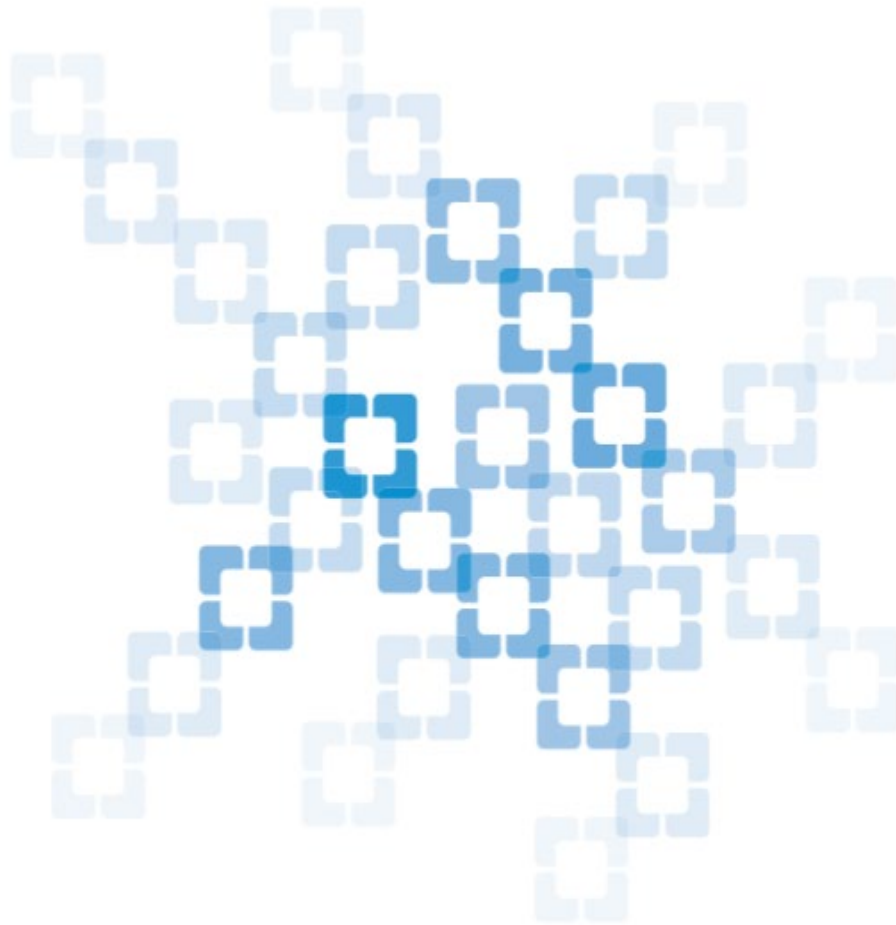




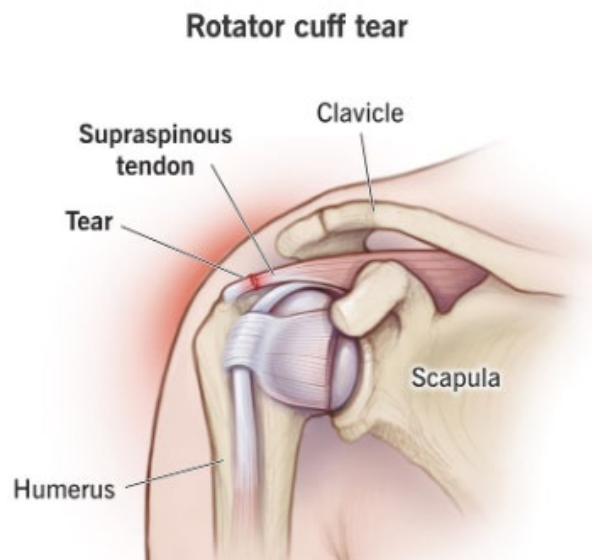
Shoulder Arthroscopic Surgery



What is shoulder arthroscopy surgery?

The word arthroscopy (pronounced arth-ROS-copy) comes from the root words ARTHRO (meaning joint) and SCOPE (meaning to look). It is a minimally invasive way for a surgeon to examine and treat problems inside the joint. Arthroscopic shoulder surgery is a minimally invasive surgery performed by some orthopaedic surgeons, using a small camera and specialized equipment to access the shoulder joint using very small incisions. Surgery is performed as a day surgery, allowing patients to go home the same day. The benefits of arthroscopy include smaller incisions, less pain, lower risk of infection and a faster recovery. Arthroscopic shoulder surgery can be used for a variety of shoulder problems, including shoulder tendonitis, labral injuries, rotator cuff and other tendon tears, osteoarthritis, and bone spurs.

What is the anatomy of the shoulder?



The shoulder has two separate joints which are often operated on using arthroscopic technique:

The acromioclavicular joint connects the shoulder blade (scapula) to the collar bone (clavicle)

The glenohumeral joint connects the upper arm (humerus) to the shoulder blade (scapula). Your scapula is curved like a cup, and it holds your humerus, which is long and straight with a rounded end. The rounded end of the humerus fits into the cup of your scapula to make a ball and socket joint. The labrum is a ring of cartilage that surrounds the cup shaped part of the scapula and keeps the humerus more securely in place.

