YOUR GUIDE TO SHOULDER SURGERY

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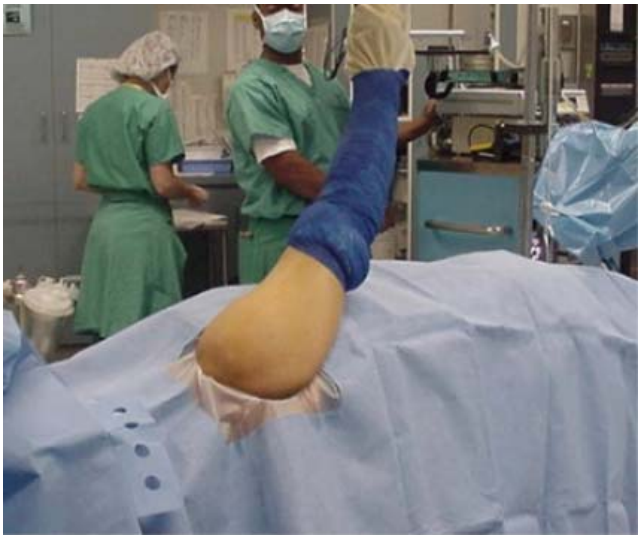
TABLE OF CONTENTS

ARTHROSCOPY

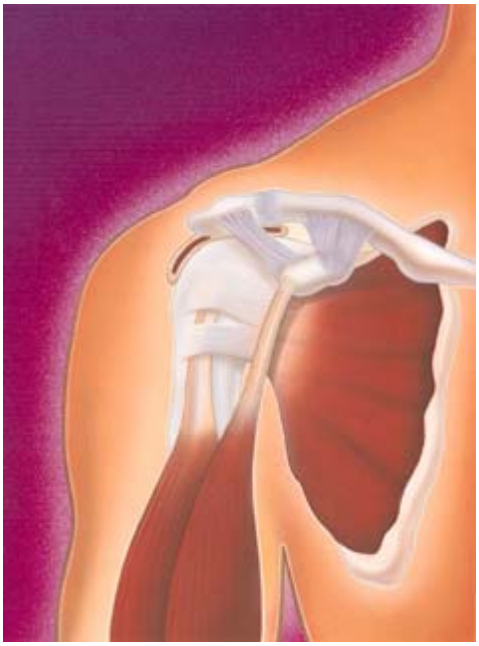
Most shoulder surgeries are performed through the use of an arthroscope. Initially it is used as a diagnostic instrument to detect the extent of injury to the shoulder. If damage is discovered, Dr. McLaughlin will perform the repair that he previously discussed with you. To perform an arthroscopy, small incisions are made around the shoulder and fluid is inserted. If further repair is needed, surgical instruments are passed through these same incisions.

An arthroscopy does carry some complications and risks with it. These include but are not limited to bleeding, blood clots, swelling, infection, nerve damage or stiffness.



SHOULDER ARTHROSCOPY

Shoulder Surgery



• Rotator Cuff • Impingement •

Your shoulder is the most flexible joint in your body. It allows you to place and rotate your arm in many positions in front, above, to the side and behind your body. This flexibility also makes your shoulder susceptible to instability and injury. This brochure will help you understand how your shoulder works and the common causes of shoulder problems, the available treatment options and exercises and activities to enable you to regain pain-free use of your shoulder.

Depending on the nature of the problem, conservative nonoperative methods of treatment often are recommended before surgery. However, in some instances, delaying the surgical repair of a shoulder can increase the likelihood that the problem will be more difficult to treat later. Early, correct diagnosis and treatment of shoulder problems can make a significant difference in the long run.

