

Arthroscopic Shoulder Surgery **Subacromial Decompression, Biceps Surgery, and Distal** **Clavicle excision**

What is the Rotator Cuff?

The rotator cuff is made up of four muscles and their tendons (Supraspinatus, Infraspinatus, Subscapularis & Teres Minor) that surround the shoulder joint. When you raise your arm the rotator cuff holds the ball (humeral head) of the shoulder within the socket (glenoid).

What is done for the rotator cuff?

If the rotator cuff is partially torn, Dr Acevedo will debride (clean up) the frayed portion to alleviate pain. If there is a full tear or if the rotator cuff or if it has a high grade partial thickness rotator cuff tear, then the rotator cuff will be repaired. This surgery is done by making small incisions around the shoulder and by use of an arthroscope (camera) to see all the structures of the joint. Special instruments allow Dr. Acevedo to sew the rotator cuff back to the correct (anatomic) position.

What is done to the biceps tendon?

If the biceps tendon is damaged or diseased, Dr. Acevedo will cut the tendon to remove it from the inside of the shoulder. This will prevent the biceps from acting as a "pain generator". The biceps will be anchored to the shoulder, outside of the joint, to keep the cosmesis of your Biceps on the arm. Sometimes, the biceps is allowed to scar into the biceps groove on its own.

What is done for the "bursitis"?

An arthroscopic shaver will be used to remove the inflamed Bursal sac above the rotator cuff. In addition, if the subacromial space is "tight" and causing a shoulder impingement then a burr will be used to perform a decompression. This means some of the bone of the acromion will be shaved to allow more space for the rotator cuff.

What is Osteoarthritis or Degenerative Joint Disease of the Acromioclavicular joint?

Cartilage is a protein substance that serves as a "cushion" between the bones of the joint. In osteoarthritis, the surface layer of cartilage breaks down and wears away. This allows the bones under the cartilage to rub together. The acromioclavicular joint (AC joint) can degenerate and cause pain with activity and shoulder movements.

What is a distal clavicle excision?

A distal clavicle excision, aka Mumford, excises the distal end of the clavicle to make more room in the acromioclavicular joint. This procedure will alleviate symptoms related to the osteoarthritis in the AC joint. Dr Acevedo uses special instruments to burr down the end of the clavicle arthroscopically.

Length of Stay

This is same day surgery. You will need to have someone who can take you home.

Anesthesia

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block. Your arm will be numb and will feel very strange. The nerve block will last about 12-14 hours. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

Incision

You will have 3-4 small incisions around your shoulder. They will only be about 1 cm long.

Pain

Shoulder procedures are initially very uncomfortable. You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have discomfort. Most of the pain is related to your very swollen shoulder. That swelling will resolve in 24-48 hours. You will have a opioid limiting pain regimen prescribed for when you are discharged home. Typically, you will be given Toradol, an anti-inflammatory to take for 3-5 days, Gabapentin a nerve pain medication to be taken for 2 weeks, and a narcotic medication such as Norco or Percocet to be used sparingly for breakthrough pain. **After a few days most patients are comfortable on ES Tylenol.**

Sling

Your arm will be placed in a sling prior to leaving the operating room. The length of time you will be in your sling will depend on what exactly is done in surgery. You will get definitive instructions after surgery.

In general if there is a Rotator Cuff Repair or a Biceps tenodesis performed then you are to remain in your sling for 4 weeks. You are to remain in your sling 24 hours a day. This includes sleeping in your sling. The sling can be removed to get dressed and for showers only.

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Wound Dressings

You will go home with tegaderm and gauze dressings. After 3 days you may remove the dressings. There will be a steri-strips over the incisions. The steri-strips are to remain in place until they fall off on their own. The sutures are absorbable and buried.

Physical Therapy

Therapy will be ordered by Dr. Acevedo, and they will contact you. If no repair is done, therapy will start within a week. If a Rotator Cuff Repair is performed, therapy is delayed for 4 weeks. If you prefer home therapy, Dr Acevedo can prescribe you a program with the MyHealthTrack app.

Restrictions

This will depend on what type of surgery is performed. In general, you should have full use of your arm by 6 weeks. Full recovery from a subacromial decompression, biceps tenodesis, and a distal clavicle excision is about 3 months.

Pictures

Dr. Acevedo will take photos during your surgery. Please bring those pictures to your first postoperative visit. Dr. Acevedo will review them with you and discuss exactly what was done in your shoulder.

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