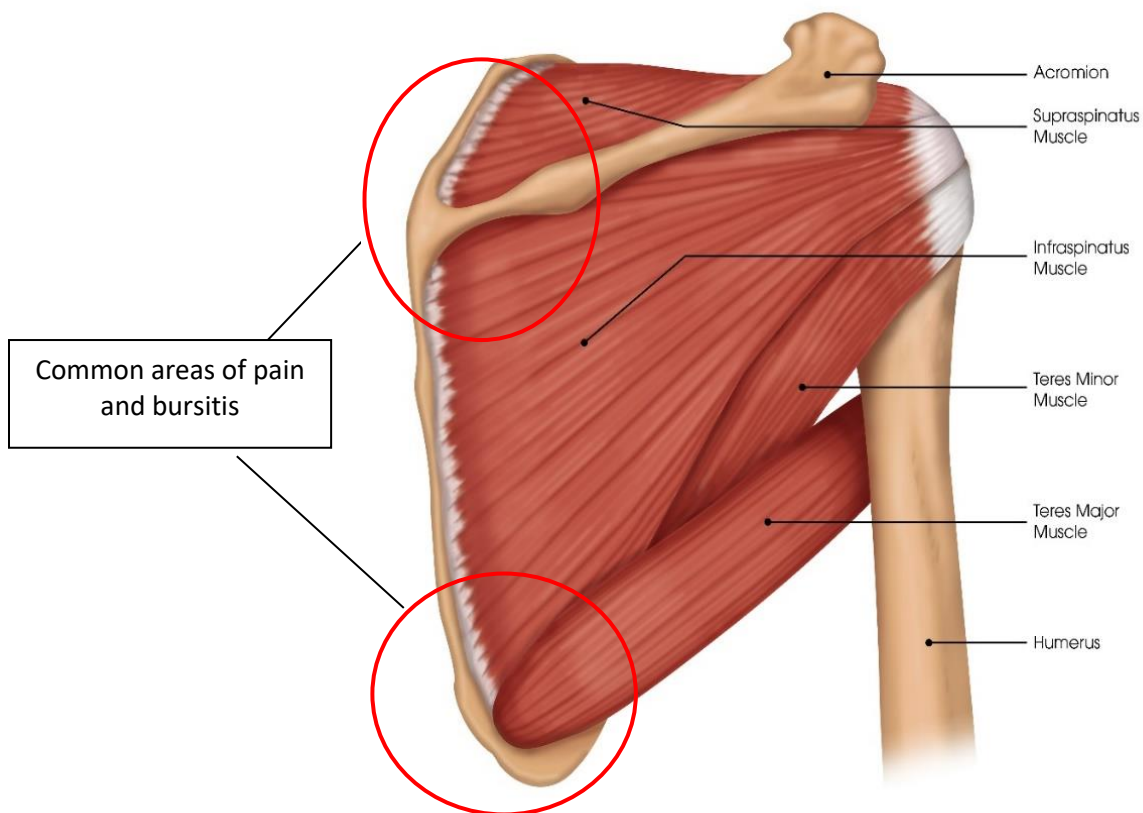


STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Arthroscopic Scapuloplasty for Snapping Scapula

Indications for Surgery

Snapping scapula is characterized by a “snapping” of the shoulder blade (scapula) that can often be heard or felt by the patient when rolling the shoulder. This condition typically results from dysfunctional movement of the scapula. The snapping may be painful and affect shoulder function, or there may be little or no pain with normal function. The snapping is caused by the inflamed and swollen bursal tissue catching behind the scapula and rubbing along the chest wall and ribs. The bursal tissue which resides between the scapula and chest wall serves to protect structures as they glide back and forth against each other. The bursa may become inflamed as the scapula moves back and forth, resulting in bursitis and producing the “snapping” sensation. If the patient fails conservative treatment with formal physical therapy, activity modification, and injections, arthroscopy scapuloplasty may be indicated to remove inflamed bursal tissue and a small portion of the scapula that continues to contact and cause irritation and pain.



Posterior view of the right shoulder



STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Contraindications to Surgery

- Infection of the shoulder
- Inability or unwillingness to complete the postoperative rehabilitation necessary.

Potential Surgical Risks and Complications

- Infection
- Continued or recurrent pain
- Stiffness or loss of motion of the shoulder
- Inability to return to the same level of competition
- Weakness of the shoulder

Hospitalization and Anesthesia

- Outpatient surgery (go home the same day)
- General anesthetic with interscalene block (See *Your Surgical Experience* booklet)

General Surgical Technique

For patients failing conservative treatment, Dr. Chudik performs the surgery arthroscopically through small incisions (arthroscopic portals) to avoid larger open incisions and detachment of muscles from the scapula required with open surgery. While viewing arthroscopically in the scapulothoracic space between the scapula and the chest wall, Dr. Chudik uses special arthroscopic instruments to remove inflamed bursal tissue and any prominent bone, typically at the superomedial border of the scapula, to stop the snapping and pain.

Post-Operative Course

- Patients will use a sling for comfort and discontinue it as tolerated
- Patients may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery
- Keep the wound clean and dry for three days following all arthroscopic surgery. Patients may shower lightly after three days but wounds cannot be submerged under water for three weeks
- Driving is allowed once the sling and pain medications are discontinued
- Physical therapy should begin two to three days after surgery and continue for three to four months. It is crucial to follow a proper therapy schedule.



STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Return to Activity

- Return to activity approximately six to 12 weeks after surgery

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®] according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or contactus@chudikmd.com to:

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment to remove sutures and review post-operative instructions

Notify My Office if Symptoms Worsen

