

Understanding

Shoulder Ligament Injury



LIGAMENT INJURY TREATMENTAT SPECTRA INSTITUTE OF
ORTHOPAEDICS

Understanding shoulder problems

The shoulder is your body's most flexible joint. It is designed to let the arm move in almost any direction. But this flexibility has a price – it makes the joint prone to injury. If you have a shoulder problem, a surgical procedure called arthroscopy can help. This technique lets your doctor examine and treat problems in your shoulder. Read this booklet to learn more.

Bones provide the foundation of the shoulder joint. The bones fit together in a way that allows the arm to move freely.

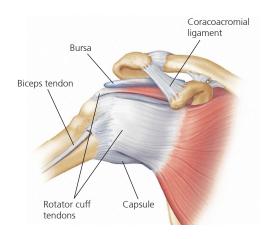
- The humeral head is the ball at the top of the humerus (arm bone)
- The scapula is the shoulder blade.

 The coracoid and acromion are two parts of the scapula
- The glenoid is a shallow socket on the scapula. The labrum is a ring of cartilage around the rim of the glenoid
- The clavicle is the collarbone

The soft tissues include muscles, tendons and ligaments. These connect the shoulder bones together, provide stability and help in joint movement.

- The rotator cuff is made up of muscles and tendons. These connect shoulder bones and move the joint
- The bursa is a fluid-filled sac that cushions the rotator cuff
- The capsule is a sheet of tough fibers that encloses the joint. The capsule attaches to the labrum
- The coracoacromial ligament connects the acromion to the coracoid





Your orthopaedic evaluation

Your doctor will ask you about your symptoms and the history of your shoulder problem. Your shoulder will be examined and diagnostic tests, such as an X-ray or an MRI, may be done. These help your doctor find the cause of your shoulder problem.



Arthroscopy: Looking inside your joint

Arthroscopy allows your doctor to see and work inside your shoulder joint through small incisions. A long, thin, lighted instrument called an arthroscope is used. During the surgery, the arthroscope sends live video images from inside the joint to a monitor. Using these images, the doctor can diagnose and treat your shoulder problem. Arthroscopy uses much smaller incisions because of which recovery period is often shorter and less painful than recovery after open surgery.



Risks and possible complications of arthroscopy

- Stiffness or ongoing pain in your shoulder
- Bleeding or blood clots
- Infection

- Damage to nerves or blood vessels
- Stiffness or ongoing pain in your shoulder

Treating your shoulder problems with arthroscopy

You will be told how to prepare for your surgery and when you should arrive at the hospital or surgery center. Just before the surgery, a doctor will talk to you about the anaesthesia that will be used to keep you pain-free during the surgery. You may be asked by several people to confirm which shoulder is being operated on. This is for your safety. Below are common shoulder problems and how they are treated during arthroscopy.

Torn labrum

Bankart lesion Torn labrum

Suture



A tear of the rim below the middle of the glenoid socket, that also involves the inferior glenohumeral ligament, is called a Bankart lesion. A torn labrum is repaired by reattaching it to the glenoid. Sutures attached to the anchors are tied to hold the labrum in place. The joint then feels more stable.

A SLAP lesion is a tear of the rim above the middle of the socket that may also involve the biceps tendon.

Impingement







Repeated overhead movements can inflame your rotator cuff and bursa. A bone spur may also form. This causes pain and problems with certain arm movements. Impingement is also called bursitis or tendinitis.

During the surgery, an inflamed bursa may be removed. Bone may be trimmed and the coracoacromial ligament may be detached. These steps make more room, thus relieving pressure and allowing the arm to move more freely.

Forn rotator cuff



A rotator cuff can tear due to a sudden injury or from overuse. This can cause pain, weakness and loss of normal shoulder movement

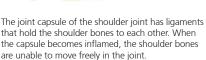




During the surgery, torn rotator cuff tendons may be trimmed. The tendons are then reattached to the humerus. This is done with sutures, anchors or surgical tacks.

Frozen shoulder





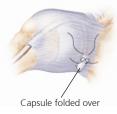


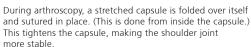
In shoulder arthroscopy, your doctor will cut through the tight portions of the joint capsule. This is done using pencil-sized instruments inserted through small incisions around your shoulder.

