

Shoulder Arthritis

Arthroscopic Treatment

Why this letter?

I think most people find going to see the doctor a difficult and emotional experience that I think is more stressful when potential surgery is a consideration. While many of the things we discussed are simple, you may quickly forget the details. Hopefully, this letter will serve to remind you of our meeting and answer any questions that arise.

What is wrong with your shoulder?

Your shoulder is painful because it is arthritic. Over time the cartilage that covers the ends of the ball and socket has worn away. Instead of the cartilage cushioning the ends of the bone, you have raw bone rubbing against raw bone. Since this is painful you naturally limit the use of your arm and then scar tissue can develop. Scar tissue is a tough, gristle like, tissue that has formed deep in your shoulder and affects the ligaments and tendons. These tendons and ligaments should be elastic and stretch as you move your shoulder. The scar tissue prevents this and further limits the movement of your shoulder.

What I recommend.

In view of your description of your problem, my physical examination and review of the x-rays I believe that surgery is medically indicated on your shoulder.

Are any other options available?

While I believe that surgery is the best course of action, other treatments are available. These range from no treatment, just living with the condition, to physical therapy exercises or medication. While any of these treatment options may be successful in your situation, in my experience they will not work reliably. We can arrange for any or all these options if you desire.

What happens if surgery is not performed?

Your condition will probably worsen slowly over time.

What is the purpose of the surgery?

The purpose of the surgery is first to remove the scar tissue and lengthen any ligaments and tendons that have tightened so that your shoulder can move more easily. I then create more space between the ball and the socket by removing a thin layer of bone. We do this operation using the arthroscope and two or three 1/2" incisions. When you arrive at Texas Orthopedic Hospital a nurse will have you sign the Operative Permit. The name of the operation I will be doing is "Operative Arthroscopy, shoulder: Debridement, Contracture Release."

What kind of anesthesia is used?

We use general anesthesia because we cannot do this type of surgery with local anesthesia. General anesthesia is currently the only reliable method that allows us to work

Surgical instrument smoothing socket bone



deep inside your shoulder. Before you go to sleep the anesthesiologist will give you an injection of novocaine to decrease the pain in your shoulder after surgery. The injection will be placed in the side of your neck just above your collarbone.

What will it be like when you wake up?

You will awaken in the recovery room after your surgery. Your arm will be supported on a pillow. An ice pack will cover your shoulder to help control the pain and swelling. Nothing can eliminate the pain completely. The medication and ice pack will control the pain so that you will be as comfortable as possible.

How long will you stay in the hospital?

Patients enter the hospital in the morning, have the surgery and stay in the hospital. Patients go home the morning after surgery.

What about complications?

Shoulder surgery is a complex and delicate process designed to repair damaged structures deep within the human body. Complications can occur. Fortunately these are rare. The most common complication involves injury to nerves around the shoulder. Usually these occur due to pressure. These usually go away in 2 days to 6 weeks. This occurs in 1-2% of patients. Permanent injury that results in diminished use, function or feeling in the extremity can occur but is exceedingly rare. Infection occurs in less than 1 out of 200 patients and may require antibiotics by pills or by injection. Rarely, surgery is necessary.

Scar tissue in the shoulder



How successful is the surgery?

No shoulder operation is 100% successful in every individual but the procedures we perform are reliable and will help restore the potential function in your shoulder. The operation is most successful at relieving pain. What is harder to accomplish is the return to overhead use of the arm in work and/or sports. Whether you can return to your previous level is an individual matter and depends on the damage to your shoulder, how well it heals, how well you rehabilitate and how strenuous is your desired level of work or sports. Since this is an operation I have been performing for only a few years, it is unclear which patients get the best results or how long the pain relief lasts. Because of the many variables involved, I can make no guarantees other than to assure you I will deliver the very best medical care possible.

When can you return to routine activities?

You will be able to use your fingers, wrist and elbow immediately after surgery. You may shower or bathe with regular soap and water 24 hours after surgery. You may walk outdoors, write, cook, and drive a car within a few days. You may gently use your arm in front of the body as soon as possible. Once you are comfortable you may use your arm for any activities you desire. Let pain be your guide!

When can you return to work?

