



Arthroscopic Scapulothoracic Bursectomy

What is an Arthroscopic Scapulothoracic Bursectomy?

An **Arthroscopic Scapulothoracic Bursectomy** is a minimally invasive surgery to treat inflammation and pain around the shoulder blade (scapula), particularly in the space where it moves against the chest wall (thorax). Over time, this area can develop inflamed bursal tissue and scar tissue that cause painful snapping, grinding, or discomfort with certain movements. This procedure removes the inflamed bursa and any tight, fibrotic tissue to allow smooth, pain-free motion of the scapula.

This surgery is typically recommended after failure of nonsurgical treatments like physical therapy, injections, and activity modifications

How is this performed?

This procedure is performed completely **arthroscopically** using small 1 cm incisions along the back of your shoulder blade. Usually, there are **about 3 to 4 small incisions**. These incisions heal well and are closed with absorbable sutures placed beneath the skin.

Length of Stay

This is an **outpatient procedure**, meaning you go home the same day. You will need someone to drive you home after surgery, but they do **not** need to stay at the facility all day.

Anesthesia

Patients typically receive two types of anesthesia:

1. **General anesthesia** – You will be completely asleep during surgery.
2. **Nerve block** – This numbs the shoulder and arm, providing excellent pain control for the first **12-14 hours** after surgery.

The anesthesiologist will discuss your options with you on the day of surgery. It is common for your arm to feel **numb or tingly for up to 24 hours** after surgery.

Incision

This surgery uses 3 to 4 small arthroscopic incisions, each about 1 cm in length, placed over the back and around the shoulder blade. These are closed with absorbable stitches, and steri-strips will cover the incisions. You may get them

wet in the shower after your dressings are removed, and they will peel off on their own in about 2 weeks.

Pain

Shoulder surgeries 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. It is important to stay on top of the pain medication. Most patients receive Toradol, which is a strong anti-inflammatory. Begin taking this medication when you get home. The Narcotic you are prescribed should be used as a rescue medication as needed. For the first 2 days it is advised that you take 1 of these pills around the clock to stay on top of the pain. If it is too strong, you can take Extra strength Tylenol in its place.

Sling

Most patients do **not** need a sling after this surgery. However, some surgeons may recommend wearing one for comfort for a couple of days. Otherwise, gentle use of the arm is encouraged without heavy lifting.

Post Op Ice Therapy

If you can obtain an Ice Machine Unit these are very helpful. **Please be sure to bring it in with you on the day of surgery.** Plan to use ice on the shoulder intermittently at least for the first 48 hours after surgery. You should use ice therapy on the shoulder for 15-minute increments throughout the day. Using ice therapy helps decrease pain and swelling. You can use it daily as needed throughout your recovery period.

Driving

You are not allowed to drive until you are out of the sling and you feel safe. This is usually about 2 weeks post op.

Dressings

You will go home with dressings and gauze. The dressing will be waterproof. You may shower after surgery as long as the dressing is intact. If the tegaderm dressing begins to fall off it may be removed after 3 days. The actual skin incision CANNOT get wet prior to 3 days. After the dressings are removed, simply allow the water to wash over the site and then pat dry. Do not rub the incisions. Make sure your axilla (armpit) is completely dry after showering.

Physical Therapy

Formal Physical Therapy can begin after 2 weeks. You should set up your appointments with your therapists before surgery. You will attend formal physical

therapy until you are about 3 months after your surgery. Physical Therapy is an important part of restoring strength and motion.

Restrictions

Recovery from a Lower Trap Transfer is about six months to 1 year. During that time you will have restrictions on the use of your operative arm.

Day of surgery to Week 2: remain in sling, no use of arm, out of work, no driving

Weeks 2-6: opposite hand work only

Weeks 6-12: no lifting and carrying anything greater than 10 lbs and only occasional over shoulder reaching

>3 months: no restrictions, resume activities as tolerated

Follow Up Appt

You should have had your follow up appointment made at the time of your preoperative appointment. You should be seen at around 10-14 days.