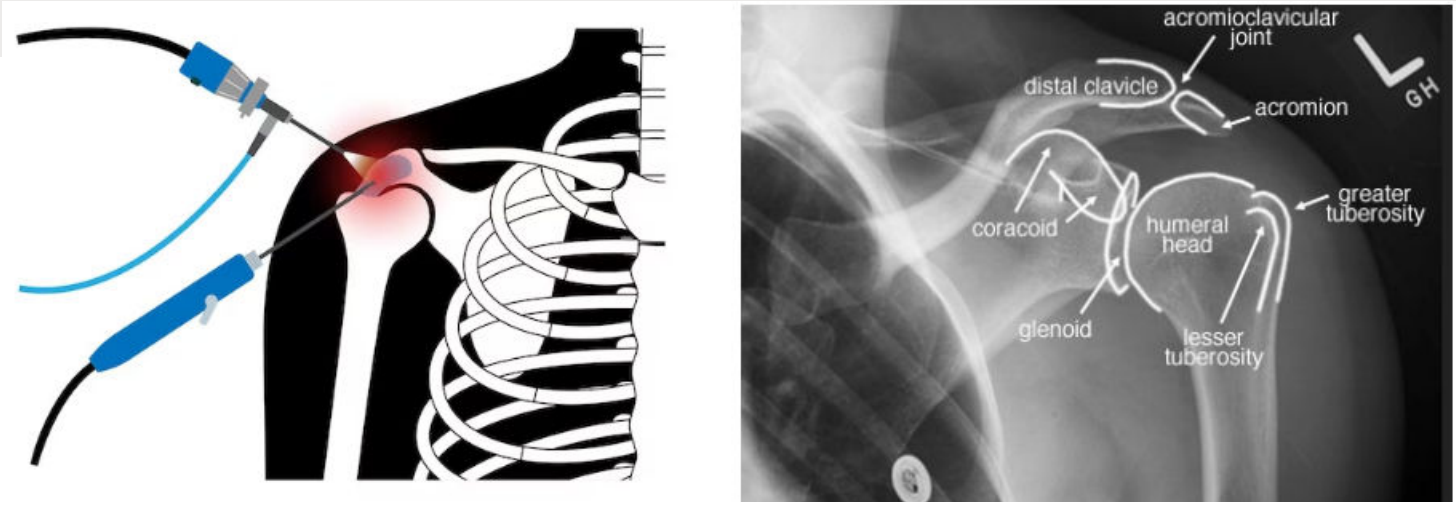
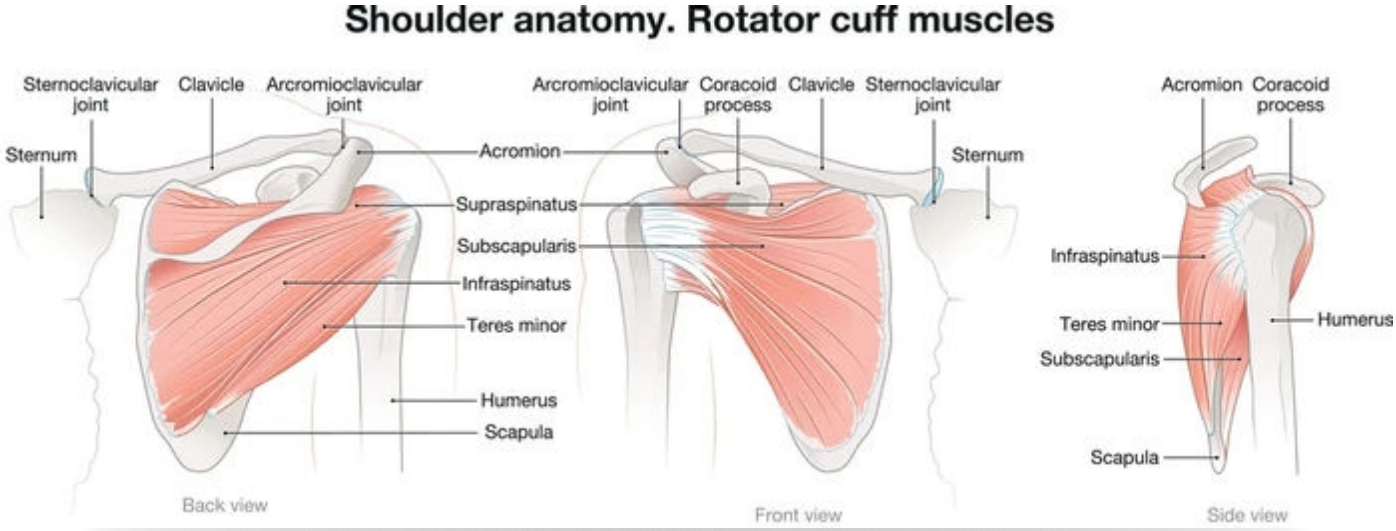
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Shoulder Arthroscopy





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WELCOME



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DR. CHAD CONNER

AMG PROVIDENCE ORTHOPEDICS &
SPORTS MEDICINE

Dr. Conner specializes in sports medicine and arthroscopic and reconstructive surgery of the shoulder, hip, knee, and ankle. He is board certified in orthopedic surgery by the American Board of Orthopaedic Surgery with a subspecialty certification in orthopaedic sports medicine. He grew up in Dallas, Texas and attended Lake Highlands High School. Beginning at age five, he practiced gymnastics and went on to compete for the University of Minnesota gymnastics team in Minneapolis, Minnesota.