Stretched capsule (Multi directional instability)



A stretched capsule will remain loose. A loose capsule can't hold the joint firmly in place. The bones of the joint may feel like they move too much.





Arthritis of the shoulder



Arthritis is the damage of the joint cartilage with age and use. Injury or disease can also cause it. Wear and tear may also lead to loose bodies (pieces of bone or cartilage) or bone spurs in a joint.





Suture

During the surgery, bone spurs are removed and rough parts of the joint are smoothed. Any loose body is removed from the joint. Bone may also be scraped or shaved to promote new cartilage growth.

After arthroscopy

After your arthroscopy, you will recover in the hospital or surgery center within a few hours. In some cases, you may stay overnight. When you are able to go home, you will be instructed on how to relieve any pain and how to care for your shoulder as it heals. To help with healing, a programme of Physical Therapy (PT) may be prescribed.

In the recovery room

After surgery, you will be taken to a recovery area to rest. You will have a bandage to protect your incisions, and a sling to hold your arm in place. Nurses will give you medications to help relieve the pain. A device is sometimes used to deliver pain medication directly into the joint. In some cases, cold packs or a cooling unit may be used to reduce swelling in your shoulder.



Going home

Before leaving the hospital or surgery center, be sure to know how to care for your shoulder at home. Ask any questions you have. When you are ready to leave the hospital or surgery center, an adult family member or friend will have to drive you home.

Your home recovery

At home, follow any instructions you have been given. Your doctor may want to see you during the first weeks after arthroscopy, to check on your healing. When you are ready, PT may be prescribed.

Relieving pain

- Take the prescribed pain medications as directed. Do not wait for the pain to worsen before you take them
- Put ice on your shoulder three times a day, for 20 minutes. Use an ice machine (if given one) or a bag of ice or frozen peas. Put a thin cloth between your skin and the ice source
- Wear your sling as directed

Call your doctor if you have:

- Fever over 101°F (38.3°C)
- Bleeding from an incision
- Increased shoulder pain or swelling
- A red or oozing incision
- Numbness or tingling that doesn't go away 24 hours after surgery

Physical therapy

Physical therapy is a programme of guided exercise that will help you regain movement and strength in your shoulder. This programme is tailored to your shoulder problem and the surgery done to treat it. You will start PT when your doctor feels you are ready, often shortly after the surgery.



Your surgical checklist

Use this checklist to remind yourself what to do before and after your surgery. Ask your doctor or nurse to fill in the blanks. He or she can also write down any special instructions.

Before surgery

- Tell your doctor what medications, supplements or herbal remedies you take. Ask if you should stop taking any of them before surgery
- Confirm the time you should arrive at the hospital or surgery centre.

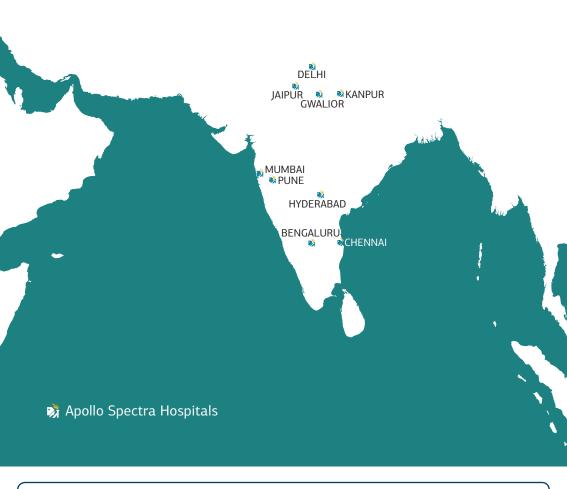
 Arrange for an adult family member or a friend to give you a ride to and from surgery
- Do not eat or drink anything after midnight, the night before your surgery

After surgery

- Use ice as instructed to reduce swelling and pain
- Take care of your incisions as directed. You can begin bathing as per your doctor's advice
- See your doctor for a follow-up visit
- Wear your sling as directed by your doctor
- Do physical therapy exercises as prescribed
- Ask your doctor what activities you should avoid



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