

**STEVEN CHUDIK MD**  

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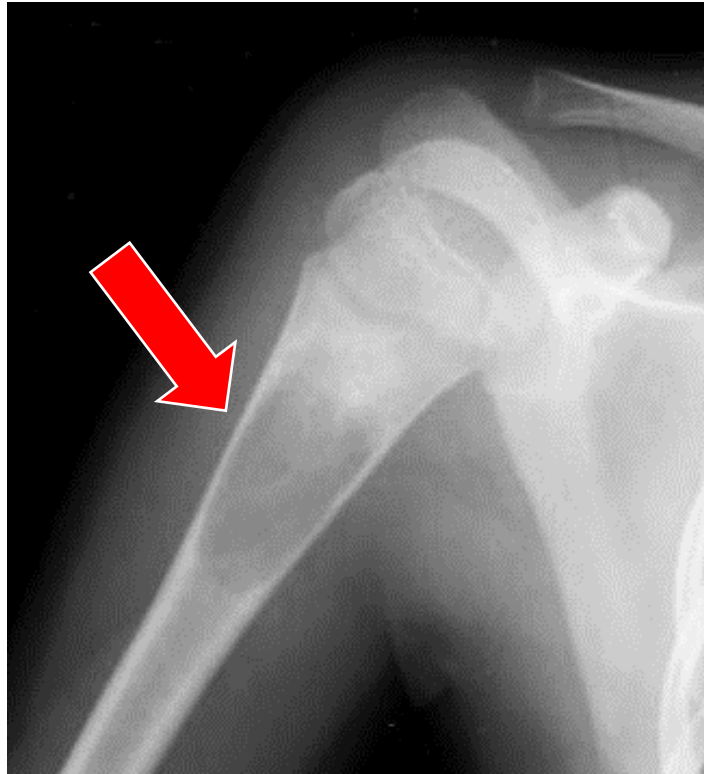
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**SHOULDER, KNEE & SPORTS MEDICINE**

## Unicameral Bone Cyst Repair

### Indications

A unicameral bone cyst is described as a fluid-filled cyst centrally located in the bone with cortical thinning. These cysts are usually asymptomatic unless fracture occurs. Following fracture healing, the cysts do not typically resolve on their own until possibly later with skeletal maturity. Treatment is necessary for larger cysts and in weight bearing bones to decrease risk of fracture, permanent deformity, or decreased function. This condition does have a high recurrence rate but typically resolves when the patient has reached skeletal maturity.



X-ray of unicameral bone cyst of the proximal humerus

### 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



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## SHOULDER, KNEE & SPORTS MEDICINE

### Surgical Risks and Complications

- Wound infection
- Bleeding or injury to blood vessels
- Injury to nerves (numbness, weakness, etc.)
- Recurrent fractures
- Recurrent cyst formation
- Inability to compete at previous level
- Permanent weakness of the affected limb
- Persistent pain in the affected limb

### Hospitalization and Anesthesia

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

### General Surgical Technique

Some unicameral bone cysts can be repaired while others cannot, depending on the size, location, age, etc. of the lesion. In most, Dr. Chudik evaluates the cyst through a limited incision. Dr Chudik will then drain the fluid from the cyst and scrape out the associated lining to remove the cyst in its entirety. The space is then filled with bone graft. In some cases, a plate or screws are also used to stabilize the healing bone to minimize the risk for fracture. Dr. Chudik will discuss various options with you and help determine the best treatment for you.

### 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**



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## SHOULDER, KNEE & SPORTS MEDICINE

### Postoperative Course

- Sling for up to six weeks to rest the bone and allow recovery.
- Return to sedentary work in less than one week
- Physical therapy to restore motion and strength for up to four to six months.

### Return to Activity

- Return to gentle, daily activities about six to eight weeks after surgery
- Return to sports and more vigorous activities at the four to six months after surgery if the bone has healed.

### 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

