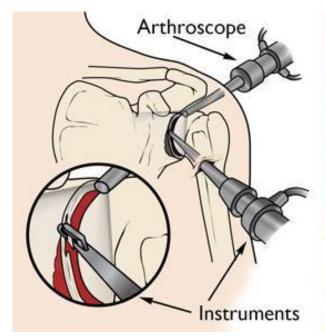
Shoulder Arthroscopic Surgery: What You Need to Know

Shoulder problems like impingement, bursitis, or rotator cuff injuries can cause pain, weakness, and limited motion. These issues often stem from inflammation or tears in the rotator cuff tendons. When rest, physical therapy, or injections don't provide lasting relief, **shoulder arthroscopic surgery** may be recommended. This minimally invasive procedure uses a small camera (arthroscope) to address issues like **subacromial decompression** (to relieve impingement) and **rotator cuff debridement or repair** (to clean or fix the tendons). Below, we explain the surgery, recovery, potential complications, and expected outcomes to help you feel prepared.

Description of the Surgery

Shoulder arthroscopic surgery is performed through small incisions, allowing precise treatment of the joint:

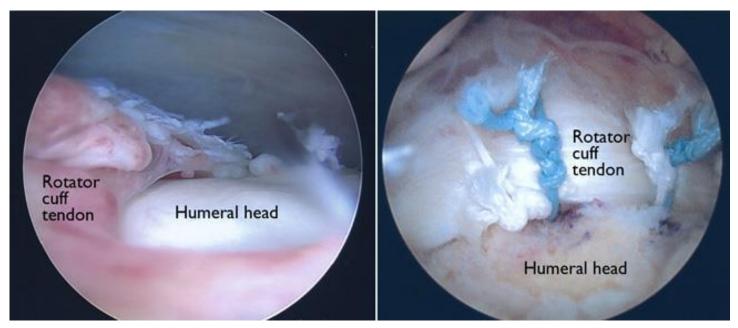
- The surgeon uses general anesthesia (putting you to sleep), often with regional anesthesia (numbing the shoulder and arm) for comfort.
- The surgery is done through small incisions (about 1/4-1/2 inch each) made around the shoulder. An arthroscope (a tiny camera) is inserted through one incision to guide the surgeon, while specialized tools enter through the others.
- **Subacromial Decompression**: If impingement is present, the surgeon removes bone spur(s) from the acromion (the roof of the shoulder) and smooths the area to create more space for the rotator cuff tendons. Inflamed tissue (bursa) may also be removed.
- Rotator Cuff Debridement or Repair:
 - o **Debridement**: For minor fraying or partial tears, the surgeon trims damaged tendon tissue to reduce irritation.
 - Repair: For larger, full-thickness tears, the surgeon reattaches the torn tendon to the humerus (upper arm bone) using sutures and anchors, securing it back in place.





Source: aaos.org

- Other issues causing symptoms of pain or dysfunction in the shoulder may also be addressed, including
 arthritis between the clavicle (collarbone) and acromion (AC joint arthritis) or inflammation of the biceps
 tendon (biceps tendinitis).
- The incisions are closed with stitches and a sling is applied to protect the shoulder.
- The procedure takes 1-2 hours and is outpatient, meaning you go home the same day.



Source: aaos.org

The specific steps depend on your condition—some patients need only decompression, while others require rotator cuff work or both.

What to Expect During Recovery

Recovery varies based on whether debridement or repair is performed, with repairs needing more time. Here's a general timeline:

Immediately After Surgery:

Your arm will be in a sling, and you may feel mild to moderate pain, swelling, or stiffness, manageable with prescribed pain medication or over-the-counter options like ibuprofen. Ice and elevation help reduce swelling.

First 1-2 Weeks:

The sling stays on, and stitches are removed within 10-14 days. You'll avoid lifting or reaching with the arm. Gentle elbow, wrist, and hand movements may be encouraged to prevent stiffness.

• Weeks 3-6:

- Decompression/Debridement: The sling may be discontinued by 1-2 weeks, with therapy starting to restore motion. Light activities (e.g., writing or typing) can resume.
- Rotator Cuff Repair: The sling is worn for 4-6 weeks to protect the tendon, with passive therapy (therapist moves your arm) beginning earlier. Active motion starts later.

Months 2-6:

- Decompression/Debridement: Most return to daily tasks by 6-12 weeks, with sports or heavy use by 3-4 months.
- Repair: Therapy shifts to strengthening by 8-12 weeks, with normal activities by 4-6 months and full return to sports or heavy lifting by 6 months or more, depending on tear size.

• Full Recovery:

Complete healing takes 3-6 months for decompression/debridement and 6-12 months for repairs, especially larger tears.

Follow your surgeon's instructions on sling use, therapy, and activity restrictions.

Potential Complications

Shoulder arthroscopic surgery is low-risk, but complications can occur. These are rare and often treatable:

- **Infection**: Redness, swelling, or drainage at the incision sites may indicate an infection, treatable with antibiotics.
- **Nerve or Blood Vessel Injury**: Rarely, nearby structures may be affected, causing temporary numbness or tingling.
- Stiffness: Some stiffness may persist (e.g., frozen shoulder), usually improving with therapy.
- **Re-tear (Repair)**: The rotator cuff may tear again if stressed too soon, especially with large repairs, or if another injury occurs in the future. This may require a second surgery to address.
- Persistent Pain: Rarely, pain lingers if arthritis or other issues are present.

Contact your doctor if you experience severe pain, fever, or signs of infection after surgery.

Expected Outcomes

Shoulder arthroscopic surgery has a high success rate for relieving pain and restoring function:

- Pain Relief: Most patients notice significant improvement within weeks, with full relief by 3-6 months.
- Improved Function:
 - Subacromial Decompression: Restores smooth motion and reduces impingement, allowing overhead activities without pain.
 - Debridement: Eases irritation from minor damage, improving comfort.
 - Repair: Restores strength and motion for lifting and reaching, though full recovery depends on tear size (90% success for small tears, 70-80% for large ones).
- Long-Term Results: Approximately 70-95% of patients (depending on specific factors regarding the patient or surgery type) have satisfactory outcomes and regain functional shoulders. Most patients have long-lasting relief of shoulder pain or dysfunction.

Success depends on the injury extent, your activity level, underlying health conditions, and therapy commitment.

Final Notes

Shoulder arthroscopic surgery can ease your pain and get you back to doing what you love. Whether it's decompression, debridement, or a rotator cuff repair, we'll tailor the approach to your needs. If you have questions about the procedure or recovery, feel free to discuss them with your surgeon. We're here to support you every step of the way!