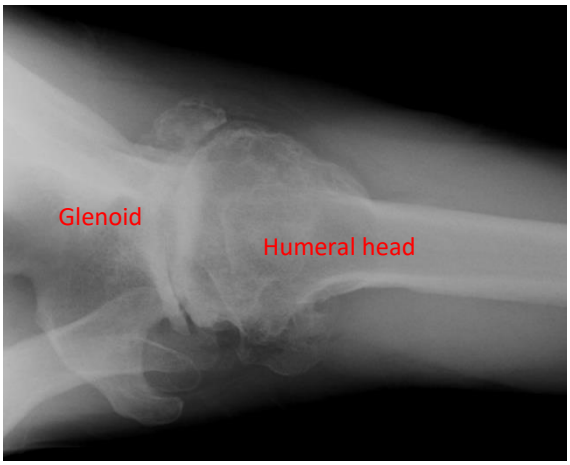
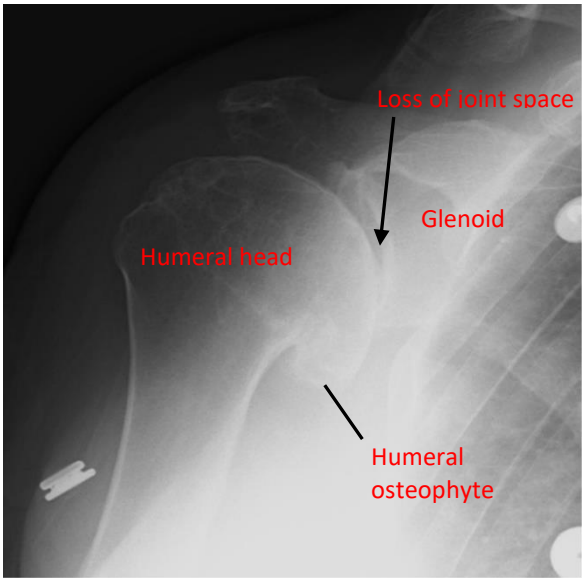
STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Minimally Invasive Rotator Cuff Sparing Shoulder Resurfacing/Replacement Surgery (UNDER DEVELOPMENT)

Indications for Surgery

Glenohumeral (shoulder) arthritis occurs when the protective cartilage covering the ends of the bones at the shoulder joint wears out. The shoulder is comprised of the glenoid (socket of the shoulder joint) and the humeral head (ball of the shoulder joint). The cartilage covering the glenoid and humeral head wears out from excessive joint loading over time, following injury, or because of diseases that impact the cartilage.





X-rays of glenohumeral (shoulder) arthritis.

Currently, the definitive treatment for shoulder arthritis is a total shoulder arthroplasty, in which the joint surfaces are replaced by metal and plastic components. However, there are new innovations under development, including minimally invasive shoulder resurfacing or replacement options. While these surgeries are not yet commonly available, there are several advantages to this procedure over the current TSA technique, including:

- A less invasive procedure
- Better restoration of original anatomy
- No need to cut rotator cuff muscles to gain access to the joint
- Procedure does not include dislocation of the joint
- Outpatient surgery (no hospital admission)
- No need for a sling and immediate motion and strengthening would be allowed

Contraindications to Surgery

- Infection
- Inability or unwillingness to complete the postoperative program including immobilizing the shoulder in a sling for 6 weeks and performing physical therapy 2-3 times per week for 4 months
- Patients with poor general health (unable to safely proceed with surgery)

Potential Surgical Risks and Complications

- Infection
- Bleeding
- Rejection of biological implants
- Rarely, injury to nerves (numbness, weakness, paralysis) of the shoulder and arm
- Persistent stiffness or loss of motion of the shoulder
- Moving or breaking of surgical hardware
- Need for revision surgery (conversion to total shoulder arthroplasty)
- Failure of transplanted bone and cartilage

