



CLINIQUE
CHIRURGICALE
DE LAVAL

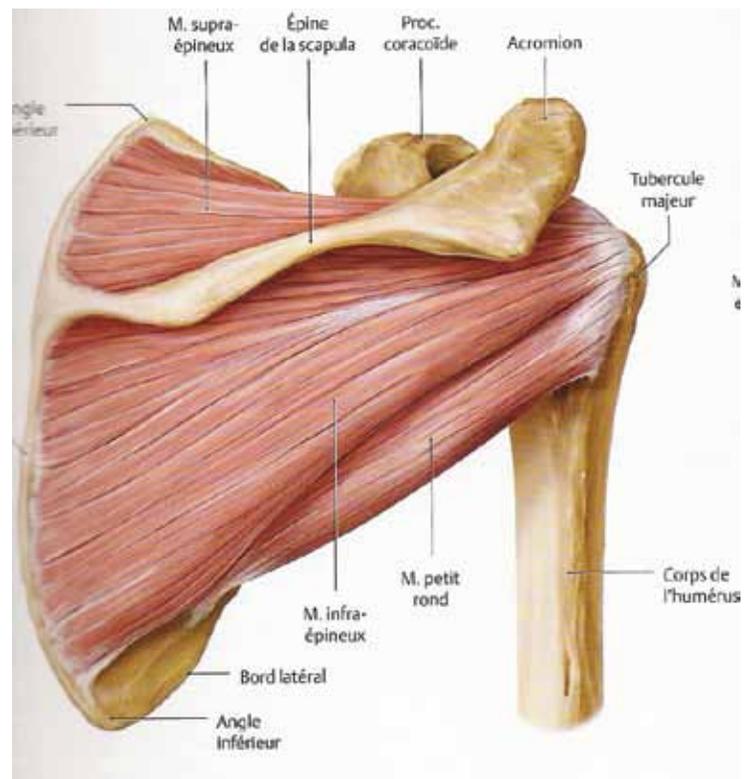
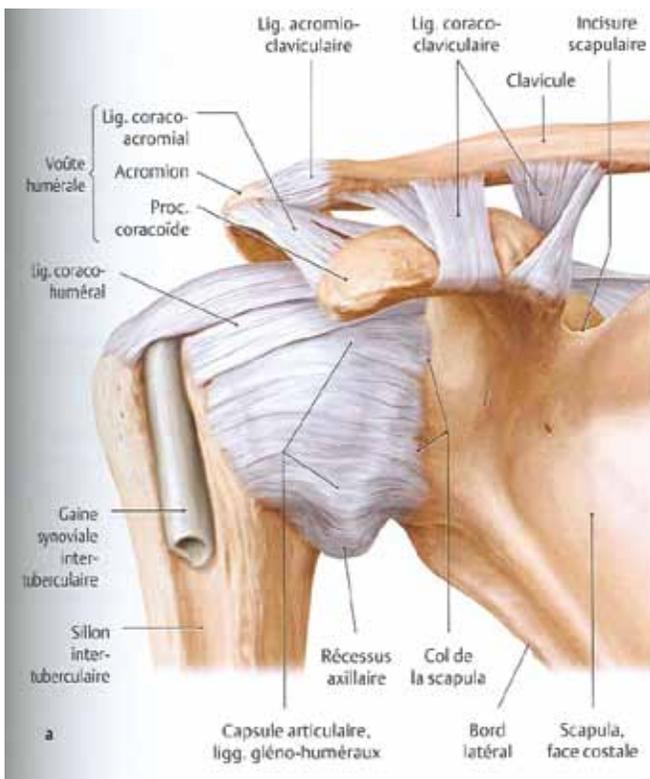
SHOULDER

Practical guide:
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The shoulder joint is a multiaxial synovial ball and socket joint made up of three bones: the shoulder blade (scapula and acromion), the collarbone (clavicle), and the upper arm bone (humerus). The shoulder also consists of muscles, tendons, a capsule, ligaments and the labrum, altogether assuring its stability, mobility and strength.



The surgery is performed either by arthroscopy or by an opening, or a combination of both.

Here is a brief description of shoulder surgeries. Do not hesitate to ask questions if you need additional information. This will ensure you have all the needed instructions. It's important to be well prepared.

It is important to stop taking any anti-inflammatory medication or aspirin 7 days before the surgery.

Arthroscopy

Arthroscopy permits the surgeon to view the inside of the shoulder by means of a small camera called an arthroscope. The surgeon can thus examine the structure of the shoulder, come up with an exact diagnosis and proceed with surgery using mini-instruments. Two or three small incisions (approx. one centimetre in length) will be made to insert the arthroscope and the instruments.

In some cases, an opening in the shoulder may be necessary.



Acromioplasty

This procedure involves removing part of the under surface of the bone of the acromion, thereby increasing the subacromial space and reducing the chance of the rotator cuff tendons being rubbed or caught on the acromion itself.

Acromioclavicular Arthroplasty

This surgery uses various techniques to treat shoulder joint problems between the clavicle and the acromion.

Reconstruction of the Rotator Cuff

Repair of one or several tendons of the rotator cuff (group of muscles which cover the humeral head and give it stability and strength). This surgery is usually done together with an acromioplasty.

Bankart's Repair for Shoulder Dislocation

Surgery is performed to reattach the torn labrum of the Bankart lesion to the socket of the shoulder and re-stabilize the shoulder. A Bankart lesion occurs when an individual sustains a shoulder dislocation and tears the labrum as the shoulder pops out of joint.

Repair of the Labrum (S.L.A.P)

A SLAP repair is considered for treatment when the attachment of the labrum (the so-called biceps anchor) is unstable. The surgery reattaches the superior part of the labrum to the glenoid rim.

Tenodesis / Tenotomy of the Muscles

Tenodesis is the surgical anchoring of a tendon, as to a bone. Tenotomy is the surgical division of a tendon to correct a deformity caused by congenital or acquired shortening of a muscle.

Fracture Osteosynthesis

Repair of a fracture with plate and screws.

Post-surgical Instructions for the Shoulder

To help with your recovery from a shoulder surgery, the following exercises are recommended in order to avoid complications such as ankylosis, stiffness and swelling.

- Move your hand and fingers frequently (open and close the hand).
- Turn the palm of your hand toward the ceiling then toward the ground.
- Bend and extend the elbow.
- Apply ice for 15 minutes, three to six times a day.
- Move your shoulder very slowly using your other arm, without any sudden movements, according to your doctor's instructions.
- The splint immobilizing your shoulder must be removed when doing your exercises and when washing. You can also wash the splint.

Please wait for the next visit to your surgeon or for your first appointment in physiotherapy before doing any other exercises. You will then be given further instructions on doing specific exercises depending on the type of surgery performed.

Getting sufficient rest and respecting your limitations also help in the recovery. Take care of yourself and do not hesitate to ask for help. Remember, your recovery period is only temporary.