Shoulder Arthroscopy

Shoulder arthroscopy is another name for keyhole shoulder surgery. The most commonly performed shoulder arthroscopy is shoulder decompression surgery followed by rotator cuff repair.

An arthroscopy is a type of procedure that orthopedic surgeons use for inspecting, diagnosing and repairing problems inside of the joint. The word derives from two words that mean joint and to look, so it literally means to look inside of the joint. A small camera is inserted into the shoulder joint by a surgeon. The camera will then display pictures on the television screen for the surgeon to use for guiding miniature surgical instruments.

Since the instruments are thin, the surgeon doesn't need to make large incisions. This results in a minimal amount of pain for those having the procedure done, as well as shortening the amount of time it takes to recover and return to normal activities. Since the 1970s, arthroscopy has been used to diagnose, treat and make recovering from surgery easier and faster than what you might realize. Improvements happen every year as new techniques and instruments are developed.

Causes:

Chronic shoulder problems such as shoulder impingement and rotator cuff tears may require shoulder surgery. The most common cause of requiring these surgeries is a buildup of arthritis on the small joint next to the shoulder called the ACJ. When the ACJ is arthritis, bone spurs can form and these can pinch a tendon in the shoulder (causing shoulder impingement syndrome). If the pinching becomes bad enough, a small tear can follow (known as a rotator cuff tear).

Shoulder Arthroscopy Anatomy

The shoulder joint is made up of the "ball and socket" and in most cases, the ball and socket joint is fine. In some sports injuries there can be damage to the edge of the socket known as the labrum (it makes the socket slightly deeper, and is similar to cartilage), and labral tears can be repaired arthroscopically. But in most cases, the arthroscopy is performed at/around the acromioclavicular joint (ACJ). This is the joint where the acromion (a projection of the shoulder blade) meets the collar bone (clavicle). Arthritis at this joint is a major requirement for arthroscopy.

Undergoing an Arthroscopic Shoulder Procedure:

Before you have the operation, a staff member in the anesthetics department will speak with you regarding your options for anesthesia. The procedure is commonly performed using a regional nerve block to numb the arm and shoulder. The medicine is injected into the base of your neck or high up on the shoulder, as this is where the nerves are located. Beyond the anesthetic, a nerve block helps to control the pain for a few hours following the surgery completion.

Many surgeons choose to combine the nerve block with a light anesthetic or sedation because patients can become uncomfortable having to stay in one position for an extended length of time for the procedure. Even though most procedures are complete in less than an hour, the length of the surgery is largely dependent upon what repairs are needed.

In most cases, shoulder decompression is performed, and this involves trimming bone from the under surface of the ACJ. This helps remove arthritis, bone spurs, and other rough projections of bone that might be causing some impingement or fraying of the tendon in your shoulder. If there is rotator cuff tendon damage, the shoulder surgeon will repair the tendon during the arthroscopy.

Things You Should Know About Shoulder Decompression Surgery:

- Surgery should be the last case scenario. Look for all other options prior to having surgery. See treatment options below.
- Shoulder surgery can be painful. You will be given a nerve block which usually lasts up to two weeks, but after that pain can be quite severe. In some cases, the pain can be very severe, as there is gross inflammation in the shoulder following the trauma of having surgery.
- Imagine having bone trimmed – its living bone with nerve and blood supply – expect it to be quite painful.
- Following surgery it will be very difficult to sleep on your shoulder due to the pain, this will take around 3 months to get better.
- If you have rotator cuff (tendon) repair, you may need to use a sling for up to 6 weeks depending on the severity of the tear and the repair.
- You should see a physiotherapist or rehabilitation therapist within two weeks of having surgery. Treatment commences at that point. They will also prescribe passive range of motion exercises to prevent stiffness.
- Shoulder stiffness following decompression surgery is very common. This is sometimes known as secondary stiffness, or frozen shoulder. The cause is usually due to increased trauma during the surgey, the use of a sling, or a lack of passive range of motion exercises. If you get frozen shoudler following surgery then expect rehabilitation to take 3-6 months longer.
- Frozen shoulder or secondary stiffness can also be treated with a shorter operation called MUA (manipulation under anaesthetic). The surgeon will basically break the adhesions by moving your shoulder to its end of range.
- Rehabilitation time for shoulder decompression is approximately 12 weeks. Any complications (such as secondary stiffness) can add another three months to the rehab. However, if a rotator cuff tear has been repaired, then rehab time is 6-9 months (but can be up to 12 months in complicated cases).
- You may be unable to drive for 2-6 weeks depending on what was done during the shoulder surgery. Discuss this with your consultant.

How to Recover from Shoulder Decompression:

1. **Rest and Gentle Use**
   Take time to allow your shoulder to recover from the injury. Modify your activities to prevent injuring the site more. Avoid any overhead activities. Gentle use is recommended. Avoid painful movements unless advised by your therapist.
2. **Steroid Injections**
   Cortisone is one of the most effective forms of an anti-inflammatory. By injecting it directly into the bursa or around the joint it can help to alleviate some of the pain in the area. However, a steroid injection is painful for 2-3 days following the procedure, and generally no more than three are recommended for any particular condition.

3. **Physical Therapy**
   Physical therapists, osteopaths and chiropractors often begin their focus on restoring normal movement in the shoulder. Stretching exercises are great at increasing movement. If you are having problems reaching behind your back. You could have developed a tightness in the shoulder capsule. Specific types of exercise have been proven to be quite effective in relieving pain.

Tips:

- Try to avoid performing a lot of overhead repetitive movement, such as when playing tennis, basketball or swimming.
- Construction and painting professionals tend to be at an increased risk for developing this condition.
- Apply ice to the affected area to help relieve some of the pain and inflammation that has set in from overusing the joint.
- When the condition worsens, you will have difficult being able to button or zip anything behind your back like you once were able to do.
- If you find that you are suffering from a loss of movement and strength, you might be suffering from this condition. Seek the advice of a medical professional for a proper evaluation and treatment plan.