NYU Langone Health

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Post-Operative Instructions
Shoulder Arthroscopy

Day of Surgery

A. Diet as tolerated.
B. Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the first or second day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite. Alternatively, Cryocuff or Game-ready ice cuff can be used as per instructions.

You will be contacted by East Coast Orthotics regarding an ice compression unit to be used after surgery. This helps with pain and swelling but typically is not covered by insurance. The cost is $200-300 for a 2-week rental. Alternatively, ice gel packs with a shoulder or knee sleeve can be provided by the hospital for a minimal charge.

C. Pain medication as needed every 6 hours (refer to pain medication sheet)

First and Second Post-Operative Day

A. Continue Icing.
B. Pain medications as needed

Third Post-Operative Day

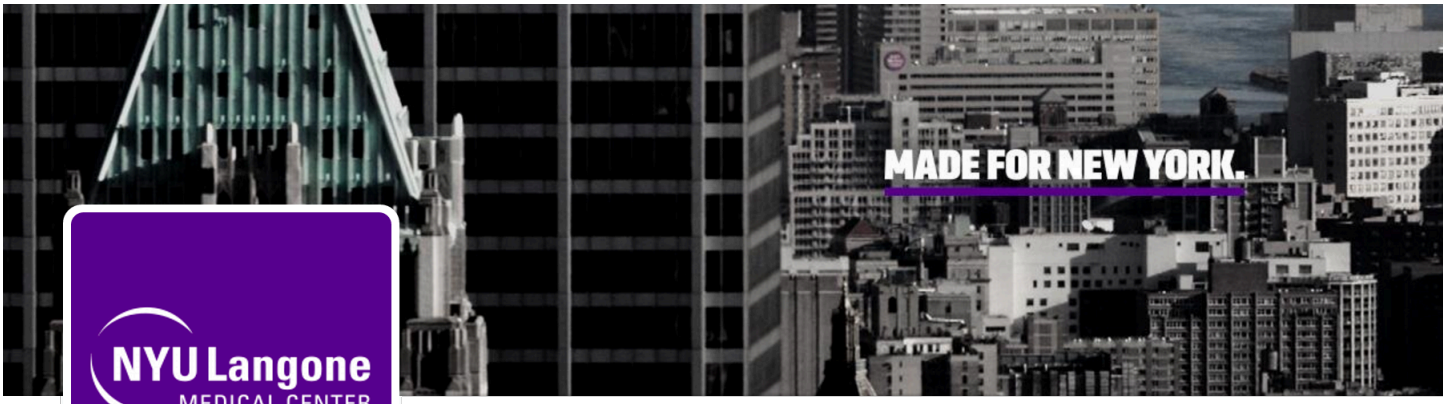
A. You may remove surgical bandage and shower this evening. Apply regular bandages to these wounds prior to showering and when showering is complete apply fresh regular bandages. You will need to follow this routine for 2 weeks after surgery.

Physical Therapy

A. Physical Therapy should begin within the first 10 days after surgery. Please call your preferred facility to make an appointment.

**Note: Your shoulder will be very swollen. It may take a week or longer for this to go away. It is also common to notice burning around the shoulder as the swelling resolves. If excessive bleeding occurs, please notify Dr. Jazrawi.*

Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.



NYU Langone MEDICAL CENTER

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Rehabilitation Protocol After Shoulder Arthroscopy

The shoulder is made up of three bones: the scapula (shoulder blade), the humerus (upper arm bone), and the clavicle (collarbone). One part of the scapula, called the glenoid fossa, is coupled with the humerus to make up the socket of the shoulder (Figure 1). The glenoid is very shallow and at. The glenoid labrum is a rim of soft tissue that turns the at surface of the glenoid into a deeper socket that molds to to fit the head of the humerus. Another part of the scapula, called the acromium, articulates with the clavicle (collerbone) to make the acromioclavicular (AC) joint.

The acromion (Figure 2) itself can be classified as at (type I), curved (type II), or hooked (type III). The rotator cuff connects the humerus to the scapula. The rotator cuff is formed by the tendons of four muscles: the supraspinatus, infraspinatus, teres minor, and subscapularis (Figure 3).

The stability and movement of the shoulder is controlled primarily by the rotator cuff muscles, with assistance from the ligaments, glenoid labrum and capsule of the shoulder.

Labral tears and rotator cuff tears are often caused by a direct injury to the shoulder, such as falling on an outstretched hand. However, the labrum and rotator cuff also can become torn from gradual wear and tear of the shoulder. These tissues can get caught between the glenoid and the humerus or the humerus and the acromion which can cause pain and catching with shoulder movement. Shoulder arthroscopy may be performed using instruments (about the size of a pencil which include a camera and other surgical instruments) inserted through small incisions in the shoulder, to debride massive, irreparable tears of the labrum and/or rotator cuff.[1,2]

Subacromial impingement occurs when the rotator cuff tendons and/or bursa become trapped between the acromion and the humerus with overhead motion of the shoulder.[3] This is more likely to occur if the acromion is curved or hooked (Type III) and often leads to pain and limitation of movement at the shoulder.[3] A subacromial decompression is an arthroscopic procedure performed when an instrument is used to remove some bone on the undersurface of the acromion to create more space for the rotator cuff tendons (Figures 4 and 5). Often there is a bone spur in this region that can pinch against the rotator cuff or bursa (fluid filled sac) causing the pinching or impingement.

