

Your Practice Online

P R E S E N T S

Shoulder Arthroscopy

Multimedia Health Education

Disclaimer

This movie is an educational resource only and should not be used to make a decision on Shoulder Arthroscopy. All decisions about Arthroscopy must be made in conjunction with your surgeon or a licensed healthcare provider.

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INTRODUCTION

The information in this presentation has been intended to help consumers understand the structure and function of anatomical components and take charge of Orthopaedic health. The animated surgeries and procedures should help you understand Joint replacement procedures and help you to make a decision. Also, it explains the risks, complications and provides guidelines for living with surgeries, conditions and procedures.

The Shoulder Joint

The shoulder is the most flexible joint in the body making it the most susceptible to instability and injury.

Three bones, the collarbone (clavicle), the shoulder blade (scapula), and the upper arm bone (humerus) come together to form the shoulder joint.

Shoulder is a 'ball-and-socket' joint. A 'ball' at the top of the upper arm bone (the humerus) fits neatly into a 'socket', called the glenoid, which is part of the shoulder blade (scapula).

Shoulder Joint Anatomy

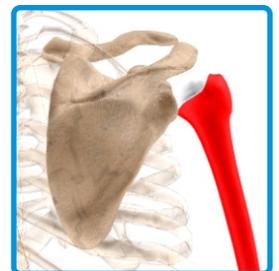
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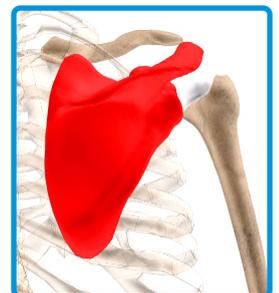
Humerus

Provides attachment to muscles of the upper arm. The humeral head forms the ball of the ball-and-socket shoulder joint.



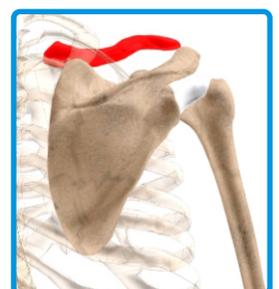
Scapula

Scapula (shoulder blade) is a flat, triangular bone providing attachment to the muscles of back and neck.



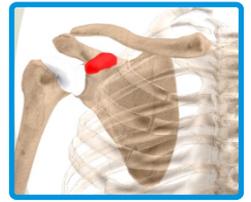
Clavicle

The clavicle is an S-shaped bone that connects the shoulder girdle to the trunk. It maintains the shoulder in a functional position with the axial skeleton and allows varied arm positions in sports. In addition to its structural function, the clavicle protects major underlying nerves and blood vessels as they pass from the neck to the axilla.



Coracoid Process

The coracoid process is the extension around the shoulder joint at the front.



Acromion

The acromion is the extension of scapula (shoulder blade) around the shoulder joint at the rear to form a roof. This is also called the acromial process.



Glenoid

Glenoid, is the depression at the end of scapula that forms the socket of ball-and-socket shoulder joint.



Indications

Arthroscopy may be recommended for shoulder problems, such as:

- Evaluation and treatment of instability
- A torn or damaged cartilage ring (labrum) or ligaments (cases of shoulder instability)
- A torn or damaged biceps tendon
- A torn rotator cuff
- A bone spur or inflammation around the rotator cuff
- Stiffness of the shoulder

Arthroscopy may be recommended for shoulder problems, such as:

- Subacromial decompression
- Arthritis of the end of the clavicle (acromioclavicular joint)
- Treatment of calcific tendinitis
- Treatment of frozen shoulder
- Removal of loose bodies
- Debridement / drainage of shoulder joint infection

Arthroscopy - Introduction

"Arthroscopy is a surgical procedure in which an arthroscope is inserted into a joint.

"The benefits of arthroscopy involve smaller incisions, faster healing, a more rapid recovery, and less scarring. Arthroscopic surgical procedures are often performed on an outpatient basis and the patient is able to return home on the same day.

Arthroscopy is performed in a hospital operating room under general

Arthroscopy - Introduction

The arthroscope is a small fiber-optic viewing instrument made up of a tiny lens, light source and video camera. The surgical instruments used in arthroscopic surgery are very small (only 3 or 4 mm in diameter), but appear much larger when viewed through an arthroscope.



Arthroscopy - Introduction

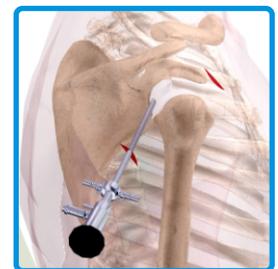
The television camera attached to the arthroscope displays the image of the joint on a television screen, allowing the surgeon to look, throughout the shoulder-at cartilage, ligaments, and the rotator cuff.

The surgeon can determine the amount or type of injury, and then repair or correct the problem, if it is necessary.

Arthroscopy - Procedure

The surgeon makes two small incisions (about 1/4 of an inch), around the joint area. Each incision is called a portal. These incisions result in very small scars, which in many cases are unnoticeable.

In one portal, the arthroscope is inserted to view the shoulder joint. Along with the arthroscope, sterile solution is pumped to the joint which expands the shoulder joint, giving the surgeon a clear view and room to work.



