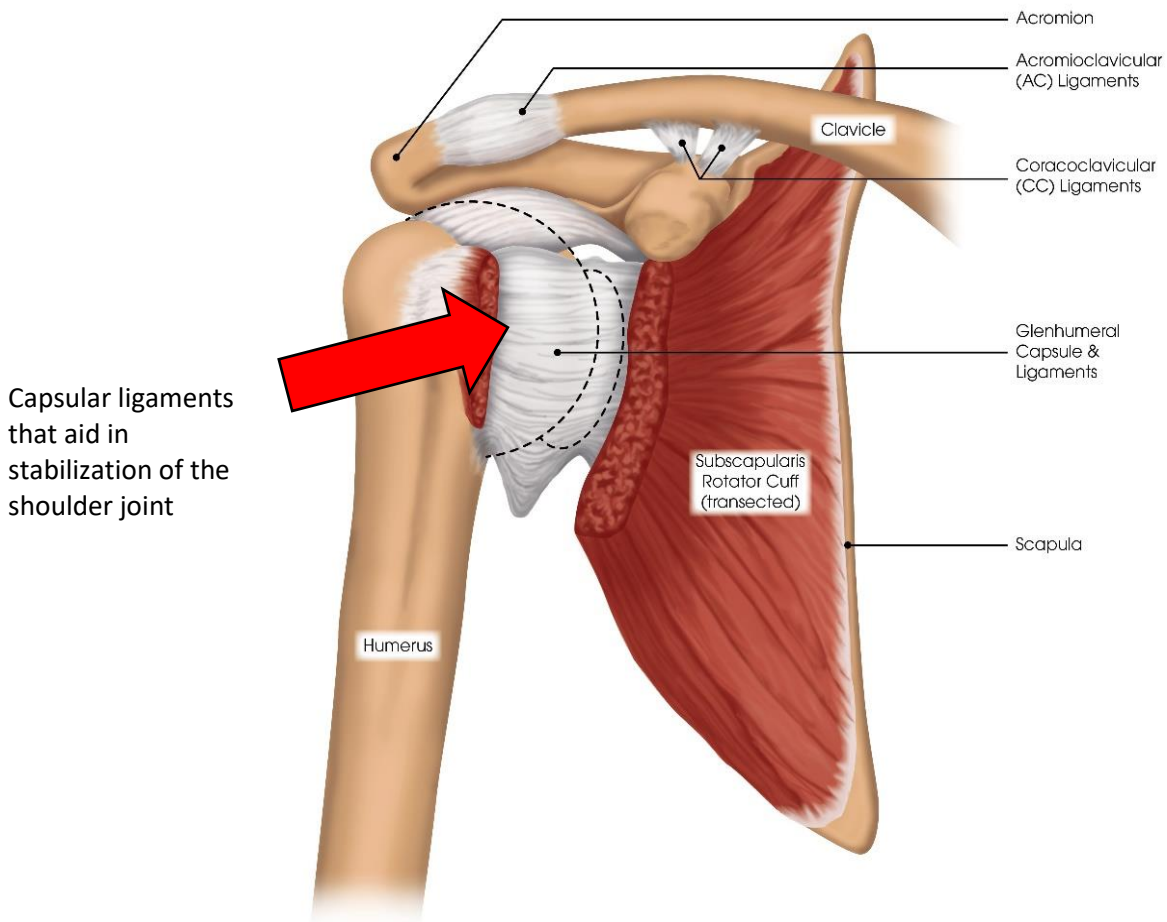


STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Arthroscopic Capsular Repair/Reconstruction

Indications for Surgery

Surgery for shoulder instability is indicated for people who have recurrent (repeat) shoulder dislocations, subluxations, or symptoms that affect their daily activities, work, sports, or recreation. Surgery may be recommended for young, active individuals after their first anterior dislocation because young patients have a high likelihood (80 percent or greater) of recurrent (repeat) dislocations. Older patients with an anterior dislocation are less likely to re-dislocate and may do well without surgery if they do not sustain a fracture or rotator cuff tear with their dislocation. When someone dislocates their shoulder, the capsulolabral tissues (labrum, capsule, and ligaments) are torn leaving the shoulder unstable. The goal of surgery is to repair the torn structures and stabilize the shoulder to prevent further instability or dislocations and pain symptoms.



