



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HOW THE NORMAL SHOULDER WORKS

Your shoulder is the most flexible joint in your body. It allows you to place and rotate your arm in many positions in front, above, to the side and behind your body. This flexibility also makes your shoulder susceptible to instability and injury.

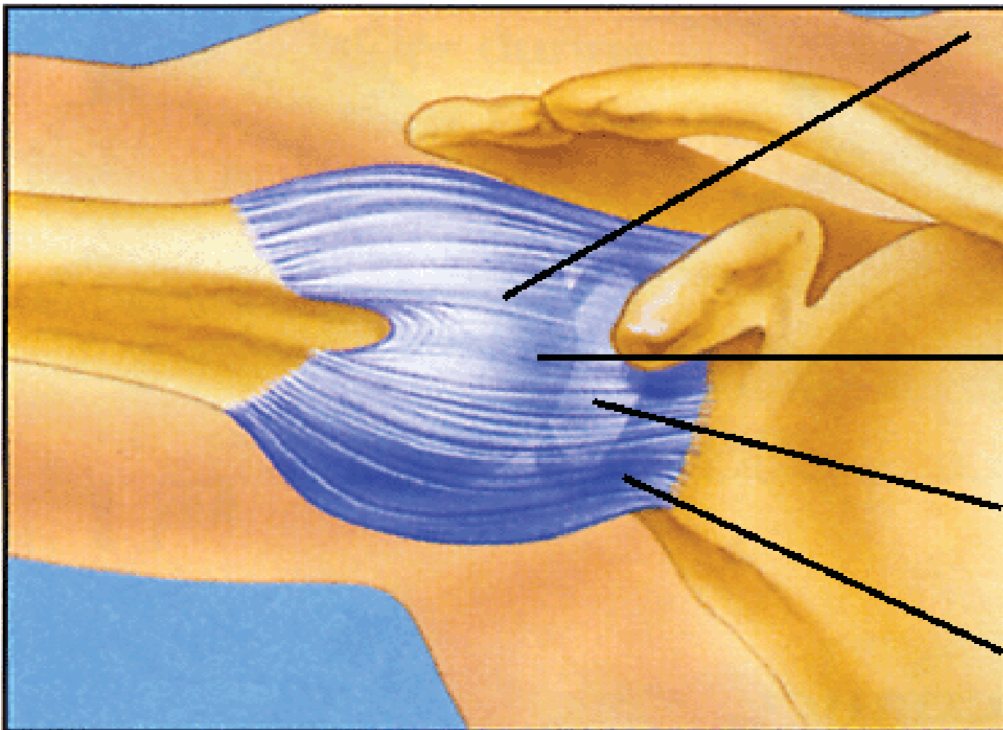
The shoulder is a ball and socket joint. It is made up of three bones: the upper arm bone (humerus), shoulder blade (scapula) and collar bone (clavicle).

The ball at the top end of the arm bone fits into the small socket (glenoid) of the shoulder blade to form the shoulder joint (glenohumeral joint). The socket of the glenoid is surrounded by a soft-tissue rim (labrum). A smooth, durable surface (articular cartilage) on the head of the arm bone, and a thin inner lining (synovium) of the joint allows the smooth motion of the shoulder joint.

The upper part of the shoulder blade (acromion) projects over the shoulder joint. One end of the collarbone is joined with the shoulder blade by the acromioclavicular (AC) joint; the other end of the collarbone is joined with the breastbone (sternum) by the sternoclavicular joint.

The joint capsule is a thin sheet of fibers that surrounds the shoulder joint. The capsule allows a wide range of motion yet provides stability. The rotator cuff is a group of muscles and tendons that attach your upper arm to your shoulder blade. The rotator cuff covers the shoulder joint and joint capsule. The muscles attached to the rotator cuff enable you to lift your arm, reach overhead, and take part in activities such as throwing or swimming.

A sac-like membrane (bursa) between the rotator cuff and the shoulder blade cushions and helps lubricate the motion between these two structures.



The Humeral head is the top part of your arm bone. It rests inside the glenoid.

The Capsule is a sheet of tough fibers that surrounds the humeral head and the glenoid.

The glenoid is your shoulder socket.

The labrum is a ring of tough, flexible tissue (cartilage) on the rim of the glenoid. It attaches the glenoid to the capsule and makes the glenoid socket deeper.

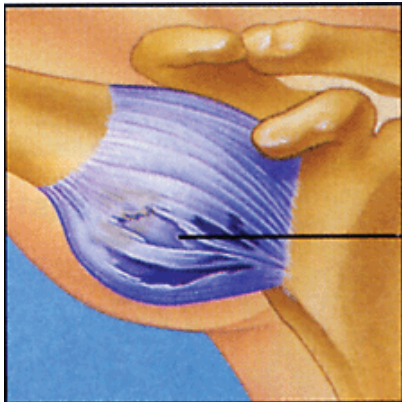
WHAT IS ARTHROSCOPY?