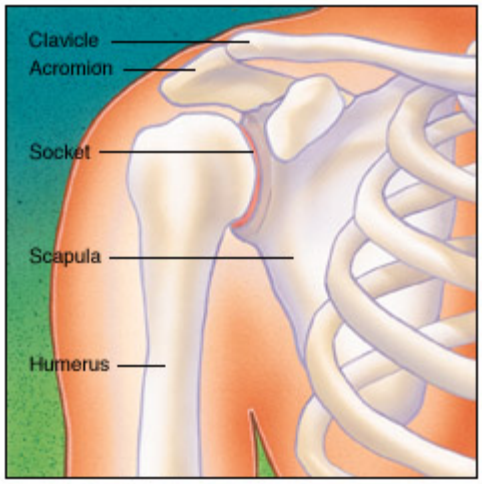
How the Normal Shoulder Works

(Please visit www.northshoreshoulder.com for more information. On the website there is a section called multimedia presentations which describes in animated form, various shoulder conditions.)

The shoulder is a ball-and-socket joint. It is made up of three bones: the upper arm bone (humerus), shoulder blade (scapula) and collarbone (clavicle).

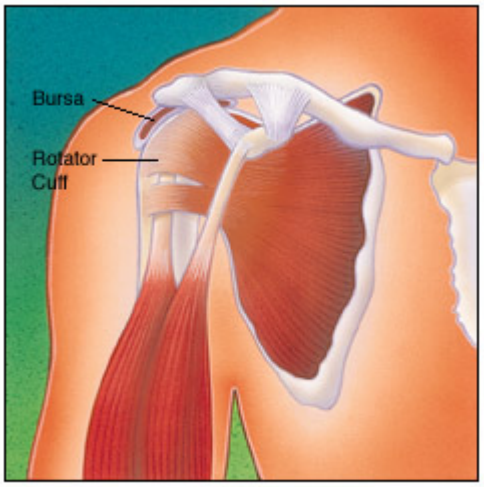
The ball at the top end of the arm bone fits into the small socket (glenoid) of the shoulder blade to form the shoulder joint (glenohumeral joint). The socket of the glenoid is surrounded by a soft-tissue rim (labrum). A smooth, durable surface (articular cartilage) on the head of the arm bone, and a thin inner lining (synovium) of the joint allows the smooth motion of the shoulder joint.

The upper part of the shoulder blade (acromion) projects over the shoulder joint. One end of the collarbone is joined with the shoulder blade by the acromioclavicular (AC) joint; the other end of the collarbone is joined with the breastbone (sternum) by the sternoclavicular joint.



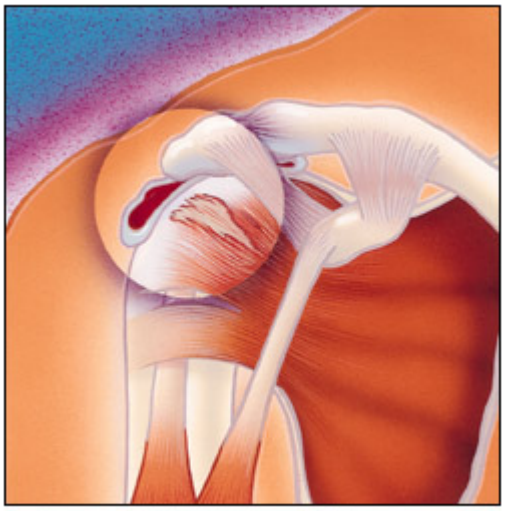
Normal Shoulder Joint

The joint capsule is a thin sheet of fibers that surrounds the shoulder joint. The capsule allows a wide range of motion yet provides stability. The rotator cuff is a group of muscles and tendons that attach your upper arm to your shoulder blade. The rotator cuff covers the shoulder joint and joint capsule. The muscles attached to the rotator cuff enable you to lift your arm, reach overhead, and take part in activities such as throwing or swimming.



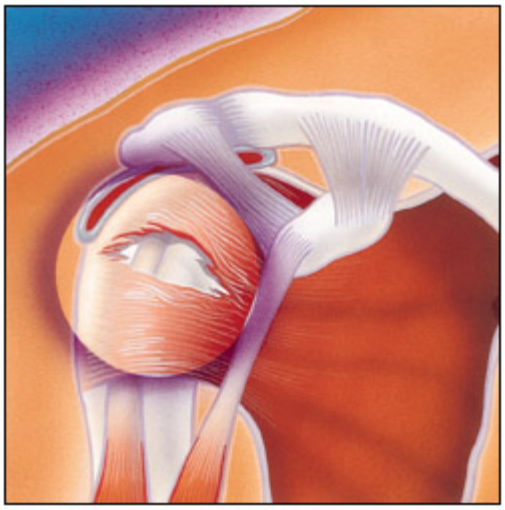
Normal Shoulder Muscles and Tendons

A sac-like membrane (bursa) between the rotator cuff and the shoulder blade cushions and helps lubricate the motion between these two structures.