Dr. Conner attended The University of Texas Medical Branch for his medical school training and subsequent orthopedic surgery residency training. Following this, he completed a fellowship at the world renowned Southern California Orthopedic Institute. There, he specialized in sports medicine, arthroscopy, and reconstructive surgery of the shoulder, hip, knee, and ankle. He helped care for athletes from the high school level to the professional level. His training also included specialization in total/reverse shoulder replacement surgery.

Dr. Conner currently practices at AMG Providence Orthopedic & Sports Medicine in Waco, Texas and is a team physician for a local high school team. He is a member of the Arthroscopy Association of North America, the American Orthopedic Society for Sports Medicine, and the American Academy of Orthopaedic Surgeons.

He has done extensive research on treatment of massive rotator cuff tears, ACL reconstruction, hip arthroscopy and ankle arthroscopy. He has also been involved in teaching hip arthroscopy as an associate master instructor at the Arthroscopy Learning Center in Chicago, IL. With Baylor University, he gives lectures for pre-health student information courses and is involved in the Baylor Health Science Studies internship program mentoring students interested in orthopedic surgery.

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Dr. Conner also volunteers and helps lead a monthly orthopedic and rehabilitation clinic at a community outreach organization called Mission Waco, which strives to provide Christian-based holistic, relationship-based programs that empower the poor and marginalized and was named Business of the Year by Mission Waco for 2013.

Outside of the office, Dr. Conner enjoys his wife and children, church, work outs, mountain biking, wake surfing, and the outdoors.



MEMBERSHIPS

SPECIAL SOCIETY

AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE
ARTHROSCOPY ASSOCIATION OF NORTH AMERICA
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

STATE MEDICAL SOCIETY

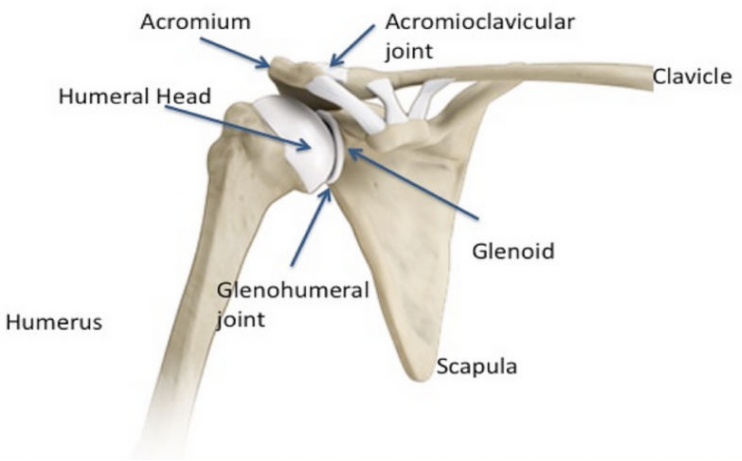
TEXAS MEDICAL ASSOCIATION

INTRODUCTION

This booklet will provide a general guide to the common indications for shoulder arthroscopy, what to expect if undergoing the surgery, the significant risks, and a general guide to the expected recovery pathway. This document is not by any means fully comprehensive, and any specific questions should be addressed with your surgeon. The development of the techniques has improved dramatically over the last few years and this has allowed surgeons to improve the treatment of shoulder injuries.

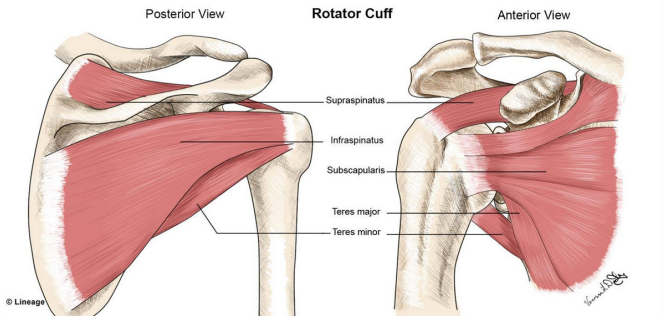
Normal Shoulder Joint

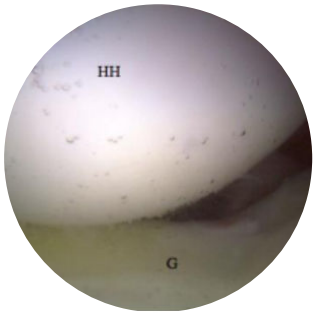
The shoulder (glenohumeral) joint is like a ball in a socket, with the humeral head being the ball and the glenoid cavity being the socket. The joint is highly mobile and consists of several components. Joint stability is maintained primarily by four sets of ligaments and the four muscles that make up the rotator cuff.



Key Structures

· Bones: scapula, clavicle, and humerus.
· Rotator cuff muscles: subscapularis, supraspinatus, infraspinatus, and teres minor.
· Associated muscles: deltoid, biceps, and pectoralis.
· Ligaments: glenohumeral, transverse humeral, coracohumeral, coracoacromial.
· Joint Capsule.





Normal humeral head (HH) and glenoid (G) view from within the shoulder joint.