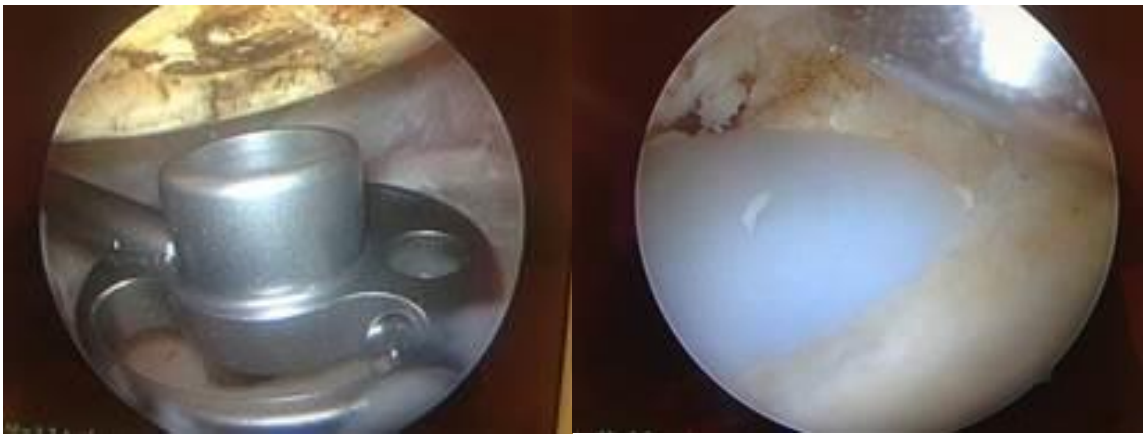
Hospitalization and Anesthesia

- Outpatient surgery (go home after surgery)
- General anesthesia with an interscalene nerve block (see “Your Surgical Experience” packet)

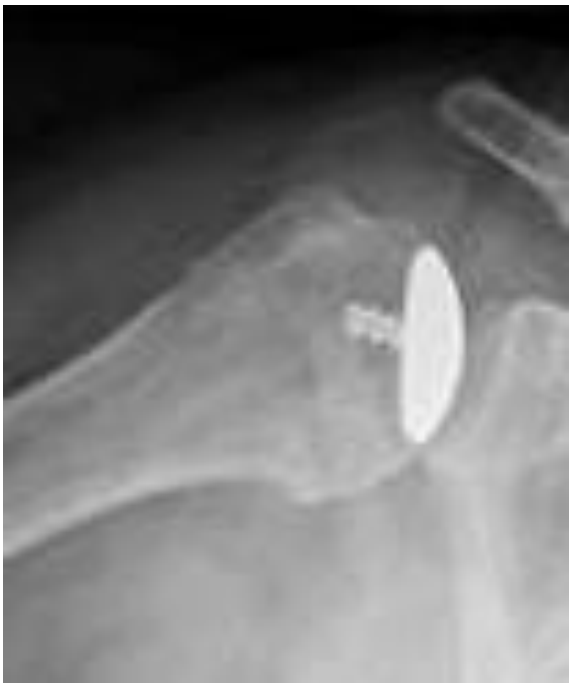
General Surgical Technique

Dr. Chudik developed, published anatomic studies, and patented an alternative approach to shoulder replacement that spares injury to the rotator cuff. Currently, this surgical technique is awaiting the FDA approval and being performed in Europe on a limited basis. Using limited incisions and patented minimally invasive instruments, Dr. Chudik is able to prepare and replace the worn and arthritic joint surfaces of the humerus (ball) and glenoid (socket) without cutting the rotator cuff and dislocating the shoulder. Avoiding injury to the rotator cuff allows a faster more complete recovery. Research trials are currently in progress and the future is promising for this procedure and others like it.

Currently, Dr. Chudik has partnered with a company and is designing a tissue (rotator cuff) sparing approach looking to be available to patients in 2025.



Arthroscopic photos of preparing the surface of the glenoid (socket) and resurfacing it.



X-Ray of a minimally invasive shoulder surface replacement used on the humerus.

Preoperative instructions

- Discontinue birth control pills
- Stop blood thinners (Aspirin, Coumadin, Lovenox, Xarelto, Eliquis) according to the prescribing doctor's directions
- Stop anti-inflammatory medicines (Ibuprofen-Advil, Motrin, Naprosyn-Aleve, etc)
- Stop Nutritional supplements and drinks (Vitamin C, ginseng, ginko biloba, etc)
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper healing of tissues

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

Post-operative Course

- Patients will not use a sling.
- Patients will be allowed to actively move the surgical shoulder.
- Patients may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery
- Keep the wound clean and dry for 14 days following open shoulder surgery.
- Driving as soon as adequate comfort, strength, and movement are achieved.
- Return to school/sedentary work in less than 1-2 weeks.
- Physical therapy should begin 2-3 days after surgery and continue for 4 months. The success for shoulder replacement surgery is highly dependent on the post-operative rehabilitation. It is crucial to follow through and maintain a proper therapy schedule.

Return to Activity

Patients may return to activities when rehabilitation is complete and functional use has been restored. This usually requires 4-6 months following a total shoulder arthroplasty but will likely be 4 to 6 weeks following this minimally invasive rotator cuff sparing shoulder replacement. Dr. Chudik has special protocols for returning to golf and other recreational activities.

Scheduling Surgery

Call 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

Schedule online now