



Information on Shoulder Arthroscopy

Marion M. Herring, MD

Linda Hume, PA

This guide is designed to give information and answer questions about shoulder arthroscopy. Dr. Herring and his staff are committed to the education and prudent use of shoulder arthroscopy.

Arthroscopy of the shoulder is designed to treat patients with tendon/cartilage tears in their shoulder by re-attaching the torn tendons/cartilage in your shoulder back down to the bone. Patient selection, surgical technique, post-operative care, and physical therapy are all crucial to excellent outcome following shoulder surgery.

Frequently asked questions:

1. What do I need before I can have surgery?

- ✓ An evaluation by Dr. Herring
- ✓ X-rays and an MRI to evaluate the bones, cartilage, and tendons of your shoulder
- ✓ Pre-op clearance by your primary care physician (or Linda/Dr. Herring)
- ✓ No other illnesses, urinary tract infections, or gum infections
- ✓ A visit with physical therapy to teach you about your sling and exercises to be doing on your own following surgery

2. Who is a candidate?

Patients with tendon/cartilage tears in their shoulder are candidates for this type of surgery.

3. What can I expect?

Your personal outcome depends on tendon/tissue quality of the shoulder, your level of function before surgery, the surgery itself, and compliance with post-operative care and physical therapy. Most patients are able to regain the bulk of their motion. The goal behind shoulder arthroscopy is to maintain or improve your shoulder function and to reduce your pain.

4. What will my surgery be like?

You will be told what time to arrive at the hospital the day of surgery. An IV will be started, and Dr. Herring will sign your shoulder. Anesthesia will also come and evaluate you. Usually a nerve block is placed in your neck/shoulder. This involves placing a small catheter in your neck that helps tremendously with post-op pain. Surgery itself takes about 1.5 hours and is an outpatient procedure. You will wake up in the recovery unit in a sling. You will be given typed out directions upon discharge telling you about bathing, driving, the sling, pain medicine, exercises, and 'red flags' you will need to alert us to.

5. What is my long term recovery like?

Once you are home, you will remain in your sling. You will be in the sling for 3-4 weeks following surgery. Patients are generally most comfortable when they are sitting up or reclined while they are awake and when they go to sleep. ICE on your shoulder helps with pain control. You will be given a prescription for pain medicine for use after surgery when we see you in clinic before surgery. You can get this filled before you go to the surgery center and keep it at home. Patients generally need to take the pain medicine on a scheduled basis when they return home from the hospital.

We will see you in clinic about 4-5 days after your surgery. At that time we will refill pain medicine, review surgical pictures, get you started on physical therapy, and address any other concerns you may have. Sutures usually come out about 10-14 days after surgery. Physical therapy is for 2 times each week, usually for about 3 months. We continue to see you every 3-4 weeks in clinic to follow your progress.

Activity Questions

*You can drive when you are not taking pain medicine and you have adequate use of your arm. This usually takes 2-4 weeks.

*You will have use of your hand to type and do minimal task even the first 4 weeks in a sling.

* After 4 weeks we still limit your lifting to 5-10 pounds up to three months.

* Even though you may be very active- you will need physical therapy to gain motion and strength in a controlled fashion

*Recovery to normal function is 3-6 months.