INDICATIONS FOR ARTHROSCOPY

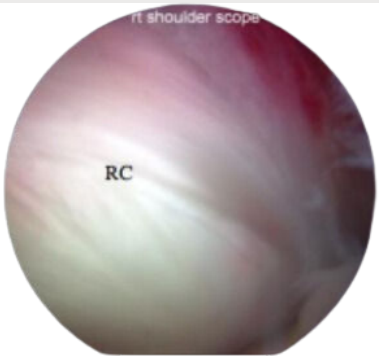
Arthroscopic shoulder techniques and instruments have improved over the past decade, resulting in many surgeons reducing the number of open joint surgeries preformed. Shoulder arthroscopy provides the surgeon with a direct visualization and accurate evaluation of the joint. Currently, there are many reasons for recommending a shoulder arthroscopy. Some of the more common problems are:

1. Rotator cuff tears
2. Rotator cuff bursitis/impingement
3. Acromioclavicular (AC) joint arthritis
4. Glenohumeral traumatic instability or dislocation
5. Multidirectional instability or loose shoulder
6. SLAP tears and labral tears
7. Biceps tears or tendonitis
8. Adhesive Capsulitis or Frozen Shoulder
9. Calcific tendonitis
10. Arthritis of the Shoulder in younger patients
11. Synovitis of the Shoulder
12. Ganglion Cysts of the Shoulder

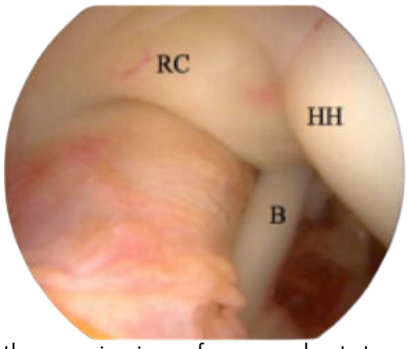
The most common current indications for shoulder arthroscopy include injuries to the rotator cuff and labrum as well as impingement syndrome and arthritis of the acromialclavicular (AC) joint. These problems are discussed in more detail below.

INJURIES TO THE ROTATOR CUFF

The rotator cuff is made up of four tendons and muscles that connect the upper arm to the shoulder blade. Together, they form a "cuff" that firmly holds the ball of your upper arm bone in the socket of your shoulder, and allows the larger muscles like the deltoid to move your shoulder easily in different directions with maximum force.



Normal rotator cuff (RC) from the bursal compartment (top side of rotator cuff)

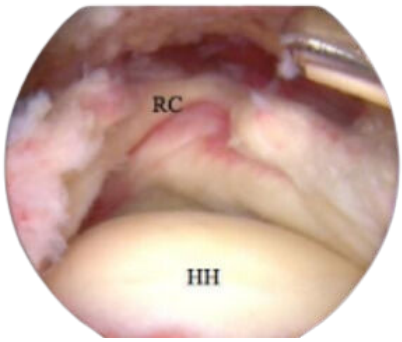


Arthroscopic view of a normal rotator cuff (RC) as seen from within the shoulder joint. (B) biceps, (HH) humeral head

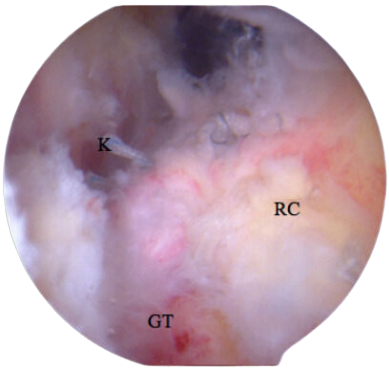
Damage to any one of the four muscles and/or their tendons can occur due to acute injury, chronic overuse, or gradual aging. Too much stress can cause partial tears and swelling in the tendons of the rotator cuff called tendinosis. Abrupt injury such as a fall or lifting a heavy object or extended use over time may even cause one of the tendons to pull away from the bone or tear in the middle of the tendon forming a full-thickness tear.



Small to medium full thickness rotator cuff (RC) tear. The rotator cuff inserts on the greater tuberosity (GT).



Large full thickness rotator cuff (RC) tear. Humeral Head (HH)



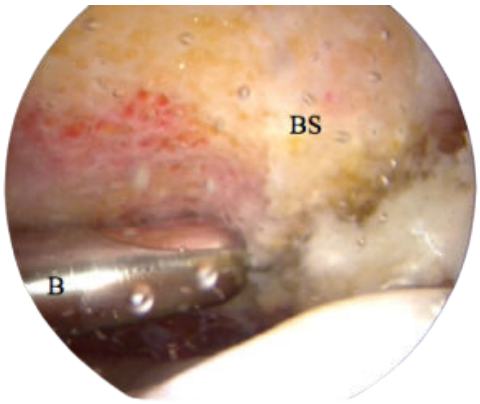
Arthroscopic repair of the rotator cuff (RC) secured to its attachment on the greater tuberosity (GT- humerus bone) Surgical suture knot (K)

When the rotator cuff is damaged, a variety of issues can arise:

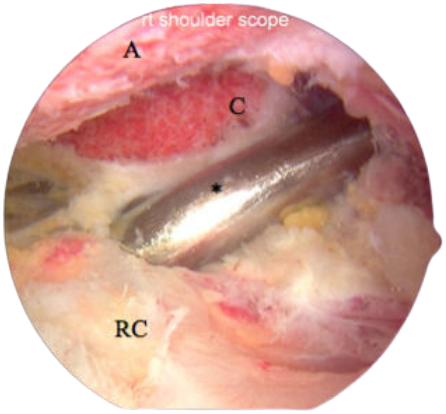
- Pain most often occurs and is usually made worse with use of the shoulder.
- Night pain can make sleeping difficult.
- Weakness occurs secondary to the inability for the rotator cuff to stabilize the shoulder.
- Stiffness may form due to decreased use and range of motion because of pain.
- Arthritis may form over time and add additional pain and limit range of motion if a full thickness tear is left untreated.

