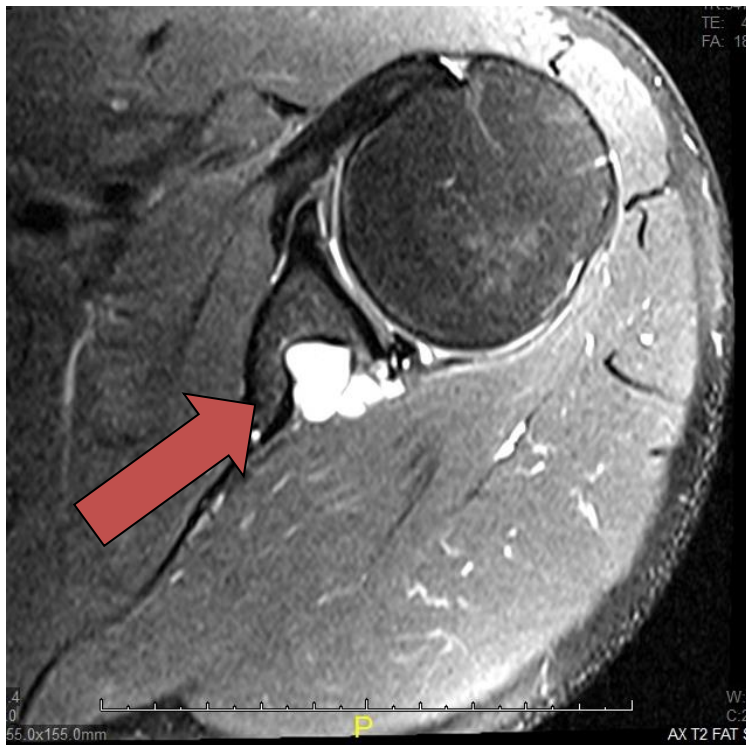


STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Spinoglenoid Cyst Decompression

Indications for Surgery:

In order for muscles to work properly, the nerves that innervate (supply) them must also function appropriately. Following a labrum or capsular injury, fluid may escape from the joint and collect in a location called the spinoglenoid notch. The infraspinatus branch of the suprascapular nerve runs through this area and is responsible for innervating the infraspinatus muscle, one of the four muscles of the rotator cuff. When the cyst grows large enough, it compresses this nerve and often causes atrophy of the infraspinatus, resulting in decreased function of the shoulder. In these cases, the cyst can be excised to release the pressure on the nerve and reinnervate the rotator cuff.



Spinoglenoid cyst as seen on MRI (axial view)

Contraindications to Surgery

- Infection
- Shoulder stiffness



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- Inability or unwillingness to complete the postoperative program including immobilizing the shoulder in a sling for six to eight weeks and performing physical therapy three times per week for four to six months
- Patients with poor general health which is not sufficient to proceed with surgery

Potential Surgical Risks and Complications

- Infection
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm from the nerve block
- Continued or recurrence of pain
- Recurrence of cyst
- Stiffness or loss of motion of the shoulder
- Inability to return to the same level of athletics or work
- Persistent weakness of the shoulder
- Incomplete recovery of the nerve
- Finding damage to other structures such as the biceps tendon, labrum, 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 anesthetic with interscalene block (See *Your Surgical Experience* booklet)

General Surgical Technique

Dr. Steven Chudik approaches the shoulder arthroscopically through small incisions (arthroscopic portals). The surgery is generally performed as outpatient surgery (you go home the same day). Dr. Chudik uses the small incisions to look in the shoulder joint with a camera and special instruments are used to identify and excise the cyst. At this time, Dr. Chudik will also look for any labral or capsular pathology allowing the fluid to escape the joint and make any necessary repairs. If any repairs are needed, the patient can expect to be immobilized in a sling for six weeks followed by four to six months of formal physical therapy.

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



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

Post-Operative Course

- You will use a sling at all times except for bathing, dressing and exercises for six weeks following surgery if any repairs are made, 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 in order 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 when out of the sling.
- 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.
- Physical therapy should begin two to three days after surgery and continue for four to six months. The success of surgery is highly dependent on the post-operative rehabilitation. It is crucial to follow through on and maintain 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 spinoglenoid cyst decompression. Dr. Chudik will tell you when it is safe to resume all activities. Dr. Chudik has special protocols for returning to golf.

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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