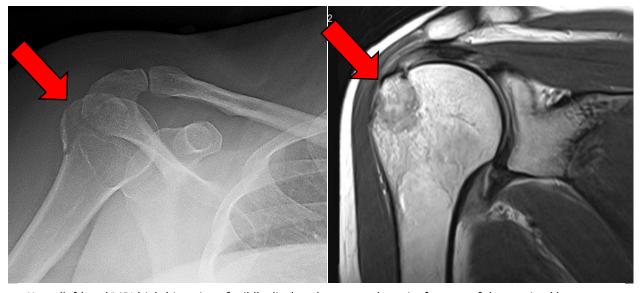
# STEVEN CHUDIK MD SHOULDER, KNEE & SPORTS MEDICINE

# Arthroscopic Greater or Lesser Tuberosity Proximal Humerus Repair

#### **Indications for Surgery**

The greater and lesser tuberosities are two different bony prominences of the proximal humerus (upper arm bone) that serve as the attachment sites for the rotator cuff muscles of the shoulder. The greater and lesser tuberosities can be fractured and separated from the remainder of the humerus bone with falls, dislocations, and other injuries to the shoulder. Displaced fractures of the tuberosities which are separated often require surgery to re-position and fix the tuberosity bone fragments back in normal position to reconnect the associated rotator cuff muscles and restore normal shoulder function. If a tuberosity fracture is only mildly displaced, treatment can be non-operative. Depending on the size and position of the fracture, Dr. Chudik can often repair the tuberosity fracture through small arthroscopic incisions.



X-ray (left) and MRI (right) imaging of mildly displaced greater tuberosity fracture of the proximal humerus.

### **Contraindications to Surgery**

- Infection
- Patients with poor general health which is not sufficient to proceed with surgery



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#### **Potential Surgical Risks and Complications**

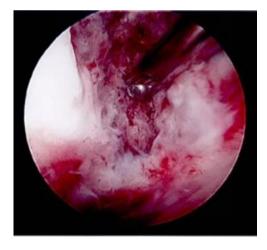
- Infection
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm from the injury, especially if associated with a shoulder dislocation
- Continued pain
- Stiffness or loss of motion of the shoulder
- Inability to return to same level of activity
- Moving or breaking of surgical hardware
- Arthritis
- Interruption of blood supply to the ball of the shoulder and AVN (occurs with the fracture)
- Nonunion (fracture does not heal)
- Malunion (heals in a bad position)

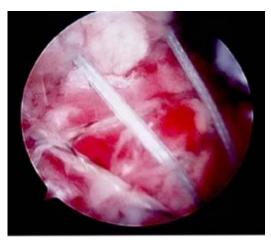
#### **Hospitalization and Anesthesia**

- Outpatient surgery, you come and go the same day.
- General anesthesia with an interscalene nerve block (See Your Surgical Experience booklet)

#### **General Surgical Technique**

When fractures are displaced and need surgery, Dr. Chudik is performs arthroscopic repair of proximal humerus (shoulder) fractures of the tuberosities. A procedure most commonly performed through open surgery. Depending on the size and position of the fracture, Dr. Chudik approaches the tuberosity fracture either arthroscopically through small incisions (arthroscopic portals) with a camera or through a limited open incision. The surgery is generally performed as an outpatient surgery (you go home the same day).





Arthroscopic images depicting fixation of a greater tuberosity fracture of the proximal humerus.



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Dr. Chudik uses the small incisions to look in the shoulder joint with a camera and special instruments are used to repair the fracture and any other problems seen in the joint, such as concomitant labral or rotator cuff tears. Once the fracture is identified, it is repaired with the least invasive method which ranges from sutures, anchors, screws, or a plate. During surgery, live X-ray is used to help insure appropriate alignment of all the bone fragments. Following surgery, your shoulder will be placed in a sling for approximately six weeks while the bone heals. Physical therapy often is needed to mobilize the shoulder and regain range of motion, strength, and function.

#### **Post-operative Course**

- 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 will not be allowed to actively move your repaired shoulder (moving it with its own shoulder muscles) and possibly your elbow (if the biceps tendon is involved) for at least six weeks following surgery to protect the repair and allow healing.
- 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 and 10 to 14 days following open surgery. You may shower lightly after three days (all arthroscopic) and 14 days (open surgery), but wounds cannot be submerged under water for three weeks.
- Driving after six to eight weeks.
- Return to school/sedentary work in less than one to two weeks as long as you are in your sling and do not use the extremity. Typing, writing or purposeful movement with the involved extremity is **NOT** allowed.
- Physical therapy should begin two to three days after surgery and continue for four to six months. The success the repair is highly dependent on the post-operative rehabilitation. It is crucial to follow a proper therapy 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 a repair of a tuberosity fracture. Dr. Chudik will tell you when it is safe to resume all activities. Dr. Chudik has special protocols for returning to throwing and golf.

### **Preoperative Instructions**

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin<sup>®</sup>, Lovenox<sup>®</sup>, Xarelto<sup>®</sup>, Eliquis<sup>®</sup> according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil<sup>®</sup>, Motrin<sup>®</sup>, Naprosyn<sup>®</sup>, Alleve<sup>®</sup>, etc



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- 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** 



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