IMPINGEMENT SYNDROME & AC JOINT ARTHRITIS

Often times, patients will have a bone spur or curvature of the acromion bone that is positioned directly above the rotator cuff and shoulder joint. In some circumstances, the acromion and/or bone spur can rub on the rotator cuff and cause pain. In this case, you surgeon will remove the bone spur with a high-speed burr creating a smooth flat surface.



Acromial bone spur (BS) and burr (B)

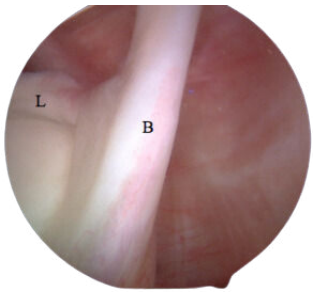


Acromion process (A), distal clavicle (C) following bone resection.
(*) metal canula

Additionally, at times arthritis may form in the (AC) joint, which is the joint of the acromion and clavicle. Most people will form some arthritis in this joint over time, but it is not always painful. If your surgeon determines that this joint is causing you pain then the surgeon will remove about 1cm of bone from the end of the clavicle to relieve the pain at this joint.

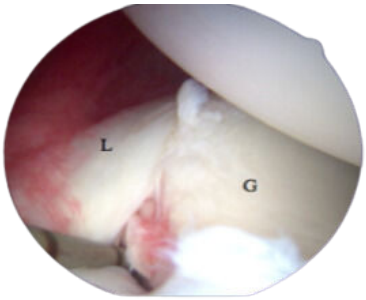
INJURIES TO LABRUM

As previously mentioned, the shoulder is a ball and socket joint, much like the hip, but the socket of the shoulder is very shallow and has much less stability when compared to the hip. To compensate for this shallow socket, the shoulder joint has a ring of fibrocartilage, called the labrum, that surrounds the outer border of the shoulder socket (glenoid). This adds depth to the socket and creates a more stable platform for the ball of the arm bone (humerus) to move within.



Normal biceps tendon (B) and labrum (L)

Because of the labrum's function and location, it is susceptible to injury when trauma to the shoulder joint occurs. It is typically an injury and problem only in younger patients. Some labral tears, like a Bankhart lesion, can cause instability and increase the likelihood of dislocation.

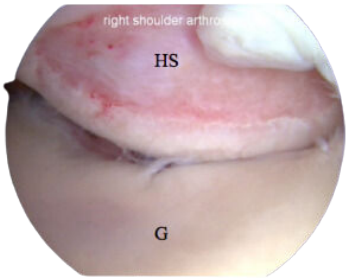


Anterior labral tear (L) associated with traumatic anterior dislocation

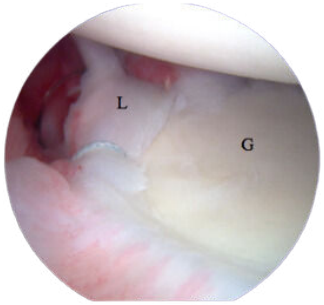


View of the anterior capsular labral repair (LR) for anterior shoulder dislocation

When a shoulder dislocates it impacts the humeral head (the ball) on the glenoid (socket), which causes an impaction of the bone forming a deformity called a Hill Sachs lesion, which can predispose to further dislocations in the future.



Arthroscopic view of Hill Sachs (HS) lesion. Glenoid (G)



SLAP(L) repair. Glenoid (G)

Symptoms of a labral tear vary depending on the location of the injury. The most common symptoms include:

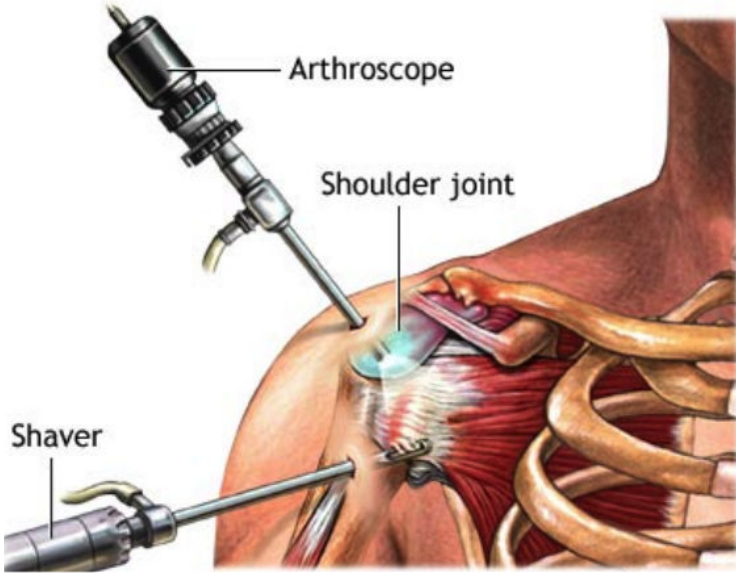
1. Pain with specific activities
2. Catching within the shoulder joint upon movement
3. An aching sensation within the shoulder joint
4. Dislocation or subluxation of the joint.