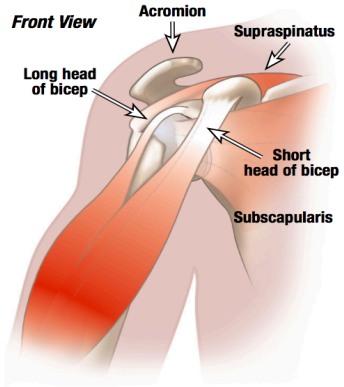

Figure 1 *Shoulder anatomy*

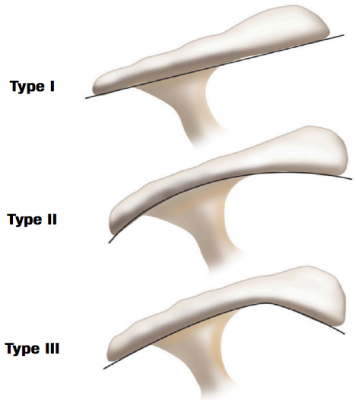

Figure 2 *Acromion classifications*

Rehabilitation Protocol After Shoulder Arthroscopy

Acromioclavicular (AC) joint symptoms are another common shoulder problem, resulting from both direct injury to the AC joint and rotator cuff impingement. A Mumford arthroscopic procedure resects the distal clavicle in cases of posttraumatic degenerative disease of the AC joint and shoulder impingement syndrome.4
Chronic impingement and/or inflammation of the long head of the biceps (Figure 1) can also be a pain generator in the shoulder. The tendon can often become frayed or partially torn. In some cases the surgeon may "release" or cut the long head of the bicep near its attachment site to relieve stress and tension, thus eliminating the pain. This is called a biceps tenotomy and can also be done arthroscopically.

Rehabilitation is vital to regaining motion, strength and function of the shoulder after arthroscopic surgery. Initially patients may use a sling for comfort. During this time, range of motion exercises are started to prevent the shoulder from getting stiff and losing mobility. The rehabilitation program will gradually progress to more strengthening and control type exercises. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehabilitation compliance and injury severity. Restrictions or precautions may also be given to protect healing.

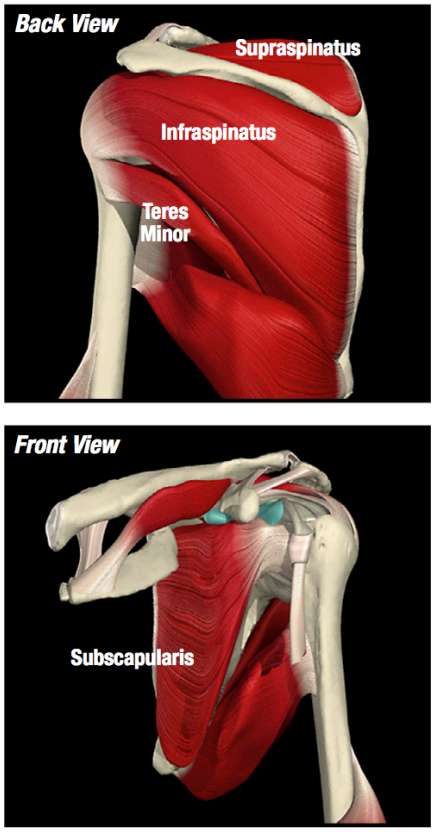

Figure 3 *Rotator cuff anatomy*

Figure 4 *Pre-operative radiograph of a patient with shoulder impingement. The arrow indicates the area of the Type III acromion.*

Figure 5 *Post-operative radiograph of the same patient in Figure 3. Notice how the Type III acomion (hook) has been shaved off during the subacromial decompression.*

References

1. Liem, D, et al. Arthroscopic Debridement of Massive Irreparable Rotator Cuff Tears. *Arthroscopy.* 2008 July; (24)7:743-748.
2. Martin DR, Garth WP Jr. Results of Arthroscopic Debridement of Glenoid Labral Tears. *Am Jour Sports Med.* 1995; 23 (4):447 -451.
3. Attiq-ur-Rehman, Wajid MA, Ahmad T. Shoulder impingment syndrome: outcome of arthroscopic subacromial decompression. *J Coll Physicians Surg Pak.* 2009 Oct;19(10):636-639.
4. Lesko, PD. Arthroscopic Mumford Procedure Variation of Technique. Iowa *Orthop J.* 1999; 19: 93–98.

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