

ARTHROSCOPIC SHOULDER BICEPS TENODESIS AND STABILISATION

What is wrong with your shoulder?

Your shoulder is painful because the superior labrum, biceps tendon or its attachment in your shoulder is torn or injured. These tear from a single violent injury or very occasionally have been stretched due to repeated strenuous use.

What I recommend

In view of your description of your problem, my physical examination and review of the scans, **I believe that surgery is indicated for your shoulder, because of persistent pain and instability interfering with your activities of daily living, work or sports.**

Are any other options available?

While I believe that surgery is the best course of action, other treatments are available. These range from no treatment, just living with the condition, to physiotherapy, exercises, and injection. While any of these treatment options may be successful in your situation, in my experience it's unlikely they will stabilize the damaged shoulder now. We can arrange for any of these options if you would like.

What happens if surgery is not performed?

I do not think your condition will worsen, mostly your present symptoms continue.

How is the surgery done?

The surgery is done using arthroscopic technique. Instead of a large incision I make 4-5 small (1 cm) incisions. Through one incision I insert the arthroscope, which lets me look inside your shoulder. The other incisions are used to insert special instruments. With a combination of small special anchors and internal sutures, we can repair the torn labrum and re-attach the biceps.

This is done with simple internal sutures or sutures attached to small 3mm, metal or inert anchors.

What kind of anesthesia is used?

We use a combination of local and general anesthesia. You will go to sleep (general anesthesia) and during the surgery we inject long acting local anaesthetic into the wounds and shoulder.

We also insert a tube (infusion catheter), which continues to deliver local anaesthetic around the shoulder after the surgery, and you will be taught how to administer your own intravenous painkillers via a special machine (PCA: patient controlled analgesia).

The infusion catheter and PCA lines are removed the next day, when you are comfortable on simple regular Panadol or Nurofen and break through Panadeine Forte and anti inflammatories.

What is it like when you wake up?

You will wake up in the recovery room after your surgery. Your arm will be in a sling. It supports your arm, and through an attached ice pack helps control pain and swelling.

How long will you stay in hospital?

Patients enter the hospital in the morning, have the surgery and stay in the hospital overnight. About 10% of patients go home the same day.

What about complications?

Complications can occur. Fortunately these are rare. The most common complication involves injury to nerves around the shoulder. These usually resolve in 2 days to 6 weeks. This occurs in less than 1% of patients. Permanent injury that results in diminished use, function or feeling in the extremity can occur but is exceedingly rare. Infection can occur, about 1%, and may require oral antibiotics, antibiotics by injection and even repeat surgeries and lengthy hospitalizations. This is a disaster.

How successful is the surgery?

This type of surgery is reliably successful about 90% of the time.

There is a risk the labrum and biceps repair does not heal or that you re-injure it with a major fall, wrench or pull.

Sometimes we notice the biceps has a more rounded shape after surgery, this is because getting the biceps tendon repaired exactly at the right length is difficult, but the strength of the muscle returns and pain is significantly better with the repair.

The aim of surgery is to restore stability to your shoulder both for activities of daily living and sports.

When can you return to routine activities?

You will be able to use your fingers, wrist and elbow immediately after surgery. You may shower with a waterproof dressing straightaway. You may walk outdoors, write and cook within a few days. You may gently use your arm in front of the body as soon as possible. You must be careful not to lift more than 2kg with your operated arm for about 4 months.

When can you return to work?

For office jobs I recommend taking 1-2 weeks off work. When you return to work your arm will be in a sling (6 weeks after surgery), but you should be able to manage as long as you do no lifting, pushing, pulling or carrying.

Most patients can start light duty work involving no lifting, pushing, pulling or carrying more than 2kgs, 6 weeks after surgery. Work at waist level and 5kgs of lifting is started 4 months after surgery. You will generally need 3-6 months of recovery before beginning occasional work at shoulder level.

Return to heavy lifting or overhead use occurs between 6 months.

How is the shoulder rehabilitated?

Generally you can take the arm out of the sling. Out of the sling you can use the arm for eating, paper and computer work. I don't want you to move the shoulder very much, apart from some specific exercises, you'll be taught.

You can move your hand from your head to your thigh area.

You may enjoy walking after 2 weeks, then stationary bicycle riding within 2 months. Jogging and regular bicycle riding can start 3 months from surgery, as can gentle golf strokes. Swimming, running and tennis groundstrokes start 4-6 months after surgery. Return to over head throwing, tennis strokes and contact sports require at least 6 months.

Postoperative Consultations?

Your first office visit is 2 weeks after surgery so that I can examine the surgical incisions. Sling wear continues for 6 weeks after surgery. Your next visit occurs six weeks after surgery when more vigorous use of the shoulder will be allowed. Office visits occur 5 and 12 months after your surgery.

What about pain medication?

You will be given strong painkillers when you leave the hospital, like Panadeine forte and or anti-inflammatories however almost all the post-op pain is better controlled with regular Panadol or Nurofen (every 3-4 hours), arm repositioning and cold packs.

How much does the surgery cost?

I charge AMA based fees, which are usually greater than what the Government allows the Insurance companies to fully cover. There will be a "gap". My Assistant will provide an accurate quote for my surgery fee, the anaesthetist and assistant fees.

Hospital accommodation and operating theatre costs should be checked with the individual hospital.

What if you have more questions?

Please feel free to call me in my rooms on (02) 8622 3399 and I'll call you back as soon as I can.

How do you schedule surgery?

Contact my Assistant on (02) 8622 3399.

GREGGORY BURROW