Arthroscopy is a common minimally invasive surgical procedure that is used to examine and repair the inside of your shoulder. It is used to find the cause of many joint problems. It allows Dr. Norberg to use a small pencil-like camera to view the inside of your shoulder. Most shoulder surgeries are performed through the use of an arthroscope. Initially it is used as a diagnostic instrument to detect the extent of the injury to your shoulder. Specialized instruments and fixation devices are then use to repair the damage found in the shoulder.

OPEN SURGERY

This procedure is occasionally necessary for instability associated with fractures or previous repairs. A small incision maybe used to achieve the best repair for your shoulder.

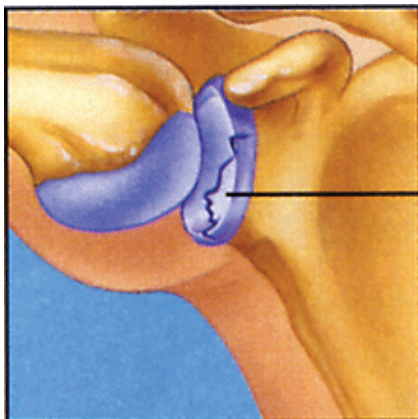
REASONS FOR SHOULDER ARTHROSCOPY



Torn capsule

1. Dislocations can tear the capsule

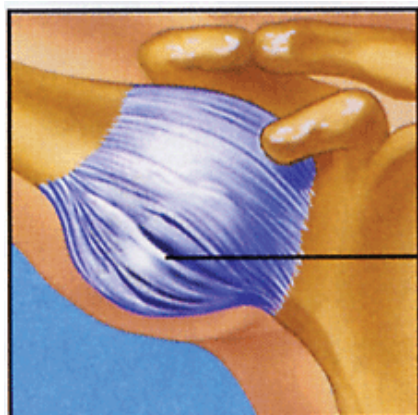
When the humeral head pushes out of the glenoid, the capsule can tear. The torn capsule can't stop the humeral head from moving out of the glenoid, so the humeral head may slip out over and over again.



Fractured glenoid

2. Dislocations can damage the glenoid and humeral head.

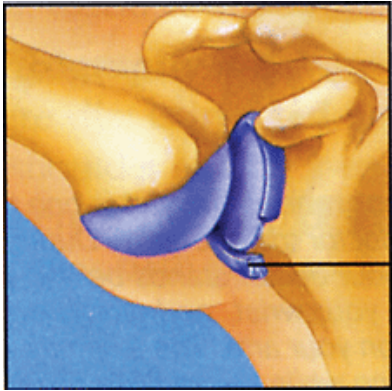
When your shoulder dislocates, the humeral head can hit the glenoid rim, fracturing the glenoid and denting the humeral head. This damage makes the humeral head more likely to slip out of the glenoid again and again.



Stretched capsule

3. Subluxation can stretch the capsule.

If your humeral head pushes only partway out of the glenoid, the capsule may stretch rather than tear. The stretched capsule is too loose to stop the humeral head from leaving the glenoid when you raise your arm.

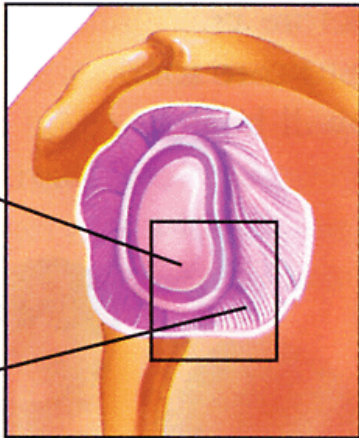


4. Labral Tears

When it pushes all or partway out of the glenoid, the humeral head can tear the labrum. Since the labrum helps hold the humeral head inside the glenoid, a torn labrum means the humeral head may slip out of the glenoid.

Torn labrum

SURGICAL PROCEDURE

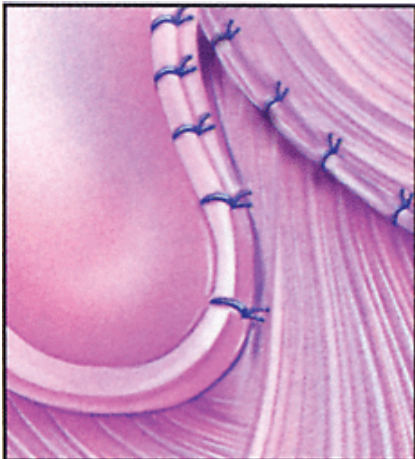


During the Surgery

During surgery, Dr. Norberg may tighten a torn or stretched capsule, reattach a torn labrum, and or repair other damage to your shoulder joint. Tightening or repairing the capsule and the labrum can be done using one of the techniques described below.