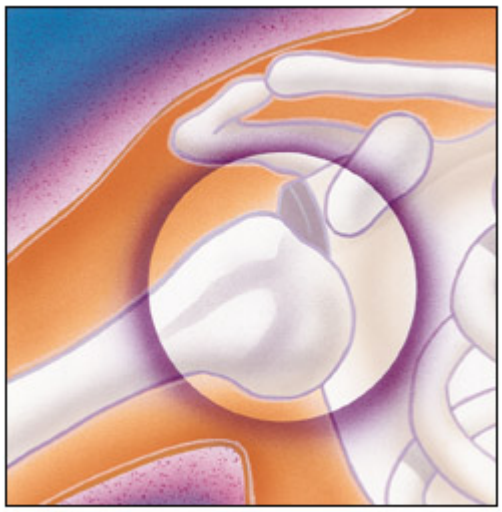

Impingement and Partial Rotator Cuff Tears

Impingement and Partial Rotator Cuff Tears Partial thickness rotator cuff tears can be associated with chronic inflammation and the development of spurs on the underside of the acromion or the AC joint. The conservative nonoperative treatment is modification of activity, light exercise and occasionally, a cortisone injection. Nonoperative treatment is successful in a majority of cases, but if it is not successful, surgery often is needed to remove the spurs on the underside of the acromion and to repair the rotator cuff.

Full Thickness Rotator Cuff Tears are most often the result of impingement, partial thickness rotator cuff tears, heavy lifting or falls. Nonoperative treatment with modification of activity is successful in a majority of cases. If you continue to have pain, surgery may be needed. Surgery may be necessary to repair full thickness rotator cuff tears. Arthroscopic techniques allow shaving of spurs, evaluation of the rotator cuff and repair of some tears. Both techniques require extensive rehabilitation to restore the function of the shoulder.



Full ThicknessRotator Cuff Tears



Instability

Instability occurs when the head of the upper arm bone is forced out of the shoulder socket. This can happen as a result of sudden injury or from overuse of the shoulder ligaments.

The two basic forms of shoulder instability are subluxations and dislocations. A subluxation is a partial or incomplete dislocation. If your shoulder is partially out of the shoulder socket, it eventually may dislocate. Even a minor injury may push the arm bone out of its socket. A dislocation is when the head of the arm bone slips out of the shoulder socket. Some patients have chronic instability—shoulder dislocations occur repeatedly.

Patients with repeat dislocation usually require surgery. Arthroscopic surgical repair is often done on an outpatient basis. Following the procedure, extensive rehabilitation, often including physical therapy, is necessary for healing.

Pre-Admission Guide for Surgery

Pre-Admission may be required by the hospital where your surgery is to be performed. Please contact your appropriate hospital, as soon you know that your surgery has been scheduled.

Your pre-admissions work-up may include: patient admission information along with patient insurance verification. The pre-admission clerk will ask you several questions. Be sure that you take your insurance card with you. Insurance information is very important. Pre-admission may also include x-rays, and EKG and laboratory work.

Scheduling your surgery is performed by North Shore Shoulder. Dr.McLaughlin performs surgery on Thursdays and Fridays, so you and the doctor will discuss when you would like to have the surgery. Once a date is chosen, a North Shore Shoulder staff member will book the surgery with Beverly Hospital, Beverly Hospital at Danvers, or New England Surgery Center, depending on your preference. Once the surgery is booked, we will mail you a packet with your surgery information along with steps that you need to follow.

Information To Keep In Mind Prior To Surgery

1. Please notify our office of any illness within one (1) week prior to your scheduled surgery date (e.g., skin abrasions, rashes, insect bites, pimples about the operative site, upper respiratory or urinary tract infections).

