

STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

**Arthroscopic Pancapsular Plication Surgery for
Multidirectional (MDI) Shoulder Instability**

Indications for Surgery

Surgery for multidirectional instability (MDI) is reserved for people with loose shoulders who experience shoulder instability during activities of daily living or sports activities and have failed conservative treatment. Patients with generalized ligamentous laxity and loose shoulders can be susceptible to MDI. Repetitive overhead activities (throwing, swimming, gymnastics, etc.) may possibly stretch these loose capsules out further creating a situation of impaired joint position sense resulting in recurrent and uncontrolled shoulder instability (slipping out of place). The goal of surgery is to re-tension these loose capsules, improve proper joint position sense, and restore shoulder stability.



Shoulder exam for instability

Contraindications to Surgery

- Infection
- Shoulder stiffness
- Inability or unwillingness to complete the postoperative program including immobilizing the shoulder in a sling for six to eight weeks and performing physical therapy 2-3 times per week for four to six months



Orthopaedic Surgery & Sports Medicine
Teaching & Research Foundation
otrfund.org

630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com



Schedule online now

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Potential Surgical Risks and Complications

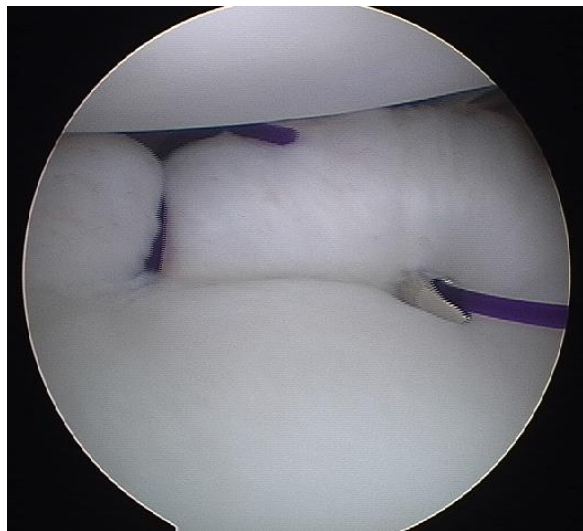
- Infection
- Bleeding
- Ligaments stretching out again and recurrence of instability (dislocation or subluxation)
- Continued pain
- Stiffness or loss of motion of the shoulder
- Inability to return to same level of competition
- Moving or breaking of surgical anchors
- Arthritis
- Finding damage to other structures such as the biceps tendon, rotator cuff and articular cartilage that may require further treatment at the time of surgery

Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- General anesthesia with an interscalene nerve block (see *Your Surgical Experience* booklet)

General Surgical Technique

The overall goal of surgery is to tighten the capsule and ligaments and restore functional stability to the shoulder. Dr. Chudik uses an arthroscopic technique with small incisions (less than 1 cm) in the front and back of the shoulder. With the arthroscope, he is able to use special instruments to take folds or “tucks” of the excess capsule and tighten it by sewing it together.



Passing and tying absorbable (not permanent) sutures to tighten capsule



Orthopaedic Surgery & Sports Medicine
Teaching & Research Foundation
otrfund.org

630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com

© 2024 Steven Chudik MD Shoulder, Knee & Sports Medicine. All rights reserved.



Schedule online now

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Post-Operative Course

- Your shoulder motion will be restricted in a sling for six weeks following surgery in order to protect the repair and allow it to heal. You will use a sling at all times 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.
- You may return to school/sedentary work in less than one week.
- Physical therapy should begin two to three days after surgery and continue for four to six months. The success of pancapsular plication is highly dependent on the post-operative rehabilitation. It is crucial to follow through on and maintain a proper therapy and home exercise schedule.

Return to Activity

You may return to unlimited activities when there is no pain and full shoulder range of motion, muscle strength and endurance, and functional use has been restored. This usually occurs four to six months following a pancapsular plication. Dr. Chudik will tell you when it is safe to resume all activities. He has special protocols for returning to throwing and overhead activity.

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®], Eliquis[®] 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

Do not eat or drink anything from midnight, the evening before surgery



Orthopaedic Surgery & Sports Medicine
Teaching & Research Foundation
otrfund.org

630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com

© 2024 Steven Chudik MD Shoulder, Knee & Sports Medicine. All rights reserved.



Schedule online now

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

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



Orthopaedic Surgery & Sports Medicine
Teaching & Research Foundation
otrfund.org

630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com

© 2024 Steven Chudik MD Shoulder, Knee & Sports Medicine. All rights reserved.



Schedule online now