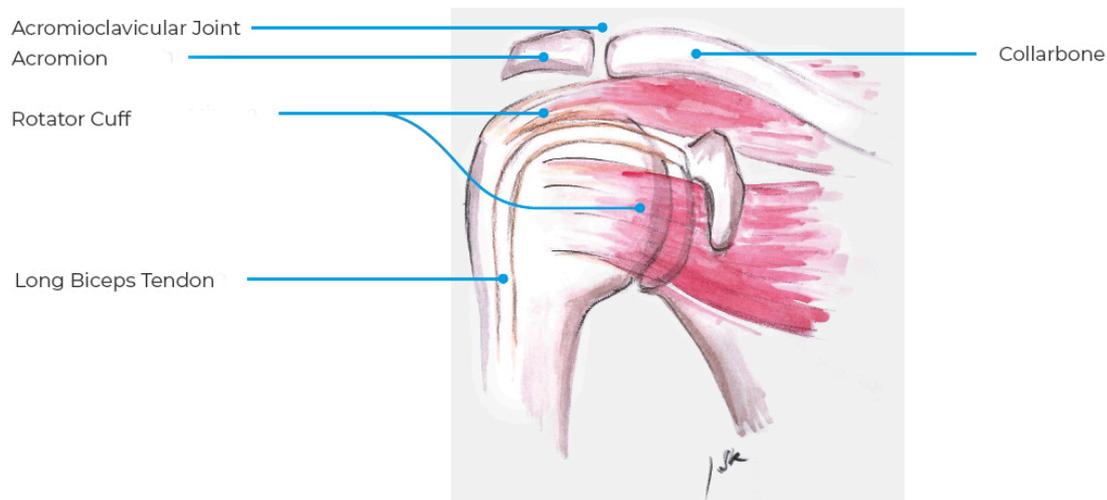

SHOULDER INSTABILITY

SURGICAL OPTIONS

ANATOMY OF THE SHOULDER



SYMPTOMS

The stability of your shoulder has deteriorated considerably in recent months. Many overhead arm movements are associated with apprehension and pain. Your normal sport activities are very limited and you may have dislocated your shoulder several times. Shoulder instability with repeated dislocations (= dislocating the shoulder) can severely affect your quality of life.

EXAMINATION

You are able to move your arm in all directions. However, this mobility can sometimes be painfully limited. Certain overhead movements can be associated with fear.

The joint cavity seems normal in the x-ray image. Sometimes there are signs of a circumscribed bone defect on the humerus and/or on the socket.

For a more precise assessment of the bone, cartilage and the condition of the surrounding soft tissues, an MRI (magnetic resonance imaging) or a CT examination (computer tomography) is usually carried out as well.

TREATMENT AND OPERATION

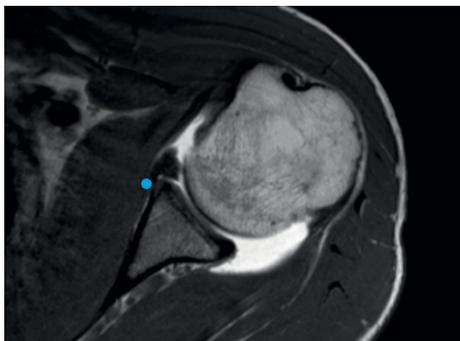
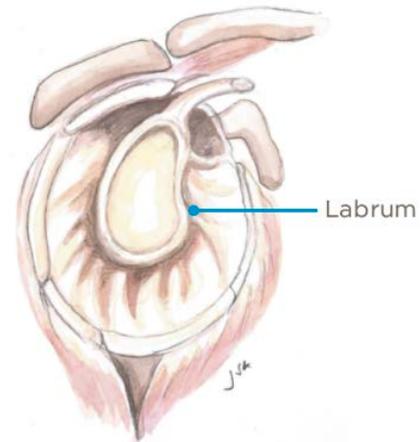
The primary aim is to stabilize the shoulder with physiotherapy (building up the strength of the rotator cuff muscles), so that in many cases surgery can be avoided.

However, if your symptoms persist and after a careful assessment, we may recommend surgery. The literature and our experience show that the differentiated assessment of the operative procedure is very important.