Glenoid

Capsule



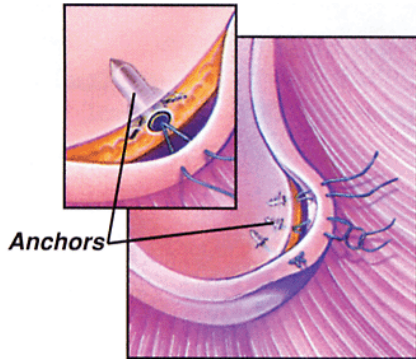
Capsule Shift

If the capsule is stretched, Dr. Norberg may use surgical thread (sutures) to tighten it. Dr. Norberg folds the excess capsule underneath itself and stitches it together.



Repair to the Glenoid

If the capsule and labrum are torn, Dr. Norberg uses sutures to reattach them to the glenoid



Repair with Surgical Anchors

Instead of putting sutures directly through the glenoid, Dr. Norberg commonly uses surgical anchors. Surgical anchors are inserted into small holes drilled in the glenoid. Sutures connected to the top of the anchors are used to reattach the capsule and labrum.

RISKS OF SURGERY:

With any surgery there are potential risks involved. These include but are not limited to infection, continued pain, damage to vessels or nerves, decreased motion, and anesthetic complications.

Call your doctors office if you have any signs of infection: redness, warmth, fever, discolored drainage.

QUITTING SMOKING:

Studies have shown the failure rate of cuff repairs is tripled in people who smoke.

Smoking or using any form of nicotine or tobacco products (including cessation products), can delay your body's healing process.

Smoking makes your blood vessels constrict (become smaller), which reduces the amount of oxygen-rich blood delivered to healing tissues. Smoking can cause your blood to clot faster, which can lead to heart and blood flow problems. If you are going to stop smoking around the time of your surgery, you should not use a nicotine based program or cessation products.

BEFORE SURGERY:

Shoulder Arthroscopy is performed on a same day basis. You will return home several hours after the surgery. You shouldn't take anti-inflammatories or aspirin (i.e. Ibuprofen or Aleve) unless cleared by your Doctor for 4 days prior to surgery.

Arrange for a ride to and from the hospital.

Let the Doctor know of any allergies you may have and medications you are taking.

Please bring a list of medications.

AFTER SURGERY:

You will be placed in a sling to be worn at all times.

You may remove your sling or immobilizer for a shower or bath.

You should wear the sling to sleep.

You will be given pain medication.

Your first appointment after surgery is with Dani Hare, Dr. Norberg's Physician Assistant. That will be approximately 7 - 10 days after surgery.

PAIN RELIEF:

Most patients will have a nerve block that will last approximately 12 hours. The block involves an injection of a local anesthetic (Ropivacaine) similar to novocaine. It is injected where the shoulder and neck meet. The block allows the surgery to be performed using much less anesthetic drugs. The block also provides excellent pain relief after surgery. You should take some pain medication approximately 8-10 hours after your block is performed, even if you have no pain. Strong narcotic medications will be prescribed to help manage your pain after surgery. Typically a short acting (every four hours) medication and a longer acting (every 12 hours) medication is prescribed. Dr. Norberg recommends taking them as written the first day and then gradually spacing them out to see how much is needed.

The pain medications will make your pain manageable but will not necessarily take away all of your pain. Do not take Tylenol (acetaminophen) if you are taking Percocet. You may take Tylenol instead of Percocet. Whether you are taking Percocet, (oxycodone) Vicodin, (hydrocodone) Norco or Tylenol (acetaminophen) be careful not to exceed 4000mg of acetaminophen in a 24 hour period.

Do not take Advil (ibuprofen) or Aleve (naproxen) if you have had a rotator cuff repair, biceps tenodesis, anterior reconstruction, posterior reconstruction, or SLAP (labral) repair for the first month.

If the pain is still not controlled, please call the clinic (952) 920-0970.

Exceeding the recommended dose or taking medication with alcohol may result in liver damage. If you see that you are running out of pain medication, you must call the office number (952-920-0970) during regular clinic hours (8:30-4:00). Pain medications are not filled after hours or on weekends.

Take pain medication with food. They may also cause functional impairment so you are not to drive or operate heavy machinery. Another common side effect is constipation.

For the first several weeks, many patients find it more comfortable to sleep in a recliner or propped with pillows in a semi-sitting position.

Put an ice pack on your shoulder for 20 minutes, three times a day minimum. Use ice as much as you need to control pain and swelling. Don't sleep with ice on your shoulder. Do not put ice directly on the skin.

CALL DR. NORBERG IF:

Your temperature is 101.5 degrees Fahrenheit or more that does not go down with medication like Tylenol or Advil.

You see a large amount of new bleeding or drainage from the incision area.

