

UNC Orthopaedics

Alex Creighton, M.D.

Sports Medicine
3143 Bioinformatics
Chapel Hill, NC 27599-7055

Office Phone: 919-966-9066
Office Fax: 919-966-6730
Email: alex_creighton@med.unc.edu

PATIENT GUIDE TO SHOULDER ARTHROSCOPY

What is arthroscopy?

The arthroscope is a fiber optic instrument (narrower than a pen) which is put into the shoulder joint through small incisions. A camera is attached to the arthroscope and the image is viewed on a TV monitor. The arthroscope allows me to fully evaluate the entire shoulder joint, including the ligaments, the rotator cuff, the biceps tendon, the joint lining, and the cartilage surface. Small instruments ranging from 3-5 millimeters in size are inserted through additional incisions so that I can feel the joint structures for any damage, diagnose the injury, and then repair, reconstruct, or remove the damaged tissue.

Before the development of arthroscopy, large incisions had to be made over the shoulder joint to treat or diagnose injuries. Today's arthroscopic techniques allow more complete evaluations of the shoulder joint while accelerating the rehabilitation process.

What kinds of procedures can be performed with the arthroscope?

Arthroscopy allows the surgeon to view the inside of the shoulder joint and perform a variety of surgeries. These surgeries include:

- a complete evaluation of the joint (diagnostic arthroscopy)
- repair of torn or damaged cartilage or ligaments of the shoulder (in cases of shoulder instability)
- repair of a torn or damaged biceps tendon (in cases of biceps tendinitis or SLAP tears)
- evaluation and repair of the rotator cuff (in cases of rotator cuff tendinitis or tears)
- removal of the end of the clavicle (in cases of arthritis or pain of the acromioclavicular (AC) joint)

What are some of the possible complications of surgery?

While complications are not common, all surgery has associated risk. Possible complications include stiffness of the shoulder after surgery or continued pain. The use of arthroscopic techniques attempts to limit these complications. Other complications include an infection, bleeding, nerve damage, or problems with the anesthesia.

What kind of anesthesia is used?

I use a combination of general anesthesia and regional anesthesia. Before the surgery, the anesthesiologist will inject some novocaine around the nerves of the shoulder. This

numbs the arm and helps to control your pain after surgery. In addition, you go to sleep (general anesthesia) to help keep you comfortable during surgery.

What do I need to do to prepare for surgery?

Our staff will help to set up the surgery through your insurance company and will instruct you on any paperwork that may be necessary.

Prior to your surgery, you will be asked to get several medical tests, done on an outpatient basis. Most patients need some minor blood tests and a urinalysis. If you are over age 50, you may require an EKG and chest x-ray. Some patients need to see an internist or their family doctor to obtain clearance for surgery.

The night before the surgery, a member of our staff will contact you about what time to arrive for surgery. You may not eat or drink anything after midnight the night before your surgery.

How long will I be in the hospital?

Almost all patients are able to have surgery and go home the same day. Occasionally, patients will be admitted for an overnight stay.

What happens the day of surgery?

The morning of your surgery you will be admitted and taken to a pre-operative holding area where you are prepared for surgery.

You will be asked several times which extremity I am operating on. The night before surgery or the morning of surgery **YOU** will mark the non-operative side “WRONG” and the correct side “YES”. Please note that you are asked this question many times on purpose.

After the operation, you will be taken to the recovery room to be monitored. Once the effects of anesthesia have worn off and your pain is under good control, you will be taken to another area where you can see your family and finish recovering. You will be given all of your post-operative instructions and pain medication before leaving.

Please be aware that the process of getting checked in, prepared for surgery, undergoing the operation, and recovering from anesthesia takes the majority of the day. I would recommend that you and your family members bring along some reading material to make the process easier for all.

How should I care for my shoulder after surgery?

Prior to your discharge, you will be given specific instructions on how to care for your shoulder. In general, you can expect the following:

Diet: Resume your regular diet as soon as tolerated. It is best to start with clear liquids before advancing to solid food.

Medication: You will be given a prescription for pain medication.

Bandage: You will have a thick dressing on the shoulder. You will be instructed on when it can be removed, usually in 3 days.

Showering: You may shower after your dressing is removed, after 5 days. You cannot take a bath until the wounds are completely sealed, usually 2 – 3 weeks after surgery.

Sling: You will have a sling after surgery. How long you wear the sling will depend on the procedure performed. You can remove it for grooming and physical therapy.

Ice: You may receive an ice machine that continually surrounds your shoulder with cold water. If not, you may apply ice over the dressings for 30 minutes every hour for several days. Do not use heat.

Suture removal: Your stitches will be removed at your office visit 7-10 days after surgery. Occasionally, sutures are used which resorb and do not need to be removed.

Follow-up office visit: You will be instructed on when to follow-up in the office. This is usually 7-10 days after surgery.

Exercise: You will be instructed on exercises you can do immediately after surgery. You will start physical therapy within 1 to 2 weeks after surgery.

Return to work or school: You can return to school or work within 3 – 5 days without using the affected arm. If you need the use of the arm to return, you may be out of work or school for a longer period of time.

What will rehabilitation involve?

The rehabilitation is based on several goals: 1) allowing the tissue to heal; 2) regaining motion; 3) regaining strength; and 4) return to sports. The specific rehabilitation protocol for the physical therapist will depend on the procedure performed, and will be reviewed after surgery.

When can I return to sports?

Your return to sports will depend on the extent of damage and the procedure performed to your shoulder. In general, you will be allowed to return to sports in 2 to 6 months after surgery. You must have good motion, strength, and control of your shoulder and arm. How quickly you return to sports depends on several factors, including: 1) your own rate

of healing; 2) the damage found at surgery; 3) if you have any complications; 4) how well you follow the post-operative instructions; 5) how hard you work in rehabilitation.

Our commitment

The entire UNC Department of Orthopaedics Sports Medicine team is committed to you, the patient. We understand that you may be anxious about your injury and the need for surgery. Please contact me with any questions about your injury or treatment plan.

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