Capsular ligaments that aid in stabilization of the shoulder joint



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Contraindications to Surgery

- Infection
- Inability or unwillingness to complete the post-operative program of keeping the shoulder in a sling or immobilizer or to perform the rehabilitation necessary.
- Significant pre-operative stiffness
- Shoulder arthritis

Potential Surgical Risks and Complications

- Infection
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm can occur with the dislocation itself.
- Re-injury and recurrence of instability (re-dislocation or subluxation)
- Continued pain
- Stiffness or loss of motion of the shoulder
- Inability to return to the same level of competition.
- Irritation from sutures (rare)
- Arthritis

Hospitalization and Anesthesia

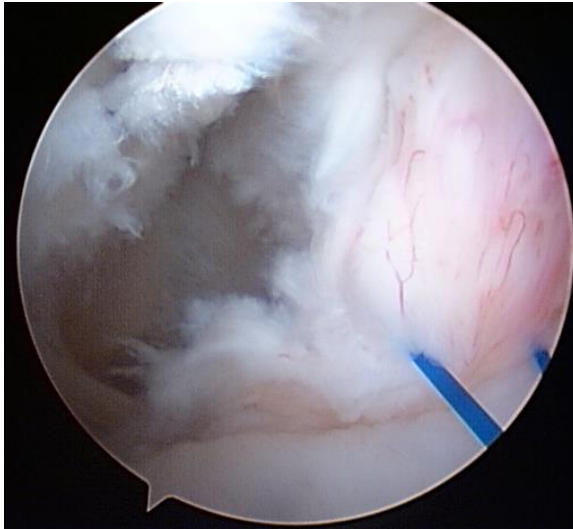
- Outpatient surgery (you go home the same day)
- General anesthetic with interscalene block (See *"Your Surgical Experience"* booklet)

General Surgical Technique

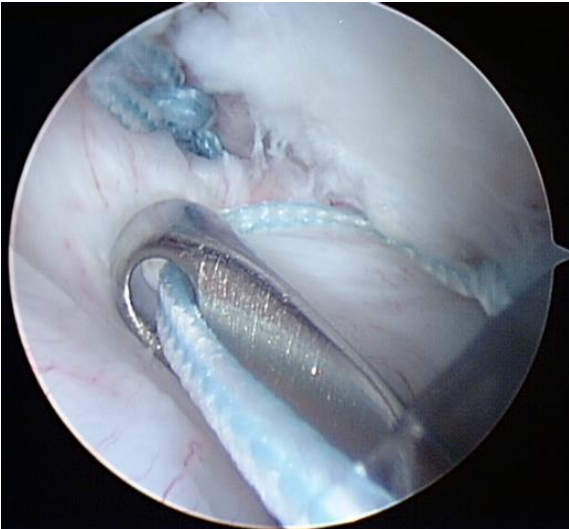
Dr. Chudik utilizes an arthroscopic approach through small incisions (less than 1 cm) to repair the torn capsule, ligaments, and labral tissues. He repairs the tissues of the shoulder joint using bio-absorbable anchors and sutures. The anchors are inserted into the bone edge and the sutures attached to the anchor are passed through the torn edge of the soft tissue and tied to repair the capsule, ligaments, and labrum. In some chronic untreated cases, Dr. Chudik has had to reconstruct (rebuild) the capsule using a soft-tissue graft. Immobilization in a sling for six weeks following surgery allows the torn labrum, capsule, and ligaments to heal in proper position. By approximately four to six months following surgery, the repair site has sufficiently healed, and shoulder motion, strength, and function are restored to allow a full return to activities.



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Arthroscopic view of a humeral avulsion of the glenohumeral ligament (HAGL)



Arthroscopic humeral avulsion of the glenohumeral ligament (HAGL) repair



Arthroscopic photo of anterior capsule tear



Intraoperative photo of Achilles tendon allograft used to reconstruct the anterior capsule



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Post-Operative Course

- Your shoulder motion will be restricted in a sling for six weeks following surgery to protect the repair and allow it to heal. You will always use a sling except for bathing, dressing, and exercises for six weeks following surgery, especially while you sleep. This prohibits driving.
- You 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. You may shower lightly three days after surgery, but wounds cannot be submerged under water for three weeks.
- Driving after six weeks
- Return to school/sedentary work in less than one week if you are in your sling.
- Physical therapy should begin two to three days after surgery and continue for four to six months. The success of shoulder surgery is highly dependent on the post-operative rehabilitation. It is crucial to follow through on and maintain a proper therapy schedule.

Return to Activity

- The time to return depends on the type of activity, sport, and position, as well as the arm injured (dominant versus non-dominant)
- At least four to six months is required after surgery before return to sports/strenuous labor.
- Full shoulder motion and strength are necessary before returning to sports/strenuous labor.
- To reduce the risk of re-injury, Dr. Chudik recommends and provides extra stabilization training and testing to improve results and determine when it is safe to return to sports.

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[®], Aleve[®], 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.
- **Do not eat or drink anything from midnight, the evening before surgery.**

Scheduling Surgery



Orthopaedic Surgery & Sports Medicine
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630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com



Schedule online now

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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



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