2. Please leave valuables (jewelry, contact lenses, etc.) at home.

3. If you have significant medical problems, please contact your internist or medical doctor for written clearance prior to surgery.

4. If you have any disability forms or leave papers, please have these in our office at least one week prior to surgery. Do not bring them to the hospital. Allow approximately four working days to be completed.

5. Failure to arrive on time, some medical problems, and eating/drinking after midnight will cause your surgery to be cancelled for your safety. Surgery can be rescheduled but will result in a delay of treatment for your problem.

ALL ABOUT SURGERY

Your surgical experience can be divided into three parts. The first, or pre-operative phase is the time before your surgery. The second, or intra-operative phase is the time you spend in surgery. The third, or post-operative phase is the time immediately after your surgery and the first few days following your surgery.

ONCE ARRIVING AT THE HOSPITAL:

I. **PRE-OPERATIVE PHASE (PHASE 1):**

A. An admissions clerk will take your information from you that is relative to your hospital stay. An admissions nurse will discuss your medical history and you will sign a surgery consent form. Read this very carefully as it gives us permission to operate on your arm!

B. If you have not already done so, your pre-admission testing may be done at this time. This will include laboratory tests and an EKG to determine that you are in good health prior to your surgery.

C. You will be taken to a room where you will wait for your time in surgery. The nurses assigned to take care of you will ask you some of the same questions that the admissions nurse asked you. You will hear these questions over and over during your "journey" to the operating room. **This is for your safety. Hearing the answers from you personally assures each health care provider of accurate information**. Medications, IV's, etc. may be taken care of during this part of your stay.

D. You will change into a hospital gown.

E. The operating room will send for you about 30 to 45 minutes before your surgery. You may have 1 or 2 family members accompany you to the "holding room". This is a room in the vicinity of the operating room where you will spend the last few minutes before surgery. The holding room nurse will check your chart for completeness and verify information with you once again.

F. If you have not met your anesthesiologist prior to this time, you will meet him/her here.

G. Dr. McLaughlin will speak to you in this room for the last time before surgery. If you have any questions, **ask them**. You may want to write them down so you won't forget them.

H. Prior to entering the operating room, Dr. McLaughlin will place his initials on the operative shoulder.

II. INTRA-OPERATIVE PHASE (PHASE 2):

A. One of the nurses from your operating team will speak to you in the "holding room" and will transfer you to the operating room. You will see a lot of equipment and other team members when you enter the operating room. Do not be alarmed. All of the staff is there to make sure that you have a positive experience.

B. You will be asked to move from your stretcher to another bed.

C. A blood pressure cuff will be placed on your arm. An EKG pad (used to monitor your heart during surgery) will be placed on your back, and an oxygen monitor will be placed on your finger. A safety strap will be placed across your legs above your knees. All of this is for your safety.

D. Either your nurse or your anesthesiologist will start an IV in your hand or lower arm (if it has not already been done). This IV is used to give you fluids and medication during your surgery. Your anesthesiologist will give you medication through this IV that will cause you to drift off to sleep. Sometimes this medication will sting a little in your arm, but it will go away quickly.

E. While you are asleep, your anesthesiologist will place a breathing tube in your throat that is connected to oxygen and gases that will cause you to remain asleep throughout your surgery.

F. When your surgery is completed, your anesthesiologist will wake you up. You will be moved from the operating bed to another bed and taken to the recovery room

III. POST-OPERATIVE PHASE (PHASE 3):

A. When you wake up in the recovery room, you may be cold. This is normal. Warm blankets will be provided for you.

B. Your arm will be bandaged. You will have a sling or immobilizer on your arm along with some type of cold therapy. This will decrease swelling and pain.

C. Your family will be allowed to visit you in the recovery room after you are alert enough.

D. Usually you will be able to go home the same day as your surgery. However, if Dr. McLaughlin feels that an overnight stay is necessary, this may change. You will need a ride to and from your surgery.

E. Upon discharge from the hospital you will be given a prescription for pain medication. If you do not receive this, please ask your nurse.

F. Dr. McLaughlin will see you in the office 5 – 7 days after surgery. You should call either before surgery or after to make the appointment. Please call (978) 969-3624.