WHAT IS SHOULDER ARTHROSCOPY?

SHOULDER ARTHROSCOPY IS A PROCEDURE THAT ALLOWS YOUR ORTHOPAEDIC SURGEON TO INSPECT YOUR SHOULDER FROM WITHIN AND THEN DIAGNOSE, AND TREAT PROBLEMS INSIDE THE JOINT.

Once anesthesia has been provided in the operating room you will be positioned carefully onto your unaffected side to perform the shoulder arthroscopy.

During shoulder arthroscopy, several small incisions are made around your shoulder to allow the surgeon to visualize your shoulder and work with small instruments to repair and treat your shoulder problems. A 4mm camera called an arthroscope is placed into the shoulder joint to begin the operation. The camera displays pictures in high definition onto a television screen. Saline (water balanced for your body) is pumped into the shoulder joint to allow the surgeon to see clearly and remove debris from the joint.



The first procedure performed is a systematic view looking at all of the important structures of the shoulder joint to evaluate for any damage. Once the injured tissues have been assessed, the surgeon begins working to repair and/or treat as possible all of the pathology thought to be causing pain. This typically correlates with the preoperative imaging and evaluation.

If a repair of tissue to the bone is being performed such as with a rotator cuff repair, labral repair or biceps tenodesis (repairing the biceps to the bone), the bone is initially prepared to create a good healing surface. A shaver is used to burr away any old fibrous tissue to uncover clean bone for healing. This helps the repaired tissue to heal.

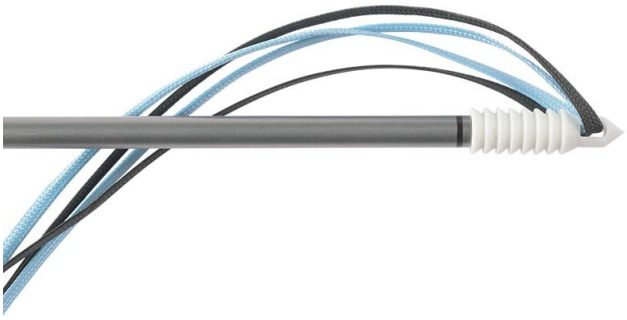
The tissue to be repaired is typically freshened or debrided of damaged tissue to promote healing as well. To repair the tissue to the bone, an anchor with high strength suture is often placed into the bone and then specialized instruments are used to arthroscopically pass the suture through the tissue and secure the tissue to the bone with arthroscopic knots.

Other procedures as noted earlier in the text may be performed as well.

SHOULDER ARTHROSCOPY CONT.



Typical example of an arthroscopic rotator cuff anchor. This is a 5mm titanium anchor with 3 high strength sutures used for securing the rotator cuff to the bone



Typical bioabsorbable anchor 2.4 - 3 mm placed into the glenoid for labral repair

Once the procedures have been completed, the small incisions are closed beneath the skin with an absorbable suture (does not need to be removed) and further secured with small white band-aids called steri-strips. These are left on until removed and replaced with new ones at your first post-operative appointment.

RISKS ASSOCIATED WITH SHOULDER ARTHROSCOPY

Most patients do not experience complications from shoulder arthroscopy. As with any surgery, however, there are some risks. These are usually minor and treatable. Potential risks with any surgery include pain, bleeding, infection, damage to surrounding structures like nerves or blood vessels, failure to heal or cure, need for additional procedures, fluid extraction, and any medical or anesthetic complication. Loss of limb or death would be exceedingly rare with shoulder arthroscopy surgery.

Your surgeon will discuss the possible complications with you before your operation and you should ask any questions that you may have.

WHICH PATIENTS SHOULD CONSIDER SHOULDER ARTHROSCOPY?

Patients with symptoms of a painful condition that have not responded to nonsurgical treatment and/or have a significant injury to the shoulder. Your surgeon will help you understand and decide when surgical treatment is needed verses treatment without surgery.





Nonsurgical treatment includes rest, physical therapy, and medications or injections that can reduce inflammation. Inflammation is one of your body's normal reactions to injury or disease. In an injured or diseased shoulder joint, inflammation causes swelling, pain, and stiffness.

Injury, overuse, and age-related wear and tear are responsible for most shoulder problems. Shoulder arthroscopy may relieve painful symptoms of many problems that damage the rotator cuff tendons, labrum, articular cartilage, and other soft tissues surrounding the joint. X-rays and a preoperative MRI or ultrasound can help to confirm the diagnosis of these problems prior to the arthroscopy.

PREPARING YOURSLEF & YOUR HOME BEFORE SURGERY

Recovery is a gradual process and will take time after surgery. Plan for your return home before you enter the hospital. Most patients return home the same day of surgery.

