

Dr Tom Savvoulidis
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**Arthroscopic
Shoulder Surgery**

**Adelaide & Regions
General Orthopaedics**

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PROVIDING SERVICES IN:


- Arthritis and Joint Replacement Surgery
- Special interest in Minimally Invasive Surgery (MIS) for hip replacement
- Arthroscopic and MIS surgery of upper and lower limbs
- Sports Injuries
- Foot and Ankle
- Wrist and Hand

DR SAVVOULIDIS CONSULTS AT:

Burnside Hospital
Suite 3, 120 Kensington Road
TOORAK GARDENS 5065

Central Districts Private Hospital
25-37 Jarvis Road
ELIZABETH VALE 5112

North Eastern Community Hospital
580 Lower North East Road
CAMPBELLTOWN 5074






Shoulder Tendinitis and Impingement

The shoulder is the most mobile and flexible joint in the body. People depend upon their shoulders to control where they can move their arms and to be able to use their arms freely. Shoulder pain can be a very frustrating problem for patients because a shoulder is involved heavily in daily life. There is a very fine balance between the mobility and stability of the shoulder which allows us to have full use of our shoulders throughout our lives.

The shoulder is a ball and socket joint and its position and movement are maintained by an arrangement of muscles, tendons, ligaments and nerves. The four rotator cuff muscles and their tendons surround the shoulder joint at the back, top and front and are vital for stability and movement of the shoulder. Diseases and injuries can damage bones, cartilage, ligaments, muscles and tendons causing significant pain and shoulder problems.

Some of the most common problems associated with the shoulder joint are rotator cuff tendon impingement or tear, torn ligaments, calcium deposits, loose fragments of bone or cartilage, damaged joint surfaces and inflammation of the joint lining.






Non surgical treatment of these problems incorporates the following principles:

- Avoidance of repeated aggravating activities.
- Stretching and maintenance of range of motion. This is to prevent the stiffness and allow normal rotation to occur at the shoulder joint.
- Modification of work, home duties and sport.
- Use of anti inflammatory medications.
- Injection of local anaesthetic and cortisone to reduce inflammation and oedema of tendons.
- Rotator cuff strengthening. This is vital to regain the coordinated motion in the shoulder and prevent further impingement.

If the non surgical treatment does not correct the problem an operation may be required to:

- Repair the torn rotator cuff.
- Remove bony spurs.
- Remove thickened soft tissue to make more room in the shoulder.
- Remove the outer end of the clavicle due to arthritis or a combination of the above procedures.

Frequently these structures can be removed through a surgical procedure called an arthroscopy of the shoulder joint. An arthroscopy is a surgical procedure where the surgeon inserts a small rod through very small incisions in the patient's skin to visualise, diagnose and treat problems inside the joint. Occasionally there may be a need for an open procedure.



Your Surgery

You will be admitted to hospital on the morning of your surgery. You will be seen by the nursing staff and your anaesthetist (if not seen at a pre-anaesthetic consult prior to your admission).

Please bring your previous xrays, medication, toiletries clothing etc.

You will be unable to eat or drink for 6 hours before surgery.

What to Expect After Your Surgery

Pain Relief: In the first 24-48 hours pain relief is managed with the use of an infusion of pain relief into the joint area. Following this, oral medication is usually enough. It is important to have good pain relief so that you are comfortable and can exercise with minimal discomfort.

Diet: It is recommended that after your operation you will start on ice chips and sips of fluid and then onto diet.

Intravenous Therapy: For the first 12-24 hours IV fluids will be administered until your oral intake is adequate and any nausea has settled.

Wound/Drain Tube: The dressing over the wound will be left alone. It will be inspected regularly by nursing staff and reinforced if necessary. Under the dressing there will be a drainage tube which drains away any excess fluid from the operated area. It is usually removed within 24 hours post op.

Oxygen Therapy: You will be given extra oxygen via a small set of prongs inserted into your nose. This is usually removed within 24 hours of surgery.

Physiotherapy treatment: You will be visited by a physiotherapist who will show you a range of gentle pendular exercises that you can follow and advise you on further management. It is important not to push rehabilitation along faster than advised by the surgeon and physiotherapist.

After surgery, the arm is immobilised to allow the shoulder to heal. You will come out of surgery wearing a sling on your shoulder.

Unless otherwise told by your surgeon or physiotherapist, you must remain in the sling at all times except for doing your exercises. This includes sleeping in it.


You have had extensive surgery to your shoulder and you must give the shoulder time to heal and not do any damage to it in the first few weeks.

Length of stay

Usual length of stay in hospital is 2-3 nights dependant on your recovery after the surgery.

Complications

Complications can occur after any surgery but fortunately these are rare. Possible problems include infection, bleeding, swelling, stiffness and nerve injury. If any problems occur, appropriate treatment will be undertaken.



Discharge Information

All first post operative appointments are seen at Dr Savvoulidis' rooms at Suite 3, Burnside Specialist Centre, 120 Kensington Road, TOORAK GARDENS, where you will be reviewed by the clinic nurse.

Wound Management

Following discharge from the hospital your wounds will be covered with a dressing. This is to be left in place until your wounds are inspected by the clinic nurse approximately 10-14 days after surgery and if necessary, stitches will be removed.

If necessary and dressings are soiled they may be changed prior to discharge from the hospital.

Pain Relief

It is important to take pain relieving medication on a regular basis as this will allow you to exercise more freely. Please ensure you have adequate pain relief tablets with you on discharge from hospital or that you have some at home. You will probably need to take them regularly following discharge and then be able to decrease your use or use a milder medication as your needs decrease.

Physiotherapy

Continue with your physiotherapy exercises as shown by the physiotherapist in hospital.

Ice packs may be used for the first few days to help control the pain and swelling after exercises. Apply for twenty minutes after exercising. Remember to wrap the ice or icepack in a towel before applying it to the skin - do not apply directly on to the skin.



Physiotherapy (cont'd)

You can take your arm out of the sling to do your exercises only and to wash the arm but DO NOT lift the arm more than 30 degrees away from your body. The aim of the exercise program is to gradually increase range of movement and maintain muscle strength. You should only perform the exercises to the point of feeling gentle stretching of the shoulder, NEVER to the point of feeling pain.

Return to usual activities/work

Work:

Depending on the physical demands of your job, your doctor will decide when you can resume work. This will be decided at your first follow up appointment. You may be able to return to work but on modified duties and with particular restrictions in place.

Sporting Activities:

You should not return to any body contact or other sport until advised by your doctor.

Driving:

It is recommended that you do not drive for at least 3 weeks after the procedure and until advised by the doctor.

