



Shoulder Arthroscopy

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What needs to be done before surgery?

A full medical history and physical examination are required prior to surgery. This may be done in our office or a medical clearance may be requested from your medical doctor (especially if you have heart, lung, or multiple medical problems). Typically, this needs to be done within a month of your procedure.

We will give you the date of surgery but the time of surgery can change as late as the day before surgery. The hospital will call you the day before surgery with the time, and feel free to call the number above the day before surgery if you wish.

MOST IMPORTANTLY: Do not eat or drink anything after midnight the night before surgery or your surgery will be cancelled. The hospital staff will tell you which of your medications to take the day of surgery (with a *SMALL* sip of water only) during the phone interview with the hospital.

What is the schedule the day of surgery?

Typically the hospital will ask you to arrive about two hours before surgery. The time the surgery actually starts may vary, including on the day of surgery, depending on how long the cases before yours (if any) take. You will be checked in and brought into the pre-operative holding area. An IV will be started and the staff will check your paperwork. You will be asked which shoulder is the proper shoulder for surgery and a mark or decal will be placed on that side. Once you are taken back to the operating room, it takes about twenty minutes to get situated. Surgery lasts anywhere from thirty minutes to a couple of hours or so. Don't be alarmed if surgery takes a bit longer; occasionally additional problems needing treatment are encountered. After surgery, you'll spend an hour or so in the recovery room. Your visitors will generally be able to see you anywhere from fifteen to thirty minutes after you arrive in the recovery room.

You must have a ride home following surgery; you won't be allowed to drive yourself.

What are the risks associated with shoulder arthroscopy?

There are many possible risks associated with a shoulder arthroscopy, ranging in severity from minor swelling to death. Pain, swelling, and difficulty walking for several days after surgery are to be expected in virtually all cases.

- Even with perfect equipment, flawless execution of surgery, and a relatively straightforward procedure, some risks are unavoidable:
 - A small percentage of patients may have an adverse reaction to the medications used for anesthesia; this may rarely be fatal. The

- anesthesiologist will provide more information regarding the type of anesthesia used and the risks associated in the pre-operative area.
- Some loss of blood is expected with any surgery, and arthroscopy is no different. Fortunately, it is rare to lose more than a drop or two.
 - Infection can occur for a variety of reasons. Some medical conditions (like diabetes) raise the risk of infection. We decrease the risk with pre-operative antibiotics, sterile equipment, and sterile practices in the operating room. Also, arthroscopy uses large volumes of sterile saline (fluid) to be able to view the inside of the joint. This fluid serves to continuously flush the joint, further diminishing the risk of infection. Studies have shown that antibiotic prescriptions for after surgery are not routinely necessary. We may use them in certain situations, however.
 - Nerve injury is rare with arthroscopy. Occasionally, one of the small nerve branches providing sensation to the shoulder is irritated, causing pain and hypersensitivity. This is generally treated with a prescription for nerve medicine and physical therapy.
 - Another factor that needs to be considered prior to agreeing to undergo surgery is the risk that surgery will not cure the problem being addressed by the surgery. Failure rates for rotator cuff repair, for example, vary depending on the size of the tear, the length of time the tear has been present, and the presence of any other injuries in the shoulder.

What are the risks of not having surgery?

The main risk associated with having no surgery is the likelihood that your problem will remain as is. Most of the conditions treated with arthroscopy will not spontaneously resolve on their own. For instance, a full-thickness rotator cuff tear rarely heals on its own because the torn edge of the tendon has a limited blood supply.

Probably more concerning is the possibility of worsening of the problem. Rotator cuff tears may increase in size if untreated, eventually causing arthritic change to the shoulder joint possibly requiring major surgery to repair.

What are the alternatives to arthroscopy?

By the time we've reached the decision to proceed with surgery, you and I have typically exhausted the conservative treatments for your shoulder injury. Living with the injury and dealing with the discomfort is one option. Open surgery (with large incisions, not using the arthroscopic camera) is another option.

What will my recovery be like?

Recovery following an arthroscopy is determined by several factors. Probably the most significant variable is the type of surgery performed. Rotator cuff tears typically take the longest to heal, especially with bigger tears.

A sling is typically used for comfort following surgery. The duration that it is used varies depending on the type of procedure. Generally, the sling is worn until the follow-up appointment. It may take a couple of weeks or so before you can return to a job where extensive standing or walking is required. Continued improvement

is expected on a slower scale until about six months and on an even slower scale until about a year after surgery.

Is physical therapy needed afterward?

Physical therapy is always helpful in the recovery of function following any shoulder arthroscopy. In particular, more rapid recovery of motion, decreases in swelling of the joint, and improvement in pain are common if physical therapy is performed. Expect therapy to last anywhere from a month to about four months after surgery.

For further information on your diagnosis and shoulder arthroscopy, the American Academy of Orthopaedic Surgery has extensive patient informational articles at:
<http://orthoinfo.aaos.org/category.cfm?topcategory=Shoulder>