- Ask the surgery center or your spouse, children, or friends if they can assist you with activities of daily living for about two days.
- Before surgery, it maybe helpful to practice daily activities that will be affected by surgery.
- Practice putting your Shoulder Sling on and taking it off, keeping your injured shoulder as still as possible. Read the instructions for the Shoulder Sling for help. Try to practice in front of a mirror so you can easily find and attach the two straps.



If you're interested in assistance from a home healthcare agency select the agency before surgery. Your doctor's office can help you with these arrangements. Most of the time, your insurance will cover the cost of home health care for a few days (7-10) after surgery. It can be arranged that you have a nursing assistant come to your house and help with day to day things you may need as well as help with physical therapy exercises if needed.

BEFORE SURGERY CHECKLIST

☐ BENZOYL PEROXIDE



Use benzoyl peroxide over the operative shoulder, neck, chest, back, and armpit region for 3 mornings before surgery (preop day 1 & 2, and morning of surgery).
Apply solution to affected rinsed shoulder for 3 minutes before washing away

☐ SLEEP



A good night's rest is important before surgery.

☐ NO FOOD/DRINK



Before surgery, do not eat or drink anything after midnight. Your stomach must be empty before you receive the anesthetic. This helps prevent nausea, vomiting and other complications during and after anesthesia.

☐ SUPPLEMENTS



Supplements: in general, you should discontinue all herbal over-the-counter supplements one week before surgery. You may continue multivitamins and Vitamin C, but nothing else. Some supplements affect bleeding tendencies and may cause problems with wound healing.

☐ POST-OP MEDICATIONS

Please make sure you have picked up your post-op medications **PRIOR** to your surgery. Failing to do so can lead to delays in receiving the medications and pain relief.

☐ SHOWER



Take a shower or bath the evening before surgery. This will help decrease the amount of bacteria on your skin.

☐ OTHER MEDICATIONS



You should stop all medications that have a potential to cause bleeding before surgery. The most common medications that fall into this category include aspirin (14 days prior), anti-inflammatories (such as Advil, Motrin, Naprosyn) (7 days prior) and blood thinners such as Plavix, Eliquis or Coumadin. (ask your PCP or refer to the surgery medication sheet you were given by Dr. Conner's office)

DAY OF SURGERY CHECKLIST

You will be provided a time to come and check into the surgery center or hospital. It is important to follow these instructions:

☐ BENZOYL PEROXIDE



Use benzoyl peroxide over the operative shoulder, neck, chest, back, and armpit region for 3 mornings before surgery (preop day 1 & 2, and morning of surgery).
Apply solution to affected rinsed shoulder for 3 minutes before washing away

☐ SHOES



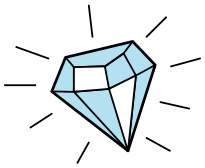
Comfortable, non-skid walking or athletic shoes. Elastic laces are available, eliminating the need to tie your shoes. Athletic shoes are available with hook and loop fasteners. Another option are slip on shoes or slippers.

☐ SLING



Please remember to bring your shoulder sling! Forgetting to do so can lead to a delay in leaving and result in you leaving with an uncomfortable alternate sling.

☐ NO VALUABLES



Leave your valuables at home.

☐ CLOTHES



Clothes that are soft and loose fitting. Bring comfortable clothes that open in the front with buttons or a zipper. Women can bring pants with elastic waistbands. For men, gym pants are easiest.

☐ MAKEUP



Do not wear makeup the morning of surgery. This includes nail polish.

☐ USUAL MEDICATIONS



Take only the medications your physician or nurse tells you to take on the morning of your surgery. (with a small sip of water)

Do **NOT** bring your medications that you usually take. It is important to have a list with the appropriate dosages. This will be requested from you at the time of registration.

YOUR SURGERY CENTER OR HOSPITAL STAY

You will be provided a time to come and check into the surgery center or hospital.

MORNING OF SURGERY

- After admission, the nursing staff will take your temperature, pulse, respiration rate, and blood pressure.
- The anesthesiologist will discuss the types of anesthesia to be used.
- Bring your Shoulder Sling with you to the operating room.

GOING TO SURGERY

- You will be asked to empty your bladder.
- Remove all jewelry (including rings), dentures, and contact lenses.
- You may wear your glasses/hearing aid if necessary.
- You will be taken to the operating room on a hospital bed.
- An intravenous (IV) line will be started before surgery.
- The affected shoulder may be shaved and scrubbed to prepare for surgery.

ANESTHESIA

The surgery is most commonly performed under general anesthetic. In most cases a regional local anesthetic block is performed by the anesthesiologist prior to the surgery. This is a nerve block that will numb the nerves to your arm and hand to help decrease or minimize postoperative pain for the first 6-18 hrs after the surgery. You may notice some tingling in the arm/hand as the block wears off. There is a very small risk of nerve injury with this procedure but the benefits of pain relief are typically thought to outweigh the risks.



WHAT TO EXPECT AFTER SURGERY

POSTOPERATIVE:

After surgery, you will stay in the recovery room for 1 to 2 hours before being discharged home. Nurses will monitor your responsiveness and provide pain medication, if needed. You will need someone to drive you home and stay with you for at least the first night.

WOUND CARE:

Your surgical dressing will be applied while in surgery; this should stay in place for 48 hours. After 48 hours you may remove the bulky dressing. There will be lots of loose pieces of gauze that can be removed. Keep all of the steri-strips (white band-aid strips) in place and you may apply conventional band-aids over the steri-strips. We will remove your steri-strips at your first post op visit. This visit is usually 5 to 10 days post op.

