SHOULDER ARTHROSCOPY INFORMATION

General Information

Shoulder arthroscopy is an out patient procedure. It is performed under general anesthesia. The surgery itself takes about 1 to 1 1/2 hours, and is performed thru two or three small incisions on the upper part of the shoulder. These incisions are generally about ¼ inch in length. A small telescope (the arthroscope) is placed into one of these incisions and the entire inside of the shoulder can be visualized. The arthroscope is connected to a tiny camera, allowing the entire surgery to be visualized on a TV monitor. The other incisions are used to place various instruments into the shoulder to perform the surgery. Many different types of surgery can be performed thru these incisions, the most common of which are to remove bone spurs (acromioplasty), repair torn cartilage (labrum) and repair rotator cuff tears.

Preoperative Information

Before surgery, preoperative evaluation is necessary. The extent of the testing depends on each patient’s age, gender and medical condition. Everyone needs at least a history and physical examination which will usually be performed at your primary doctor’s office. All females need at least a blood count, and many patients will need other blood work or a cardiogram. Our office will order the specific tests needed on an individual basis.

Instructions for scheduling your preadmission testing (PAT’s) are included in a separate instruction booklet from our office.

The Day of Surgery

You will be seen in the preoperative area before your surgery to answer any questions you may have. Your surgeon will write his initials on your shoulder to identify the correct side of surgery.

From the time you leave the preoperative area and walk back to the operating room to the time you are in the recovery room will be approximately 90 minutes. You will be in the recovery room for
approximately 1-1 ½ hours. Someone will need to drive you home that day.

At the time of your surgery, any and all abnormalities in your shoulder will be identified and any of those that can be corrected with the arthroscope (which are most things) will be addressed at the time. Photographs will be taken that will be shown to you at your follow-up visits. These will be a permanent part of your office and hospital record.

Your incisions will be closed with small stitches. A large gauze dressing and bandage will be placed on your shoulder. A sling or should immobilizer may be needed depending on the specific surgery that was done.

At the end of your surgery, long acting Novocain (marcaine) will be injected into your shoulder. This should keep you fairly comfortable for several hours. You will use an ice pack frequently to keep down swelling and help control pain. Instructions on its use and full instructions regarding your dressings and pain medicine will be given to you at the hospital.

The First Week

The day after surgery is generally your “worst day”. Many patients say they are fairly comfortable the first day due to the marcaine injection. This is common and should not alarm you if your shoulder hurts more the day after surgery than it did the day of surgery. By the second postoperative day, much of the swelling is down and you will start moving your shoulder a bit more (if allowed).

Depending on the type of surgery, your postoperative instructions will vary. If you have shaving of bone spurs (acromioplasty) or removal of a torn cartilage, you will be instructed to remove the sling as soon as you are comfortable and begin motion exercises. If anything has been repaired with stitches, such as a rotator cuff tear or a labral tear, you will be in a shoulder immobilizer and instructed on postoperative management of this device.

You will return to the office one week after surgery to have your stitches removed and to check your incisions. This appointment will have been made at the time you scheduled your surgery. Your activity level will be discussed with you and a discussion of your surgical findings will follow. Depending on the type of surgery that was necessary, home exercises or physical therapy may be started. At the end of that appointment you will be given another appointment to return to the office in 3 or 4 weeks.
In general the following postoperative programs apply:

**Acromioplasty (alone)**—Begin moving as comfortable, usually within two or three days. Most patients are out of sling by this time and start driving in 5 to 7 days, assuming you are no longer taking narcotic pain medicine. This varies a great deal from patient to patient. Total recovery time to sports, etc is 6 to 12 weeks. Physical therapy may be started soon after surgery.

**Acromioplasty and cuff repair**—Movement depends on the extent of the tear and repair. For small tears, simple exercises can be started after one week and overhead exercises usually start at 2 weeks. For larger tears, delaying motion is important so as to not disrupt the sutures. The immobilizer will need to be worn for 1 to 3 weeks depending on the size of the tear and repair. Driving is not legally allowed until you are out of the immobilizer. Physical therapy will be required and your total recovery will take 3 to 4 months.

**Labral Repair**—Your shoulder will be immobilized for 4 weeks in the shoulder immobilizer. You may be instructed in some very gentle exercises beginning the second week after surgery, depending on the extent of your tear and repair. Physical therapy will start after four weeks. Return to sports of a non-contact variety is usually 3 to 4 months and contact sports usually 6 months.

Icing the shoulder even 4 or 5 days after surgery is helpful at painful intervals. Taking over-the-counter medicines such as ibuprofen (Advil, Motrin, etc.) or Aleve is often helpful and can actually reduce your need for stronger pain medicine.

Returning to work depends on your specific job. Many patients who have desk jobs will be able to return to work within 3 to 4 days. For example, if surgery is on Friday, returning to a desk job is usually possible on Tuesday or Wednesday.

In general, shoulder surgery is more painful than knee surgery. The recovery is usually longer as well. If you try to compare your surgery with someone who has had arthroscopic knee surgery, you will be disappointed at your rate of recovery….so don’t compare!!!

**Further Recovery and Physical Therapy**

Recovery from shoulder surgery varies a great deal depending on the surgery and the patient. Not all shoulder arthroscopies are the same. If you have any significant arthritis findings, recovery is usually more prolonged. If you need physical therapy (as most patients will), the therapist will help us in guiding you back to your normal activities.
Some problems inside the shoulder cannot be fully corrected but can be improved temporarily. This is true of arthritic conditions especially. This will be discussed with you when your photographs are reviewed.

Most patients having shoulder surgery will need therapy. Due to the intricate nature of shoulder rehabilitation we strongly recommend our therapy center, Founders’ Physical Therapy, which is located right next to our office. We have chosen our four therapists and two therapy assistants for their experience, expertise and their warm and friendly manner in which they conduct their therapy sessions. They have rehabilitated many patients with shoulder problems. They have over 40 years of combined experience and have been recognized by many patients as the best therapy group on the main line.

You will receive individualized therapy, tailored to your needs. Many therapy centers do not spend the time with shoulder patients that is required to regain range of motion in a timely manor. This is a very fine line with shoulder rehabilitation between going too fast and causing harm, and going to slowly which causes stiffness and prolonged recovery.

We work closely with the therapists throughout your recovery. If you are having any difficulties, you will be right next door and the therapist and you will have easy access to your surgeon to promptly address any concerns. Our facility is arranged for your comfort and needs, with a full service bathroom and shower, plasma screen televisions and private treatment rooms to be used as needed by the therapists. The phone number for the therapy office is 610-527-3300.

Questions?

Most of the information about arthroscopic surgery is included in your office discussion and this information sheet. If you should have further questions about your surgery, please call this office at 610-527-9500. If you have a simple question or two, please ask the staff member who answers the phone to take a message. That staff member will discuss your question with your surgeon and a prompt response will follow. If your questions are more extensive, ask for a return call. Your surgeon, or one of our highly qualified physician assistants will call you to discuss your concerns or questions.

If you have questions regarding scheduling or preadmission testing consult your instruction sheet regarding those processes. If you still have questions, call the office and ask for Jamie, our surgical scheduler.