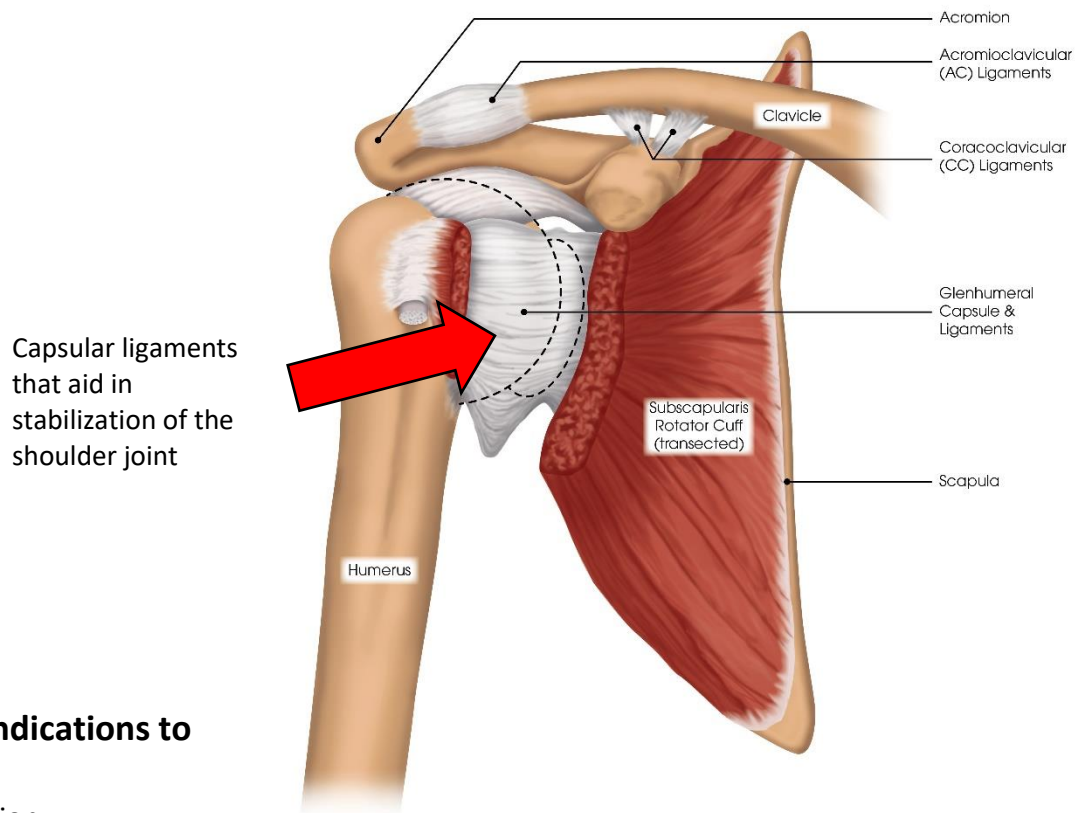


STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Shoulder Anterior Capsular Reconstruction

Indications for Surgery

Surgery for shoulder instability is reserved for people who experience shoulder instability during activities of daily living or sports activities and have failed conservative treatment. Recurrent dislocations and failed surgeries can lead to permanent injury to structures important for stability such as bone, labrum and, capsular ligament tissue. The capsule is the deepest soft-tissue layer in the shoulder and represents the ligaments between the humeral head (ball) and glenoid (socket) of the shoulder joint that gets tight at the extremes of shoulder motion to keep the shoulder stable. When the capsule ligaments are no longer present or irreparably damaged resulting in recurrent and uncontrolled shoulder instability (slipping out of place), open or arthroscopic surgery is needed to reconstruct (re-make) the capsular ligaments and restore shoulder stability.



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



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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 create a new capsule and restore functional stability to the shoulder. Depending on the size and location of the tear, Dr. Chudik performs surgery arthroscopically (with a camera) or with a limited open incision over the front of the shoulder and carefully works between the intervals of the deltoid (shoulder) and pec major (chest) muscles to expose the shoulder joint. The next layer above the capsule is the rotator cuff that also assists with stability and must be opened or cut and repaired again after the capsule is reconstructed with a soft-tissue graft. For large unrepairable defects, Dr. Chudik uses either iliotibial band autograft tendon from the thigh of the patient or an allograft from a cadaver to reconstruct the capsule. Common allograft choices are either an Achilles tendon allograft or processed and sterilized dermal (skin) allograft. The edge of the bone on the humerus (ball) and glenoid (socket) where the capsule is missing is prepared and anchors with sutures are strategically placed along those surfaces. The sutures are passed through the graft and tied to secure the graft into place and reconstruct (remake) the capsule. Following 6 weeks immobilization in a sling and physical therapy, the patient can gradually resume activities.

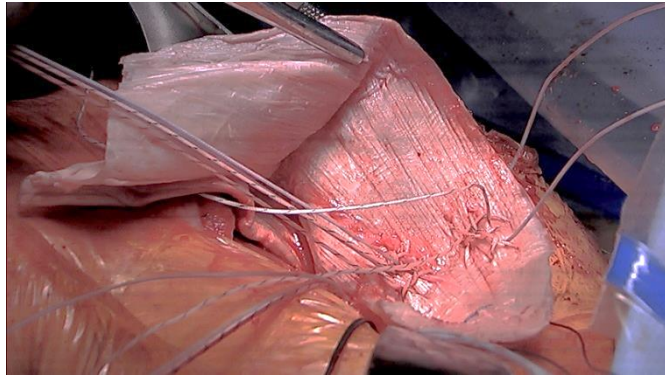


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Arthroscopic photo of absent anterior capsule tear



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

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.
- For open procedures, the incisions must remain dry for 2 weeks.
- 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 this procedure 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 requires four to six months following an anterior capsule reconstruction. Dr. Chudik will tell you when it is safe to resume all activities. Dr. Chudik has special protocols for returning to throwing and overhead activity. To reduce the risk of re-injury, Dr. Chudik recommends and provides extra stabilization training and testing to determine when it is safe to return to sports.



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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

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
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Schedule online now