Avoid prolonged sun exposure and/or use adequate sun block once the wounds have healed to promote a better healing scar for one year.

SHOWERING/BATHING:

Although the band-aids or adhesive dressing are in place over the incision sites, you may shower after all the dressing is removed. You must use Saran wrap or Press'n Seal while the steri-strips are still on to cover the area. You may bath if that seems easier for you. Please do not submerge your shoulder in the water. Generally, you will be able to shower without protection 2 weeks post surgery.

SWELLING:

The arthroscopic procedure involves filling up the shoulder joint with water. You may notice some facial, neck, chest or shoulder/arm swelling. This is normal and occurs from saline that is pumped into your shoulder dissipating to adjacent areas and will resolve with elevation of the head (sitting in a chair or recliner) over the next few days. Ice can be used on your shoulder for 20 minutes every 1-2 hours to decrease pain and swelling. Once physical therapy starts, it is wise to use ice after each session.

SLING/BRACE:

If you are provided with a sling and/or brace, this must remain on at all times except when doing your exercises unless instructed otherwise. (See Sling Questions)

WHAT TO EXPECT CONT.

EXERCISES:

Squeezing the soft ball that is on your sling will be helpful to alleviate swelling and stiffness of the wrist and fingers. Please do the elbow, wrist, hand, and scapula exercised as instructed on the exercise instructions below.

PAIN MEDICATION:

You will be prescribed pain medication (typically oxycodone) to be used at home after your surgery. This is a narcotic pain reliever. Take 1-2 tablets every 4-6 hours as needed for pain. It is usually recommended to take the pain medicine every 4 hours for the first 24-48 hours, and then take it as needed *with a goal to discontinue narcotics within 4 days*. Keep in mind that the medication will cause drowsiness and should not be used with alcohol. Also, taking is medication on an empty stomach may result in nausea. It is common to feel discomfort when lying down to sleep at night, so you may find it beneficial to take the pain pill at bedtime. Often times it, may be more comfortable to sleep with a recliner and a pillow behind yourself. We recommend taking 1000mg of Tylenol every 6-8 hours for pain around the clock to help get ahead of the pain. NSAIDs (Aleve, Ibuprofen) are usually not taken for 3 months after the surgery if a rotator cuff or labral repair was performed in order to not slow healing of the tissue. It is recommended to take an over the counter stool softener such as colace each day to prevent constipation while taking the narcotic medicine.

You can expect the acute surgical pain and discomfort for at least a week after surgery. If you have had a more extensive surgery, however, it may take several weeks before the initial acute surgical pain subsides.

SIGNS OF INFECTION:

With any surgery it is important to be aware of signs of infection, which can include: unusual looking incision such as increased redness or smell, drainage to be green or yellow, and increased fever. It is normal to have a slight temperature post operative, but above 101 degrees; you may need to contact our office immediately.

POST-OP APPOINTMENTS:

Typically your first post-op is around 1 week from surgery with the surgeon's PA or NP. Please call the office at 254-752-9638 to schedule a post-op appointment if you do not have one. Please make the scheduler aware that this is your first post op appointment. At this appointment, we will change the steri-strips, take x-rays if needed, and go over your exercises. Typically, your surgeon will see you again at approximately 4 - 6 weeks, 10 - 12 weeks, and 6 months after surgery.

WHAT TO EXPECT CONT.

PHYSICAL THERAPY:

For Rotator Cuff Repair and Labral surgeries, physical therapy will usually begin about 4-6 weeks postoperative. We will communicate with you when you should start and will give you a prescription for the physical therapy.

Surgery for just the AC joint without Rotator Cuff Repair will typically start the first week after surgery.

RETURN TO WORK:

The decision to return to work is made depending on your job requirements. With most occupations that involve office and/or computer work, you may be able to return to work in about a week.

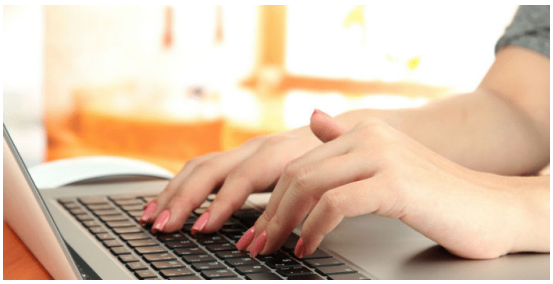
If your job requires significant manual labor and lifting, the return to work may be prolonged to 6 months for complete release. If FMLA is needed, please provide this to our office or fax to 254-752-9638. Of note, there is a 10-14 business day completion time.

RETURN TO SPORT:

Typically, return to sport will vary depending on the specific shoulder procedure performed. Shoulder labral repairs usually require a minimum of 5-6 months healing time prior to return. Your therapist and/or trainer will be following and directing your progressive preparation for return to your sport under our guidance.

QUESTIONS:

Please feel free to contact our office at any time if you have any questions or concerns, 254-752-9638.