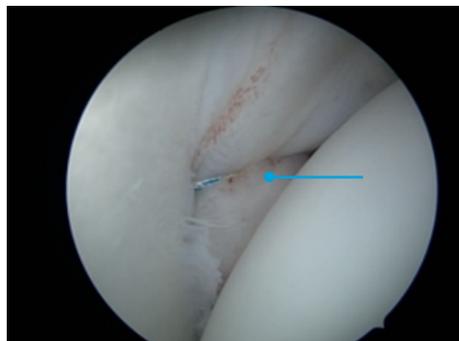
We therefore differentiate between three fundamentally different options.

a. Arthroscopic Labral Refixation

If your instability is due to a labral tear (injury to the joint lip = Bankart lesion), the bone structure is usually intact. In this case, we opt for the so-called Bankart labrum repair, which reconstructs the original anatomy of the socket.



Labral tear

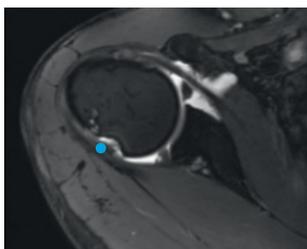


Labrum repair

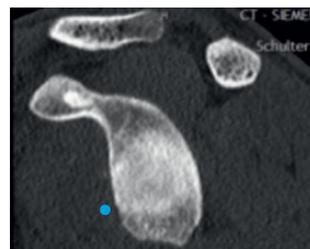
b. Open Coracoid Transfer also known as the Latarjet Procedure

If there is relevant bone loss on the humerus (Hill Sachs defect) and/or on the joint socket (bony Bankart lesion), as well as in the case of chronic labral injuries after numerous dislocations, the indication for open surgery with coracoid transfer (Latarjet procedure) is recommended.

A bony extension, the coracoid process, is removed from the shoulder blade including the attached tendons (conjoint tendon) and then fixed to the joint socket. With this bone block operation, recurrences (renewed dislocations) are less common and the ability to exercise (overhead sports, contact sports such as handball, rugby, basketball etc.) is restored usually after about 6 months postoperatively.



1



2



3

LEGEND

- 1 Hill-Sachs Defect
- 2 Bone Loss in the Socket
- 3 Coracoid-Transfer

c. Arthroscopic Capsular Shift

If, on the other hand, there is extensive hypermobility (hyperlaxity) along with shoulder instability in several directions, sufficient joint guidance cannot be achieved with the bone block operation mentioned above. In these cases, we opt for the so called capsular shift, in which the joint capsule is strengthened. This operation has great benefits for many patients if they are willing to carry out intensive physiotherapy before and after the operation.



Capsule Tightening

GOAL

With all three surgical options, our main goal is to relieve you of your instability and pain. Occasionally, a slight mobility deficit must be accepted or may even be desirable. This is because the shoulder joint is stabilized stronger than all other joints in our body through the interaction of the surrounding soft tissues and muscles.

RISKS

You are treated by experienced surgeons. However, no intervention is free from risks or possible complications:

- | | |
|---------------------------------|---|
| • Infection | 1–2% |
| • Injury to large blood vessels | 1% |
| • Injury to large nerves | 1% |
| • Dislocation of the joint | ca. 10% after Labral Refixation
ca. 5% after the Coracoid Transfer |

HOSPITAL STAY

The hospital stay lasts about 3-4 days. Your arm will be immobilized in a vest for the first 6 weeks after the operation. Nevertheless, you will take up passive and supported movement exercises with our physiotherapists from the first day on and continue to practice independently.

DISCHARGE

After your discharge, the physiotherapy will continue on an outpatient basis. The stitches should be removed by your family doctor after about 12 days. The shoulder vest can be omitted after the first consultation in our clinic six weeks after the operation. Movement therapy is continuously increased. It is usually possible to drive a car for short distances after about 8-10 weeks. After about 3 months, you will be able to strain your arm with moderate strength in everyday life. Physiotherapy to improve mobility and strength is continued for about 6 months after the procedure.

QUESTIONNAIRE: QUALITY CONTROL

All patients operated on the shoulder in our clinic are asked to fill out a questionnaire. This questionnaire includes questions about discomforts and the functionality of everyday life. With this we gain valuable information about your treatment process. You will receive this questionnaire before the operation, 6 as well as 12 months after the operation. Participation in this project is of course voluntary and does not affect your therapy.

Should you have any further questions after our consultation and after reading this brochure, we are at your disposal.

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