

**STEVEN CHUDIK MD**  

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**SHOULDER, KNEE & SPORTS MEDICINE**

**Arthroscopic Cartilage Sparing Repair of  
Osteochondritis Dissecans (OCD) in the Shoulder**

**Indications**

Osteochondritis dissecans (OCD) is a localized injury or condition affecting the bone just below the cartilage surface of a joint. OCD is often associated with repetitive trauma and sports. In OCD, the involved bone just below the joint surface fails and fractures from repetitive stress or from interruption of its local blood supply. Eventually, the overlying cartilage, not properly supported by the affected bone, can separate and an osteochondral fragment of bone and cartilage can break loose resulting in a hole in the joint surface and a loose body that can catch and cause painful mechanical symptoms. The resulting hole and irregularity of the joint surface will accelerate the wear and tear of the cartilage surface and arthritis of the shoulder joint. If the OCD lesion is stable (not loose) and the patient is still growing, conservative treatment of rest sometimes can allow it to heal. However, when the OCD lesion is more mature and has separated from the rest of the bone, surgical repair of the OCD may be necessary. If the cartilage surface is still intact over the OCD, a cartilage preserving approach from behind the OCD lesion can debride any intervening soft-tissue, “break –up” sclerotic non-healing bone, bone graft defects, apply fixation to stabilize the OCD fragment, and stimulate the OCD to heal.



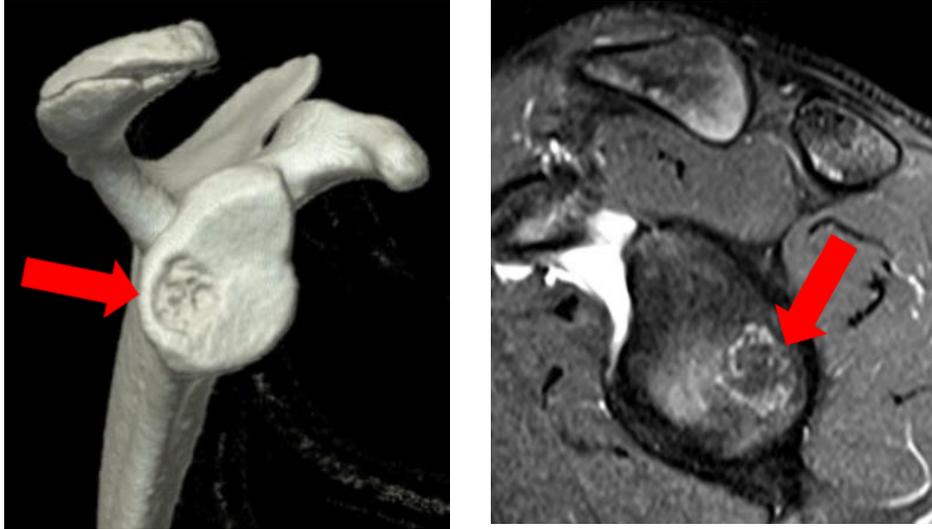
MRI (right) and 3D CT scan (left) of an OCD lesion of the humeral head indicated by the arrow. This flattened (worn) area of the humeral head should be rounder in shape.



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MRI (right) and 3D CT scan (left) of an OCD lesion of the glenoid indicated by the arrow.

### **Contraindications to Surgery**

- Infection in the shoulder
- Inability or unwillingness to complete the postoperative program of limiting activity after surgery and to complete the necessary rehabilitation

### **Surgical Risks and Complications**

- Wound infection
- Bleeding or injury to blood vessels
- Injury to nerves (numbness, weakness, etc.)
- Non-union (non-healing) of the OCD fragment (in repair situations)
- Shoulder stiffness
- Arthritis

### **Hospitalization and Anesthesia**

- Outpatient surgery (you go home the same day)
- General anesthesia with interscalen block (numbing medicine injected around the nerves to the arm)



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### General Surgical Technique

Dr. Chudik evaluates and treats OCDs through small limited incisions and specialized instruments of his own design with the use of an arthroscope (small camera). He approaches and localizes the OCD from behind. Once he localizes the OCD he drills out the defect while avoiding injury to the cartilage. Once the lesion is cleaned out, he then fills the defect with new bone graft to support the overlying cartilage.



Dr. Chudik's patented shoulder joint surface repair guide



Arthroscopic picture of an advanced shoulder OCD lesion with failure of the cartilage surface



Intraoperative fluoroscopic picture of an advanced shoulder OCD lesion.



Orthopaedic Surgery & Sports Medicine  
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### 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.)
- 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**

### Postoperative Course

- Sling for up to six weeks
- Return to school/sedentary work in less than one week
- Physical therapy to restore motion and strength for up to four to six months.
- After the shoulder is fully rehabilitated, **Dr. Chudik's Shoulder Functional Capacity Evaluation** is performed to determine if the shoulder is fully rehabilitated and whether the patient can return safely to activities.

### Return to Activity

- Return to gentle, daily activities about six to eight weeks after surgery
- Return to sports at the four to six months after surgery depending on sport and position

### Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or [contactus@chudikmd.com](mailto: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 for 10 to 14 days after surgery to remove sutures and review post-operative instructions

**Notify My Office if Symptoms Worsen**



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