Notice increased or unusual redness, swelling or warmth in the surgery area.

Have a lot of discomfort that doesn't get better after pain medicines and/or rest.

Notice a big change in color, movement or feeling to the fingers or hand.

Have any questions or concerns.

DIET:

You will need to eat healthy meals to give your body the energy, vitamins and minerals needed to recover from surgery.

Return to your usual diet as soon as you are able.

Drink six to eight glasses of water each day.

Eat more food that has fiber (fruits, vegetables and whole grains).

Avoid alcohol while taking prescription pain medicine.

REHABILITATION PROGRAM:

Begin these one week after your surgery:

You should hold each stretch for 5 seconds, repeat 5 times in row, and perform 5 times a day.



The starting position for this exercise will be with your hands resting in front of you on a counter top. Put your weight on your legs, not on your hands or upper body. Keep your hands in the same position on the counter top. While moving your feet slowly backwards, bend slightly at your waist, stick your buttocks back past the base of your feet. (see picture above) Once you feel a stretch, hold our position for 5-10 seconds. **DO NOT STRETCH TO THE POINT OF PAIN.** Always walk yourself back up.

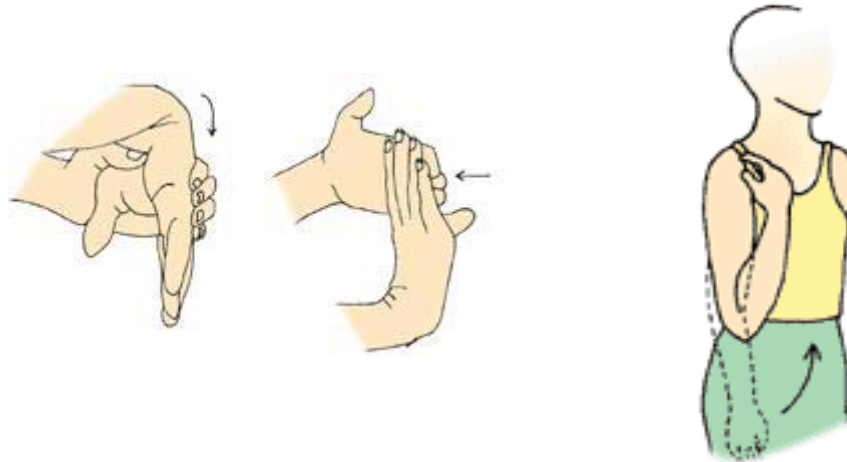


Start this exercise in a standing position. You may be more comfortable resting against a wall. Bend your affected arm at the elbow. Place your opposite hand on your wrist and gently rotate your wrist outward while keeping your elbow at your side. If you have trouble keeping your elbow at your side, hold a rolled up sock between your elbow and waist. If the sock falls to the floor, you are not keeping your elbow close enough to your body. While gently rotating your wrist outward, continue until you feel a good stretch. Hold for 5-10 seconds. **DO NOT STRETCH TO THE POINT OF PAIN.**

ADDITIONAL REHABILITATION

Begin these the day of surgery:

- * Bend your wrist forward and backward as far as you can. Repeat 10 times. Do 3 sets.
- * Squeeze your hand, extend and bend your fingers for a count of 10. Do these exercises at least four times each day.
- * Take your arm out of the sling. Keep your arm close to your body, bend and straighten your elbow 5 times



In about six weeks we will have you meet with a Physical Therapist to advance your shoulder range of motion and exercises. This is a slow process so be very patient. You need to allow adequate time for your shoulder to heal.

FREQUENTLY ASKED QUESTION:

Do I have to go to physical therapy?

Yes! You will have to do the exercises that we and the physical therapist instruct you to do to get the best result of your surgery. Dr. Norberg and his staff will adjust your therapy as you continue to heal your shoulder.

How long is recovery time?

Patients continue to make progress up to 18 months after their surgery depending on the type of surgery they are having.

Work Status?

You will be off of work until your follow-up appointment in about 7 days. Then we will adjust your work restrictions accordingly.

Are there any complications from surgery?

Yes, but they are not very common. Some include but are not limited to: your repair not healing, infection, stiffness, and loss of motion.

What are the signs of an infection?

Fever over 101.5 degrees, the incision becomes red or swollen, or any foul drainage. If these symptoms occur, call Dr. Norberg's office right away. (952-920-0970).

Is swelling and pain normal?

Yes. It is normal to experience some swelling and pain after your surgery. The pain should be manageable with the prescription pain medication given to you after your surgery.

Can I shower?

Yes. You may shower 3 days after your surgery. Do not scrub your incisions.

When will my stitches come out?

Generally your stitches will be the absorbable kinds that will not need to come out. If you have the kind that are not absorbable, then your stitches will come out in about 7 days when you follow-up in the clinic.