

ARTHROSCOPIC SHOULDER STABILISATION

What is wrong with your shoulder?

Your shoulder is painful because it is unstable. It may dislocate (the ball comes completely out of the socket) or sublux (comes out partially). This happens because of damage to the shoulder ligaments. Ligaments are strong cord-like structures that connect one bone to another. These ligaments tear from a single violent injury or 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, or medication. 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 though sometimes the frequency of instability episodes increases. Shoulder instability can occasionally lead to arthritis. However, the major damage has already been done.

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 1 incision I insert the arthroscope, which lets me look inside your shoulder. The other incisions are used to insert special instruments. These have torn and/or stretched and allow the ball to slip out of the socket. If the ligament tears off its bone attachment we repair the ligament to the bone, if it is stretched, we shorten it by making a pleat (as in sewing clothes). This is done with simple internal sutures or sutures attached to small 3mm bone 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, less than 1%, and may require oral antibiotics, antibiotics by injection and even surgery and hospitalization.

How successful is the surgery?

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

There is a risk the repair does not tighten the shoulder enough or that you re-injure or simply stretch the repair with time.

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.

I want you to use your hand and move up to your face and down to your thigh. You may walk outdoors, eat, drink, write, computer 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. You will generally need 3-6 months of recovery before beginning work at shoulder level.

Return to heavy lifting or overhead use occurs between 6-12 months.

Most people can drive short car trips from 3-6 weeks, if the shoulder is comfy, and you are safe and confident.

I would rather you didn't travel by crowded trains or buses for 8 weeks.

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 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.

No treadmills at the gym 4 months.

Return to overhead 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's fee and the Assistant Surgeon fee.

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

How do you schedule surgery?

Contact my Assistant on (02) 9409 0500.

What if you have more questions?

Please feel free to give me a call at my rooms on (02) 9409 0500 and I will call you back as soon as I can.

GREGGORY BURROW