POST-OP SHOULDER EXERCISES

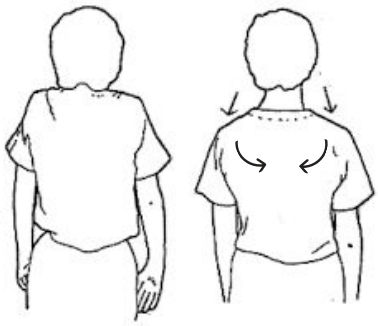
Begin these exercises the next day after your surgery. You may stand or sit. Repeat each exercise 20-30 times and repeat each set 3-4 times daily. Before starting, gently remove your Shoulder Sling.

Exercise and movement are important following surgery. Muscle contractions through exercise release nitric oxide, which decreases inflammation, aids wound healing and helps prevent stiffness.
Be sure to squeeze the ball attached to your Shoulder Sling frequently throughout the day.

*** DO NOT ACTIVELY MOVE YOUR SHOULDER**

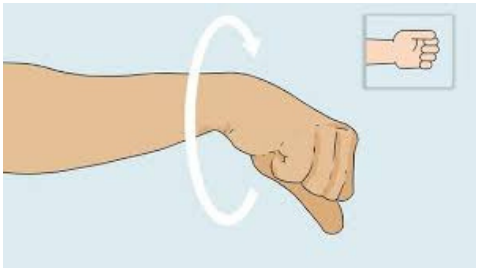
1. Shoulder Shrugs:

Move your shoulder blades up, pinch them together and then move them back and then down to the starting position.



2. Wrist Circles:

Make a fist with your palms up. Start with your forearm supported by your other hand and then move your hand in a circle. Repeat this pattern in a clockwise direction and then in a counter-clockwise direction.



3. Elbow Flexion and Extension:

Make a fist with your palms up. Start with your arms at your side, your elbows fully extended and your fists down towards your knees, flex your elbows up towards your shoulders keeping your arms next to your body, then return your arms to the starting position.

4. Forearm Pronation and Supination:

Make a fist with your palms up. Start with your elbows at your side and your forearms in front of your body at a 90-degree angle, then rotate your fists from the palm up to the palm down position and back again.

EXTENSION



FLEXION



PRONATION



SUPINATION



Phase 2 Exercises:

Will start with a therapist 4 to 6 weeks post-op, depending on the type of repair and quality of the tissue. Therapy is suggested for 2-3 times a week, usually 8-12 weeks.

drchadconner.com 254-752-9638

SLING QUESTIONS

Why do I need to wear the shoulder sling?

The Shoulder Sling is an important tool to help your shoulder tissues heal.



During surgery I may reattach your rotator tendons or ligaments to the bone. In order for these tissues to heal together, they need to be held tightly in place. Think of gluing two rubber bands together. If the ends are moved or agitated in anyway before the glue has set, the bond between the bands may either not hold or may not hold well. The longer the glue is able to set undisturbed, the stronger the bond will be.

The shoulder sling supports and stabilizes your arm, keeping weight off the tissues, thereby helping prevent them from pulling apart. If your arm hangs at your side, its weight pulls against the repaired tissues stressing the surgical repair. By supporting the weight of the arm, the shoulder sling keeps the tissues quiet, allowing them to heal together. Also, the shoulder sling protects your surgical repair by helping prevent reflexive or accidental movements, which may stress the repair.

How long do I need to wear the shoulder sling?

You need to wear the shoulder sling when you are up and about and while you sleep until the tissues *begin* to heal by growing together, which takes between 4-6 weeks. Full healing for Rotator Cuff Muscles/Labrum tissues requires about 6 months.

What if I don't want to wear the shoulder sling that long?

You will risk pulling the tissues apart and weakening the repair.

May I take the shoulder sling off sometimes?

You may remove the shoulder sling when you are sitting. You should not allow the weight of your arm to pull on the rotator cuff, so support your arm by keeping it on your lap. A pillow beneath your arm may help as well. You may work at your desk with your hands in front of your body and your arm supported.

FREQUENTLY ASKED QUESTIONS



1 DO I HAVE TO SLEEP SITTING UP?

Most people are most comfortable sleeping propped up for the first several weeks post-op and sometimes longer. When it is comfortable for you to do so, you may sleep on side with your arm in the shoulder sling resting on your top side. Do not sleep on your side with the shoulder sling down.

2 WHEN CAN I DRIVE?

Usually, you can drive after one week, once you are off narcotics and both you an a family member feel safe with you doing so. To drive, remove your sling and use your repaired arm to hold the bottom of the steering wheel only. Do not actively use your arm to turn the steering wheel.

3 WHAT ELSE SHOULD I DO TO PROTECT MY SHOULDER AS IT HEALS?

You should avoid the following motions:

1. Do not reach up or away from the body.
2. Do not lift or hold heavy objects. Nothing more than a cell phone in your hand.
3. Do not put your arm behind your back.

These motions put great stress on the surgical repair and risk pulling the repaired tissues apart.

4 WHAT IF MY ARM AND FOREARM LOOK SWOLLEN OR BRUISED?

Bruising and swelling within a week or ten days following surgery is normal. Bruising, which is discoloration due to the break down in blood, results from the intentional release of bone marrow during surgery. Bone marrow is a rich source of both stem cells and growth factors, both key to the healing process. As for the swelling, this is a result of fluid used during arthroscopy becoming trapped in the tissues until it is slowly absorbed by your body. Exercising your elbow, wrist and hand will help dissipate the excess fluid.



Ascension