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PRACTICE LIMITED TO ORTHOPEDIC SURGERY & MEDICINE
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ARTHROSCOPIC SHOULDER SURGERY

Arrangements have been made for your outpatient surgery at the hospital. This document is explaining the nature of the operation you will undergo, as well as the expected benefits and possible risks. This is to help you better understand your surgery and to allow you to consider and discuss it with your family if you so desire.

Arthroscopy of the shoulder is a technique of inspecting the interior of the joint(s) (glenohumeral and/or acromioclavicular) and outside the joint (subacromial space) to determine the nature and the extent of the pathology present. The arm may be placed in gentle traction to assist with the operation. Special thin instruments are inserted into the joint through small puncture wounds and inflated with sterile water. With the surgeon watching on a television screen, the joint(s) and subacromial space are inspected. While the specifics of each case of arthroscopy need to be considered, in general, the damaged, torn, or abnormal tissue (cartilage, ligaments, capsule, tendon, bursa and bone) will be removed or repaired. Some types of arthroscopic procedures done in the shoulder include removal or repair of torn rotator cuff, capsule, ligament and labrum, smoothing out rough areas on the surface of the joint, removal of an inflamed joint lining (synovium), stabilization of the joint, clearing a space (decompression) and drainage of infections. Other incisions over the shoulder may be necessary to repair tissues. The tissues will be secured back down to bone using sutures through bone tunnels and/or anchors placed into the bone.

In making an informed decision about your surgery, you should know the possible complications that could adversely affect the result. The complications discussed include, but are not limited to, all that may occur. Some of the more common complications are: 1) Anesthesia. Although rare, anesthesia complications can be serious or even fatal. Please discuss any questions you may have regarding possible anesthetic complications with your anesthesiologist prior to the surgery. If you have any allergies to medicine, or are currently taking any medication, be sure your surgeon and anesthesiologist know this. 2) Infection. This is possible in any surgical procedure. The infection rates are low and every effort is made to minimize the possibility of an infection. A serious infection could require additional surgery. 3) Excessive bleeding or swelling. This may occur to the point where removal of the fluid by needle and syringe may be needed. 4) Blood clots. This can occur in anyone having surgery but are much lower in arthroscopic surgery than open surgery. If the clot travels to the lungs or brain they can be serious or even fatal. 5) Damage or irritation to tissues, nerves, arteries and/or veins. 6) Instrument breakage. It is possible that parts of an instrument break off inside the joint.

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This can usually be removed with the arthroscope and, rarely, the joint may need to be opened to remove a broken piece. 7) Fractures. 8) Failure of the repair. 9) Instability. 10) Insufficient pain relief; and 11) Post-operative joint stiffness. Some complications may require additional surgery. Although most patients can anticipate a satisfactory result, we would like for you to be informed of these potential risks and complications. If you have any concerns about these and other complications, please discuss it with your surgeon prior to surgery or after should complications develop.

Please feel free to discuss this with your family or advisors, and do not hesitate to contact my office if you have any questions.

In order for us to be certain you have received this information, and that you understand it, please sign one copy and return it to my office.

Patient's Signature _____ Date _____

Print Name _____ Date of Birth _____