

# SHOULDER SURGERY

The function of the shoulder allows the greatest range of motion of any joint in the body, but unfortunately can also lead to many problems. The shoulder is arranged in several layers, The deepest layers include the bones (humerus, scapula, clavicle and acromion) and the joints of the shoulder, followed by ligaments that make up the joint capsule of the shoulder. The ligaments are the main source of stability and help to keep the shoulder from dislocating. The tendons and muscles are the next layer. The rotator cuff muscles and tendons control our ability to raise and rotate the shoulder in many directions.

**Shoulder Pain** Most shoulder problems involve the soft tissues (muscles, ligaments and tendons) rather than bones. The main problems being tendonitis (inflammation of the tendons), rupture of the tendons, instability of the joint due to ligamentous laxity and arthritis (degeneration of the articular cartilage surfaces in the joint).

**Tendonitis** A tendon is a cord which connects muscles to bone or other tissue. The tendon may become inflamed or damaged owing to injury or overuse. The tendon may become stiff and painful (frozen shoulder / adhesive capsulitis). Inflammation in the tendon can occur (tendinosis) or the tendon may tear (rotator cuff tear).

**Rotator Cuff Tear** Sometimes after the tendon is inflamed it may become completely torn and detached from the humeral head. This usually requires surgical repair of the tendon back to the humeral head.

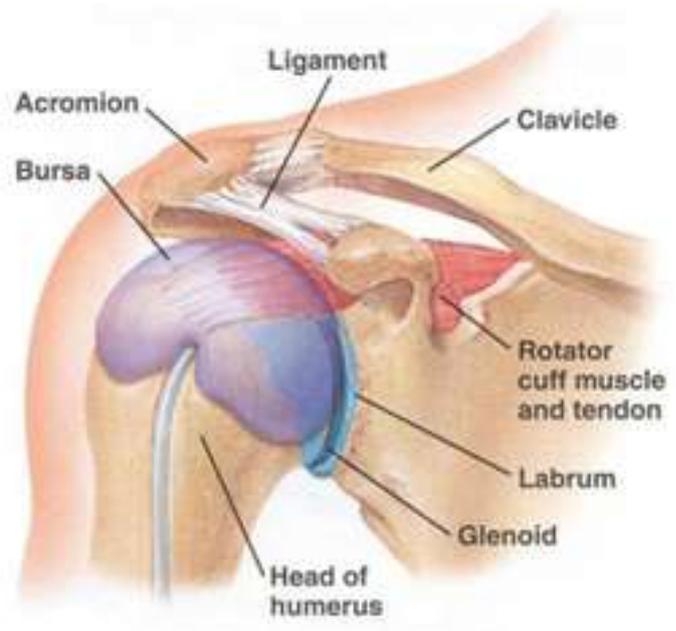
**Impingement** Sometimes the rotator cuff tendons may be jammed between the bones in the shoulder joint. This is termed impingement and may require removal of tissue and bone to allow for more space. The tendon and inflammation often subsides after this procedure (subacromial decompression).

**Instability** Dislocation of the shoulder joint may occur, usually following severe injury. If this recurs the ligaments holding the joint in place may need to be repaired. This can usually be performed arthroscopically but sometimes open repair is necessary.

**Arthritis** Shoulder pain can also result from arthritis. Arthritis involves wear and tear of the articular cartilage (lining cartilage surfaces of the joint). The joint often becomes swollen, painful and stiff.

**Conservative Treatment** Many patients respond to simple treatment which involves altering activities, rest and physical therapy to help improve shoulder strength. Medication is usually prescribed to reduce inflammation and reduce pain. Corticosteroid injections are sometimes given.

**Surgical Treatment** Some shoulder injuries do not respond well to conservative measures and require surgical intervention. Shoulder arthroscopy is used to visualise, diagnose and treat many shoulder problems. An arthroscope and specialised instrumentation can be inserted in to the joint through small incisions and many surgical procedures can be performed. The advantages of arthroscopic surgery include smaller incisions, less pain, and ideally a shorter recovery period. Sometimes more involved surgery will require an open incision and thus a longer recovery period.



Some of the more common surgical procedures performed around the shoulder are:

**Subacromial Decompression** Increasing the space around the shoulder tendons to decrease pressure on the tendons.

**Shoulder Stabilisation** Repair of the ligaments to prevent recurrent dislocation. This can be done arthroscopically or in more severe cases through an open incision.

**Rotator Cuff Repair** A tear in the rotator cuff tendons usually needs to be repaired. This can be done arthroscopically if small or through an open incision if the tear is larger.

## ARTHROSCOPIC SURGERY

- Surgery is usually performed under a general anaesthetic. Please inform your surgeon and the anaesthetist of your medical history or allergies to medication.
- Drain tubes are not usually required with shoulder surgery, however in some instances a drain tube may be required for a short period of time.
- Multiple small incisions are usually used for arthroscopic surgery.
- Arthroscopic shoulder surgery can usually be performed with only a one night stay in hospital.
- A pressure dressing will be applied for the first 24 hours. This will be reduced on discharge to 2 or 3 small plastic dressings which are waterproof and thus will allow normal showering activity.
- The plastic dressings may be removed at day 7 post-operatively or at your post-operative visit.
- 1 or 2 small sutures are placed in the shoulder arthroscopic incisions and will be removed at your post-operative visit.

## OPEN SURGERY

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**Expectations** It is not possible to make a damaged shoulder perfectly normal. It is possible to improve the internal mechanics, stability, or alignment of the shoulder. Surgical procedures are intended to relieve the pain and make the shoulder more comfortable and dependable. They are not intended to, and cannot, restore 100% normality. You must follow your post-operative rehabilitation protocol very closely and don't be tempted to do too much too soon.

### Complications

- Stiffness may occur following surgery and injury to the shoulder joint. Gentle mobilisation either active (you move the limb yourself) or passive (the physiotherapist moves it for you) is the best way to avoid long term stiffness.
- Infection in the wound can occur, despite precautions being taken. This is usually easily treated with antibiotics. In rare cases arthroscopic drainage may be required.
- Repeat injury to the shoulder, either to the rotator cuff tendons or recurrent dislocation, is always possible. Therefore it is important to be careful not to overload the shoulder or place it at risk until complete healing has occurred. You should discuss the need for individual restriction of shoulder activities at your post-operative visits.

## RECOVERY TIMES

	Arthroscopic Subacromial Decompression	Arthroscopic Rotator Cuff Repair or Stabilisation	Open Rotator Cuff Repair
Hospital stay			
Shoulder Immobiliser			
Rehabilitation (commence at ...)			
- Passive exercises			
- Active assisted			
- Active			
Swelling			
Pain			
Time off work			
- Office duties			
- Manual labour			

**This brochure is a brief overview of the surgical management of shoulder surgery and not designed to be all-inclusive. If you have any further questions, please do not hesitate to contact your surgeon.**