While You Recover At Home

A. The first meal at home should be clear liquids.

B. If you have painful swelling, temperature above 101º, redness around your incision, or yellow drainage from your incision, call Dr. McLaughlin's office immediately at (978) 969-3624. **Do not take Advil or any additional Tylenol (as the pain medication you are prescribed contains Tylenol) for temperature less than 101º.**

C. You will keep your sling or immobilizer on for the first few weeks unless instructed otherwise.

D. Exercises are not necessary at this stage. You will be instructed on exercises during your visit to the office next week. **DO NOT BEGIN ANY EXERCISES OTHER THAN SQUEEZING YOUR HAND UNTIL INSTRUCTED.**

E. A large amount of water is used during your surgery, therefore, it is natural for your incisions to drain. The bandages over your incisions will become wet. Do not be alarmed.

F. You may be allowed to shower 48 hours after surgery if you have been instructed to remove your brace or immobilizer. Once you are instructed that you can shower, it is very important to let your arm hang by your side in a relaxed position. At this time you may remove the dressing from the area. There will be sutures in the incision. Be sure to carefully dry the incisions. After showering, place band-aids over the incisions.

G. Activities:

1. It is very important for you to do as much activity as possible without using your affected shoulder. Simply getting up and walking around the house is important. This will decrease the possibilities of post-anesthesia pneumonia and blood clots. You may resume all of your normal activities that do not involve your operative shoulder.

2. Squeeze your hand (make a fist) as much as possible. You may be given a squeeze ball before leaving the hospital, although a tennis ball will work as well. This will help with the circulation in your arm and will decrease swelling.

3. Some amount of swelling may be present postoperatively. Using cold therapy and squeezing a ball may decrease pain and swelling.

4. Do not use exercise machines unless discussed with Dr. McLaughlin or his nurse.

5. Generally if you have a job with little physical activity, you may return to work on the third postoperative day.

6. If your job requires excessive lifting or use of the arm, then discuss your return to work date with McLaughlin.

Commonly Asked Questions

1. Will I need assistance at home?

   - Yes! You will need assistance with dressing, bathing, putting on and taking off your immobilizer, and possibly with meal preparation.

2. Do I have to obtain authorization from my insurance company for my surgery, or will Dr. McLaughlin's office do it?

   - If your insurance requires authorization, one of Dr. McLaughlin's staff member will obtain the authorization prior to your surgery.

3. What are some of the warning signs of an infection?

   - Fever over 101º, the incision becomes red or swollen, the hand is cold, swollen or blue. If these symptoms occur and persist, you may take Advil and **CALL DR. MCLAUGHLIN'OFFICE IMMEDIATELY**. **DO NOT TAKE ANYTHING FOR TEMPERATURES LESS THAN 101º. A TEMPERATURE LESS. THAN 101º IS A NORMAL RESPONSE IN DEFENSE OF INFECTION.**

4. Are there any complications from surgery?

   - They are not common. Some complications can include but are not limited to surgical failure, infections, stiffness, blood vessel or nerve injury, or blood clots.

5. Will I need physical therapy?

   - Yes! The majority of your physical therapy can be performed at home. Physical Therapy is an essential part of the healing process from your surgery. It helps ensure that you will have a successful surgery. To neglect physical therapy would decrease the effectiveness of the repair Dr. McLaughlin performed

6. Is swelling and pain normal?

- Yes. It is normal to experience some swelling and pain after surgery. You will have your Polar Care unit or ice pack that will be on your shoulder to apply constant cold.

7. How long and how often should I apply ice?

- Ice should be applied 24 hours a day for the first 72 hours. After this time period ice should be applied for 1 hour when you experience pain. Also, using cold therapy at bedtime will decrease your pain during the night. You will need to apply cold therapy during the night for the first week post-op. It is suggested that you place a small hand towel between the ice and your shoulder during the night. This unit will become your friend. You will use it routinely during the first 3 months following surgery.

8. Should I be alarmed from the amount of fluid that is draining from the incision?

- No! This is normal. An excess of water was used during your surgery, therefore, it is only natural for the incision to drain. The bandages will become wet. Do not be alarmed.