YOUSIF
Orthopedic Surgery

Shoulder Arthroscopic Surgery

Arthroscopic shoulder surgery is an outpatient surgery. All patients go home the same day.

If you have any of the below listed conditions, please call the office and inform our staff immediately as this may have an impact on your surgery.

- Chest pain that may occur at rest
- Heart Failure
- AICD
- Recent heart attack (within the last 3 months)
- Recent procedure to place a stent(s) in the vessels of your heart (within the last 6 weeks)
- Tight heart valve (aortic stenosis)
- Use oxygen at home
- Central sleep apnea
- Kidney failure requiring dialysis
- Liver failure requiring need for a liver transplant
- Recent neck injury requiring you to wear a collar
- Current pregnancy or recent fetal loss (within 4 weeks)

We will schedule a postoperative appointment approximately 4 weeks after surgery at the same time your surgery is set up. Once this is scheduled, if you need to change it for any reason, please call the office.

You must not eat or drink anything, including gum or candy after midnight the night before your surgery as your surgery WILL be cancelled.

Even if you are told by the preoperative clinic that it is okay for you to eat or drink if you are a later arrival, **Dr. Yousif's policy is nothing to eat or drink, as you may be cancelled upon arrival if you do**. If you are on high blood pressure medication, you may take this with a sip of water when you get up in the morning. Please do not take any aspirin, anti-inflammatories, or any herbal supplements for 7 days prior to surgery. You may take Tylenol or your regular prescribed pain medication if this is your normal routine (except above stated aspirin/anti-inflammatories).

You will need someone to drive you home after surgery and stay with you the night of your surgery. We will give you a prescription for pain medication before you leave. You will leave the surgical center in a sling/immobilizer that you will wear for approximately 1-6 weeks, depending on your procedure. You may use your hand and wrist. You may take your arm out of the sling 3-4 times daily, and move elbow up and down so it does not get stiff.

We recommend that you wear an oversized t-shirt, elastic waist sweatpants and slip on shoes the day of your surgery.

Disability paperwork.
The length of time out of work will vary depending on the type of work you do, the type of surgery that was performed and how long you are in the sling after surgery.

Physical Therapy.
We recommend a physical therapy appointment 2-3 weeks after your surgery.
You can shower after 2 days.

Shoulder Arthroscopy

Shoulder arthroscopy is a minimally invasive surgery utilizing an arthroscope. The arthroscope is a camera that is able to be placed into the joint and is the best diagnostic tool available. The procedure may identify findings that other studies such as X-rays or MRI will not. The procedure typically begins with entering the glenohumeral joint which is the ball and socket portion of the shoulder. Structures visualized within this portion of the joint include the rotator cuff, biceps tendon, the labrum, the capsule and ligaments as well as the lining cartilage of both the ball (humeral head) and socket (glenoid).

Treated conditions within the glenohumeral joint include debridement, which is a cleaning up or shaving of unstable tissue/cartilage in the joint. This can be done for partial tears of the rotator cuff, biceps, and labrum. Recovery after a debridement requires a brief period of immobilization (7-14 days) to allow the small incisions/scope portals to heal. WE encourage you to take the sling off 4-5 times a day to perform gentle range of motion exercises. Ice the shoulder 3-4 times a day to minimize swelling.

Labral Repair, Capuslolabral Reconstruction for Instability, Capsular Plication and Roatator Interval Closure are arthroscopic procedures within the glenohumeral joint that require the use of suturing to affect the desired anatomic repair/restoration. These procedures require a longer period of immobilization (3-4 weeks) to protect the repair and rehabilitation typically progresses more slowly initially. Your specific procedure will be reviewed with you at your post-op follow up.

Biceps tendon pain can range from tendonitis to a tear. This will be inspected intra-operatively and addressed. Sometimes the biceps tendon needs to be released from the location of the tear and re attached in a different area to help relieve your pain. This procedure is known as a biceps tendon tenodesis.

Acromioclavicular joint arthritis (AC Arthritis) can cause pain. This usually presents with pain at the top of the shoulder with cross body maneuvers. It can be treated surgically with what is known as a distal clavicular excision or a **mumphord procedure.** Here we resect the arthritis with a arthroscopic burr taking a minimally invasive approach.

Rotator Cuff Conditions encompass a spectrum of conditions including tendonitis, bursitis, impingement, and partial and full-thickness tears.

The terms **decompression and acromioplasty** refer to the cleanup of the inflamed tissue in the subacromial space and the burring of the acromion bone. The acromion is the bone on top of the rotator cuff tendons and often is implicated in the impingement process and subsequent tearing. The decompression essentially creates more space for the rotator cuff and takes pressure off the tissue while it recovers. Often the AC (acromio-clavicular) joint, where the shoulder blade and collarbone meet at the top front of the shoulder, may be inflamed and contributing to the rotator cuff symptoms. This AC joint may also be burred and cleaned out.

A rotator cuff repair requires the use of suture anchors. Suture anchors are small, generally 5.5 mm screws with sutures through them. The screw is inserted into the bone and the sutures passed through the torn tendon. When the sutures are tied, the tendon becomes anchored to the bone. The goal is to allow the rotator cuff tendon to heal back to the bone over time. There are many variables that can affect successful repair and restoration of rotator cuff function and each tear is unique so a review of your tear and repair will happen at your post-op.

In general, the amount of work required will dictate the length of time in the immobilizer and the length of time for rehab. If the tear is partial, meaning not detached from the bone and only debridement and decompression is required, then the period for the sling is 7-14 days. If a suture repair of a full thickness tear is required, then the immobilizer will be on for 4-6 weeks depending on the size of the tear and quality of the tissue repaired and security of the fixation used.

Please see a physical therapist within 2-3 weeks after surgery.

Anesthesia for your surgery will be a general aesthetic and often includes the option of receiving a "regional block" as well. The anesthesiologist will review this with you before surgery. The benefit of this combination anesthetic is that the block provides pain relief, which allows the administration of less of the general anesthetic medications during surgery and may give post-operative relief for an additional 12-24 hours allowing you to get home comfortably.

The slings or immobilizers are placed for a reason but can be taken off an don to change your clothes for hygiene. IF you had some type of repair with sutures, it is important that you keep your arm close to your body and supported while you change or bathe. Movement at the elbow and use of your hand and fingers is OK. For example, most people can still feed themselves and use a keyboard or mouse while in their immobilizer. In the initial period you should sleep with the sling/immobilizer on until you are told it is safe to sleep without it. Patients often find sleeping easier in a more upright or recliner position with pillows to support the operative elbow and arm.

You will get a prescription for a narcotic post operatively for pain control. Again, the block may last 12-24 hours. But, I encourage patients take something before they go to bed in case the block wears off in the middle of the night you will want to have something in your system so you are not playing catch up. Some patients may find they do not need the narcotics after the block has worn off and that Tylenol and Advil together are enough along with icing.

Your follow-ups are as follows: The therapy visit at 2-3 weeks post-surgery for dressing and suture removal. Your follow up with Dr. Yousif is 2 weeks post-surgery.

Rotator Cuff Repair

PHASE 1

Week
0-6

Passive range of motion <u>ONLY</u>
Codman/Pendulum exercises

PHASE 2

Week
6-12

Begin **<u>active</u>** range of motion
Discharge sling

PHASE 3

Week
12+

Begin progressive *<u>strengthening</u>* & resistance

PHASE 4

Week
16-20

Starting week **16-20** return to Sport & Work as directed

SLING

- Week 0-4 with activity and sleep
- Week 4-6 with sleep
- Week 6 discharge sling completely