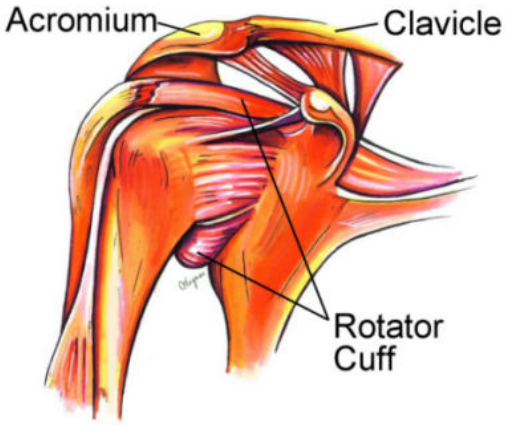
Shoulder Arthroscopy

Because the shoulder is one of the most mobile joints, it is more prone to injury. It is a very shallow ball and socket joint located between the large bone in your upper arm (*humerus*) and the shoulder blade (*scapula*). Arthroscopy is a valuable test for evaluating and treating injuries involving the shoulder joint. Arthroscopy is a surgical technique which uses small *incisions* (cuts by the surgeon) to insert a small telescope like instrument (*arthroscope*) and other tools into the shoulder. This allows the surgeon to look directly at the problem. When the arthroscope is in the joint, fluid is used to expand the joint space. This allows the surgeon to examine it more easily. The arthroscope then beams light into the joint and sends an image to a TV screen. As your surgeon examines your shoulder, he or she can also repair a number of problems found at the same time. Sometimes the procedure may change to an open surgery. This would happen if the problems are severe enough that they cannot be corrected with just arthroscopy. This is usually a very safe surgery. Rare complications include damage to nerves or blood vessels, excess bleeding, blood clots, infection, and rarely instrument failure. This is most often performed as a same day surgery. This means you will not have to stay in the hospital overnight. Recovery from this surgery is also much faster than having an open procedure.



BEFORE THE PROCEDURE

- Stop all anti-inflammatory medications at least one week before surgery unless instructed otherwise. Tell your surgeon if you have been taking cortisone or other steroids.
- Do not eat or drink after midnight or as instructed. Take medications as directed by your caregiver. You may have lab tests the morning of surgery.
- You should be present 2 hours prior to your procedure. Check in at the admissions desk for filling out necessary forms if not preregistered. There will be consent forms to sign. There is a waiting area available if friends or family accompany you.

LET YOUR CAREGIVER KNOW ABOUT THE FOLLOWING:

- Allergies
- Medications taken including herbs, eye drops, over the counter medications, and creams
- Use of steroids (by mouth or creams)
- Previous problems with anesthetics or novocaine
- Possibility of pregnancy, if this applies
- History of blood clots (*thrombophlebitis*)
- History of bleeding or blood problems
- Previous surgery
- Other health problems
- Family history of anesthetic problems.

PROCEDURE

You may have general (go to sleep) or local (numb the area) anesthetic. Your surgeon will discuss this with you. During the procedure as discussed above, your surgeon may find a variety of problems which he or she can improve or correct using small instruments. When the procedure is finished the tiny incisions will be closed with stitches or tape.

AFTER YOUR PROCEDURE

- After surgery you will be taken to the recovery area. A nurse will watch and check your progress. Once you are awake, stable, and taking fluids well, barring other problems you will be allowed to go home.
- Once home, apply an ice pack to your operative site for twenty minutes, three to four times per day, for two to three days. This may help with discomfort and keep the swelling down.
- Use a sling and medications if prescribed or as instructed.
- Unless your caregiver advises otherwise, move your arm and shoulder gently and frequently following the

procedure. This can help prevent stiffness and swelling.

REHABILITATION

- Almost as important as your surgery is your rehabilitation. If physical therapy and exercises are prescribed by your surgeon, follow them diligently. Once comfortable and on your way to full use, do muscle strengthening exercises as instructed.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is redness, swelling, or increasing pain in the wound or joint.
- You notice *purulent* (colored- pus-like) drainage coming from the wound.
- An unexplained oral temperature above 101º F (38º C) develops.
- You notice a foul smell coming from the wound or dressing.
- There is a breaking open of the *wound.* The edges do not stay together after sutures or tape has been removed.
- Persistent bleeding from the small incision.

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