With the images from the arthroscope as a guide, the surgeon can look for any pathology or anomaly.

The large image on the television screen allows the surgeon to see the joint directly and to determine the extent of the injuries, and then perform the particular surgical procedure, if necessary.



Other portal is used for the insertion of surgical instruments.

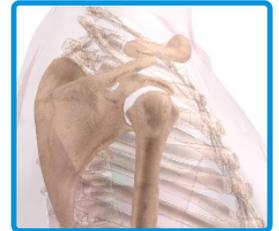


A surgical instrument is used to probe various parts within the joint to determine the extent of the problem.

If the surgeon sees an opportunity to treat a problem, a variety of surgical instruments can be inserted through this portal.

After treating the problem, the portals (incisions) are closed by suturing or by tape.

Arthroscopy is much less traumatic to the muscles, ligaments and tissues than the traditional method of surgically opening the shoulder with long incisions (open techniques).



Arthroscopy - Post -op Recovery

- You will wake up in the recovery room and then be transferred back to the ward.
- A bandage will be around the operated shoulder.
- Once you are recovered your drip will be removed and you will be shown a number of exercises to do.
- Your surgeon will see you prior to discharge and explain the findings of the operation and what was done during surgery.
- Pain medication will be provided and should be taken as directed.
- You can remove the bandage in 24 hours and place waterproof dressings (provided) over the wounds.
- It is NORMAL for the shoulder to swell after the surgery. Placing Ice-Packs on the shoulder will help reduce swelling (Ice-Packs on for 20 minutes 3-4 times a day until swelling has reduced).
- You are able to drive and return to work when comfortable unless otherwise instructed.
- Please make an appointment 7-10 days after surgery to monitor your progress.

Arthroscopy - Points of Interest

What are the advantages ?

Diagnosing joint injuries and disease begins with a thorough medical history, physical examination, and usually X-rays. Additional tests such as an MRI, or CT also scan may be needed. Through the arthroscope, a final diagnosis is made which may be more accurate than through "open" surgery or from X-ray studies.

What are the joints that can be viewed with an Arthroscope ?

Although the inside of nearly all joints can be viewed with an arthroscope, six joints are most frequently examined with this instrument. These include the knee, shoulder, elbow, ankle, hip, and wrist.

As engineers make advances in electronic technology and orthopaedic surgeons develop new techniques, other joints may be treated more frequently in the future.

What are the conditions that can be treated by arthroscopy ?

Some problems associated with arthritis also can be treated. Several disorders are treated with a combination of arthroscopic and standard surgery. Disease and injuries can damage bones, cartilage, ligaments, muscles, and tendons. Some of the most frequent conditions found during arthroscopic examinations of joints are:

- Inflammation - Synovitis - inflamed lining (synovium) in knee, shoulder, elbow, wrist, or ankle.
- Injury - acute and chronic - Shoulder - rotator cuff tendon tears, impingement syndrome, and recurrent dislocations
- Knee - meniscal (cartilage) tears, chondromalacia (wearing or injury of cartilage cushion), and anterior cruciate ligament tears with instability
- Wrist - carpal tunnel syndrome Loose bodies of bone and/or cartilage - knee, shoulder, elbow, ankle, or wrist
- Loose bodies of bone and/or cartilage knee, shoulder, elbow, ankle, or wrist

What are the possible complications ?

Although uncommon, complications do occur occasionally during or following arthroscopy. Anaesthetic complications are uncommon and may include Allergic reactions to medications and difficulty in breathing.

Local complications may include Infection, phlebitis (blood clots of a vein), excessive swelling or bleeding, damage to blood vessels or nerves, and instrument breakage are the most common complications, but occur in far less than 1 percent of all arthroscopic procedures.

What are the advantages ?

Although arthroscopic surgery has received a lot of public attention because it is used to treat well-known athletes, it is an extremely valuable tool for all orthopaedic patients and is generally easier on the patient than "open" surgery.

Most patients have their arthroscopic surgery as outpatients and are home several hours after the surgery.

Recovery after arthroscopy

The small puncture wounds take several days to heal. The operative dressing can usually be removed the morning after surgery and adhesive strips can be applied to cover the small healing incisions.

Although the puncture wounds are small and pain in the joint that underwent arthroscopy is minimal, it takes several weeks for the joint to maximally recover.

Summary

A good knowledge of this procedure will make the stress of undertaking the procedure easier for you to bear. The decision to proceed with the surgery is made because the advantages of surgery outweigh the potential disadvantages. It is important that you are informed of these risks before the surgery.

YOUR SURGERY DATE

READ YOUR BOOK AND MATERIAL

VIEW YOUR VIDEO /CD / DVD / WEBSITE

PRE - HABILITATION

ARRANGE FOR BLOOD

MEDICAL CHECK UP

ADVANCE MEDICAL DIRECTIVE

PRE - ADMISSION TESTING

FAMILY SUPPORT REVIEW

Physician's Name : _____

Patient's Name : _____

Physician's Signature: _____

Patient's Signature: _____

Date : _____

Date : _____