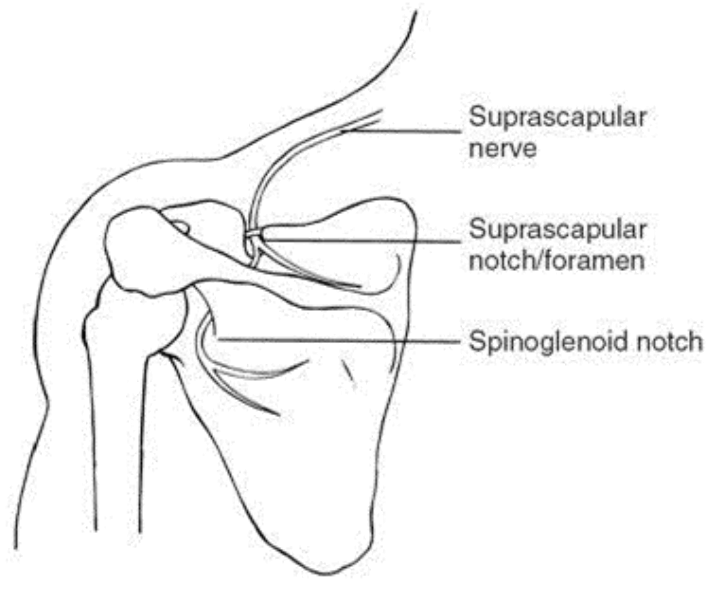


**STEVEN CHUDIK MD**  
**SHOULDER, KNEE & SPORTS MEDICINE**

## Suprascapular Nerve Decompression

### Indications for Surgery:

For muscles to work properly, the nerves that innervate (supply) them must also function appropriately. The suprascapular nerve innervates the supraspinatus and infraspinatus, two of the rotator cuff muscles, and is important for normal shoulder function. The suprascapular nerve can be stretched or injured or can be compressed at some common sites in the shoulder, either the suprascapular notch or the spinoglenoid notch. If the nerve is compressed, it often results in atrophy (shrinking and weakness) of the rotator cuff muscles and dysfunction and pain in the shoulder. Stretch injuries to the suprascapular nerve often resolve with rest and compressive injuries often require surgical release to relieve pressure on the nerve and re-innervate the rotator cuff muscles.



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



Orthopaedic Surgery & Sports Medicine  
Teaching & Research Foundation  
[otrfund.org](http://otrfund.org)

630-324-0402 • [contactus@chudikmd.com](mailto:contactus@chudikmd.com)  
[stevenchudikmd.com](http://stevenchudikmd.com)



Schedule online now

# STEVEN CHUDIK MD

---

---

## SHOULDER, KNEE & SPORTS MEDICINE

### 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 that can be compressing the nerve
- Stiffness or loss of motion of the shoulder
- Inability to return to the same level of athletics or work
- Persistent weakness of the shoulder
- 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

For compressive suprascapular nerve problems, Dr. Steven Chudik uses MRI and nerve conduction/ electromyography studies to help determine the site of compression. With the known location of compression, Dr. Chudik approaches the shoulder arthroscopically through small incisions (arthroscopic portals) to look in the shoulder joint with a camera and special instruments to identify the nerve. He then will release tissue, bands, and/or cysts compressing the nerve to relieve pressure and allow the nerve to recover. At this time, Dr. Chudik also will look for any labral tears or other related shoulder pathology and make any necessary repairs. The surgery is generally performed as outpatient surgery (you go home the same day). 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. After release of the nerve, it may require six months to a year, or longer, for the nerve to recover which is then followed by muscle recovery. In more severe and longstanding cases, nerve and muscle recovery may be incomplete.

### 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**



Orthopaedic Surgery & Sports Medicine  
Teaching & Research Foundation  
[otrfund.org](http://otrfund.org)

630-324-0402 • [contactus@chudikmd.com](mailto:contactus@chudikmd.com)  
[stevenchudikmd.com](http://stevenchudikmd.com)



Schedule online now

# STEVEN CHUDIK MD

---

---

## SHOULDER, KNEE & SPORTS MEDICINE

### Post-Operative Course

- You will use a sling at all times except for bathing, dressing and exercises for up to six weeks following surgery if any repairs are made, especially while you sleep. This prohibits driving.
- For nerve release/decompression alone, the sling can be discontinued as tolerated in a few days following surgery.
- 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. The timing of nerve and muscle recovery is variable following suprascapular nerve release and recovery may take longer than a year. Dr. Chudik will tell you when it is safe to resume all activities. Dr. Chudik has special protocols for returning to golf and other activities depending on patient goals.

### 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 to remove sutures and review post-operative instructions

### Notify My Office if Symptoms Worsen



Orthopaedic Surgery & Sports Medicine  
Teaching & Research Foundation  
[otrfund.org](http://otrfund.org)

630-324-0402 • [contactus@chudikmd.com](mailto:contactus@chudikmd.com)  
[stevenchudikmd.com](http://stevenchudikmd.com)



Schedule online now