For most sedentary jobs I recommend taking 1-2 weeks off work. When you return to work you should be able to manage as long as you do no lifting, pushing, pulling or carrying. Most patients can start light duty work involving no lifting, pushing, pulling or carrying more than 1-2 pounds, 2 weeks after surgery. Work at waist level and 5-10 pounds of lifting is started 2 months after surgery. You will generally need 3-6 months of recovery before beginning occasional work at shoulder level. Return to heavy lifting or overhead use may require 6-12 months. There are no fixed rules for return to work. What I have described above are reasonable guidelines that I hope will help you and your employer ease your return to the workplace.

How is the shoulder rehabilitated?

Fortunately, the exercises you need you can usually perform by yourself at home. You will start your rehabilitation the afternoon following surgery. A machine will move your arm in the correct movement. The device is called a Continuous Passive Motion (CPM) chair. You will use this at home for 2 weeks after the operation. The company that we use will deliver the chair to your home and pick it up when you have completed the 2-week exercise period. Patients use the chair one hour, 4 times a day. Use the ice pack



CPM Chair

for ½ hour after each chair session. I believe that the CPM chair is more convenient and inexpensive when compared to going to a physical therapy facility. The use of the CPM chair may or may not be covered by the particular health insurance plan you have selected. You should check with your insurance company. A major goal of the operation is cartilage growth and we know that continuous passive motion promotes cartilage. If you elect to have this operation the CPM chair is **mandatory**. Only about 10% of patients require regular visits to a physical therapist. When I examine you 2 weeks after surgery I will determine if this is appropriate and arrange for physical therapy. If you are doing well we stop using the chair and the therapist will instruct you how to exercise your arm. I will see you next 6 weeks after surgery. You will see the therapist for additional exercises. At the 3-month visit we start strengthening exercises. The above are guidelines. I will adjust your individual rehabilitation based on your progress at each office visit.

When do you return to the doctor's office?

Your first office visit is 2 weeks after surgery so that I can examine the surgical incision. I will give you additional instructions for exercises discuss your allowed activity level. Your next visit occurs six weeks after surgery when more vigorous use of the shoulder will be allowed. Office visits occur 3, 6, and 12 months after your surgery. At each visit I will evaluate your progress and instruct you in specific exercises designed to maximize motion, strength and coordination. The successful outcome of your surgery is dependent on a constant process of evaluation that occurs at the office visit. This is not the type of surgery that I can just perform without your help. A successful result requires that patient, surgeon and therapist work together. Regular office visits are a critical part of your care.

What about pain medication?

You will be given a prescription for pain medicine when you leave the hospital. Have this filled at a local pharmacy. Please take this as directed. That means that you may take the pills every 3-4 hours as needed. You do not have to take the pills if simple rest, arm repositioning, or the Cryo Cuff ice pack controls the pain.

When you need more medication, contact your pharmacy and they will call the office so that we may refill the prescription. We cannot do this after 5:00 PM, as no one will be in this office. We cannot refill narcotic medication on weekends. One of my colleagues at Fondren Orthopedic Group is available 24 hours a day, 7 days a week but we ask that you restrict after hours and weekend calls to emergencies only and let us handle less urgent problems during the week.

What if you have more questions?

We encourage you to return to the office for a further discussion at any time. There is no charge for pre-operative conferences.

How do you schedule surgery?

Contact Evelyn by phone at (713) 799-2300. I perform surgery on Tuesday and Thursday.

Gary M. Gartsman, M.D.

How much does the surgery cost?

Since you (or your employer) have chosen an insurance carrier with particular benefits and because insurance coverage is a complicated business with no fixed rules, please check with your insurance carrier in regard to the specifics of your proposed shoulder surgery. Also note that the hospital bill is not something that I can control, so please direct any questions regarding the specifics of the hospital, x-ray, laboratory and anesthesia bill to the hospital billing office. The insurance codes for your surgery are 29823 and 23825.

Why all the questions about your health?

Although the operation involves your shoulder, your entire body will react to the anesthesia and surgery. Your general medical condition is obviously important. If you are younger than 50 and in good health, routine laboratory test will be performed the morning of surgery. You will need to see an anesthesiologist before surgery. If you have any medical problems, the anesthesiologist will inform us. One of the Internal Medicine doctors with whom we work will contact you or your regular doctor prior to surgery. I feel this will provide you with the best medical care.

