

Shoulder arthroscopy

What is arthroscopy?

It is the minimally invasive, precise, fine surgical procedure that enables the diagnosis and treatment of intra-articular injuries (e.g. shoulder) and that involves a shorter hospitalisation and recovery period than classic procedures.

The arthroscope is a tube consisting of an ensemble of lenses and optic fibres. At the end of this tube there is a mini camera that transfers enlarged images from the interior of the joint (e.g. the shoulder) to a monitor.

Anatomy of the shoulder

Due to the complexity of the shoulder, it is not all surprising that this joint is the most predisposed to illnesses. The joint geometry, the capsular ligament structures, the muscles and the neural network all contribute to the stability of the shoulder, since they are interdependent and implicitly related to a good operation.

The shoulder is the most mobile joint in the entire human body and it is for this reason that it is also the most unstable. The shoulder consists of two main joints:

- glenohumeral joint (the joint between the humerus and the shoulder blade)
- acromioclavicular joint (the joint between the acromion and the clavicle)

The shoulder is covered with a muff made of a group of muscles and tendons, called the rotator cuff, which is the source of numerous shoulder pains that are usually explained by a general pathological entity, i.e. the so-called scapulohumeral peri-arthritis. The rotator cuff keeps the arm in the shoulder joint (ball-and-socket type of joint) and helps move the shoulder in different directions. The tendons in the rotator cuff can break due to a degenerative chronic or acute (e.g. falling with the arm in hyperextension or the lifting of heavy objects) injury.

Shoulder disorders that can be treated arthroscopically

- Shoulder instability – recidivating sprains or partial sprains of the shoulder (Bankart's lesion)
- Calcification of the tendons in the rotator cuff
- Impingement and tendinopathies of the rotator cuff
- Fractures of the rotator cuff

The surgery

The surgery is performed in an adequately equipped operating room, since it involves anaesthesia. The anaesthetic method is established during the pre-anaesthetic exam.

The knee is usually accessed through 3 incisions or more incisions, depending on the type of condition treated. Through one of the incisions we introduce the arthroscope and through the others we introduce the instruments needed to fix the intra-articular or periarticular injuries.

The implantable materials (screws, anchors) used, if necessary, are produced by [Arthrex](http://www.arthrex.com) (see www.arthrex.com).

Risks of arthroscopy

The risks can be related either to the anaesthesia or to the surgery itself.

Even though these risks occur rarely, they still need to be mentioned: infection, which can be treated prophylactically (antibiotics), hematomas, oedemas etc.

Recovery

The recovery period varies depending on the case, the diagnosis, the patient's age and degree of receptiveness etc. Usually the recovery period is short and the patient is able to regain movement immediately after surgery. Kinesiotherapy can help you recover your shoulder mobility and muscle strength. Throughout the hospitalisation period, CLINICCO patients benefit from the support of a kinesiotherapist. After discharge, the complete recovery program can be pursued at the [CLINICCO centre for medical and sports recovery](#).