The bones that form the joint are covered in a smooth surface called cartilage that allows the bones to smoothly slide over each other in a pain free manner. Arthritis is the medical name given to cartilage damage.

What are common indications for shoulder arthroscopy?

- Biceps tendon injuries
- Bone spurs (also known as osteophytes)
- Frozen shoulder (also known as adhesive capsulitis)
- Labrum tears, which are injuries to the tissues around your shoulder socket
- Osteoarthritis
- Rotator cuff tears
- Rotator cuff tendonitis
- Shoulder impingement syndrome
- Shoulder instability

Who can benefit from shoulder arthroscopy?

Patients with soft tissue injuries (torn labrum, torn capsule), and those who have suffered shoulder dislocations often benefit from arthroscopic shoulder surgery.

Patients with rotator cuff injuries also often benefit from arthroscopic shoulder surgery.

Occasionally, shoulder arthritis is also treated with arthroscopy. However, severe arthritis of the main ball and socket joint (the glenohumeral joint) often is best treated with shoulder replacement surgery (not arthroscopy).

What can I do to prepare for shoulder arthroscopy?

- Ensure your surgeon has answered all your questions.
- Bring a list of all medications to your preop visit. Your surgeon, or preop medicine provider, will discuss with you which medications should be stopped, and which continued around the time of surgery.
- Ensure that you have no obligations on the day of surgery, and at least for 24 hours afterwards.
- Ensure that you have a friend or family member that can bring you home after your surgery is complete.
- Remove any tripping hazards at home.
- If your surgeon provided you with a sling, bring that with you to the hospital.
- Quit smoking. Quitting is one of the best things you can do to promote a healthy and fast recovery.

What can I expect the day of surgery?

Bathe the night before and the morning of surgery. Wash the operative shoulder well with soap (some surgeons will provide a special soap at the preop visit).

Do not eat anything from midnight the night before surgery. You may drink small amounts of clear fluids until 2 hours before surgery. Clear fluids include water, black coffee, and some clear sports drinks. Milk, protein drinks, carbonated beverages, and alcohol **should not** be consumed before surgery.

YES	NO
Water	Milk (including soy, almond, etc.)
Gatorade/Powerade/Vitamin Water	Cream or non-dairy creamers
Clear juice (nothing floating in it)	Juice with pulp
Coffee/Tea (black or with sugar)	Coffee/tea with cream or milk
Soda	Protein drinks
Jello (without fruit)	Beer, wine, alcohol
	Smoothies

Wear comfortable, loose clothing. Your arm may be in a sling after surgery, it may be easier to wear a larger size t-shirt or button down shirt. Wear comfortable, supportive shoes. Remove all jewelry and nail polish. Do not wear contact lenses. If you have a sling, bring that with you.

You will meet with the surgeon, anesthesia provider, and nurses. You will change into a gown. Your correct shoulder will be marked with the surgeon's initials as a safety check. You will have an opportunity to ask questions. You will have your identity and site of surgery checked multiple times.

What can I expect after surgery?

Questions

- If you have questions or concerns after surgery, please read this document first. If you have urgent questions which are not answered here, please call your surgeon's office.
- Complications after surgery are very uncommon. However, if you have an emergency, call 911, or head directly to your nearest emergency room. If you have an urgent question, call your surgeon's office during the day, or call the on-call after hours answering service at Cleveland Clinic. If you have a non-emergency question, please call the office and leave a message for your surgeon or send a message through MyChart. Calls are normally answered within 1 workday.

Use of the shoulder and arm

- Use the sling if provided. Your surgeon will provide instructions. In general, the sling should be worn at all times, other than when washing.
- Driving can restart when you are comfortable controlling your car, and your surgeon has allowed you to stop using your sling.
- Flying and traveling should be discussed with your surgeon to ensure strategies to decrease the chance of developing a blood clot (also known as a deep vein thrombosis, or DVT)

Wound care

- Refer to your surgeon's instructions for when to remove your dressing and when it is okay to shower.

Pain control

- Take the medication as prescribed by your surgeon. Your pain should be controlled by acetaminophen (Tylenol) and a non-steroidal anti-inflammatory drug (NSAID), and cold therapy. Sometimes your surgeon will prescribe an opiate medication.
- Do not drink alcohol or use illegal drugs after surgery, particularly while taking the opiate medication.
- Ice or a cold therapy device will aid in decreasing pain and swelling. For the first 24 hours following surgery, use the ice or cold therapy device as much as possible (15 minutes on, 15 minutes off) except when you go to bed. This will help reduce the swelling and minimize the pain. You will need to continuously change the ice so that it remains cold.

Follow up

- You should have a follow up appointment scheduled 2-3 weeks after surgery. If you do not have one already made, please call the office the business day after surgery to schedule a visit.



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