



SHOULDER ARTHROSCOPY - Dr. John W. Hinchey

BACKGROUND

Dr. Hinchey treats most shoulder conditions arthroscopically through multiple small incisions.

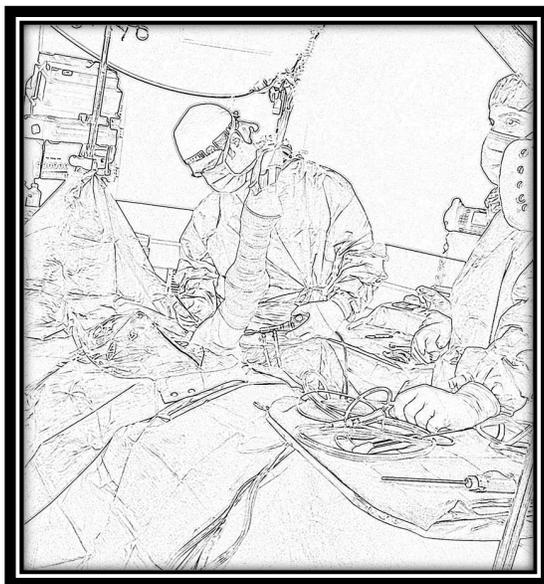
The rotator cuff is a confluence of four muscles/tendons that insert into the arm bone in the shoulder. They help elevate the arm and fine movements, like brushing hair and reaching behind your back. Injury to the rotator cuff can occur acutely after a fall or accident, but more commonly occurs with wear and tear. A rotator cuff tear that does not respond to conservative, non-operative, treatments may require surgical fixation. Surgery involves drilling anchors into the bone and tying back the torn areas.

Shoulder dislocations can cause tears of the labrum, and these are fixed by drilling and inserting anchors into the glenoid bone of the shoulder. Tears of the superior labrum may also need to be fixed with anchors. Biceps tendon tears often require cutting of the biceps and re-implantation into the humerus bone (tenodesis), which is also done arthroscopically through the same incisions. Sometimes, the biceps will be re-attached through a separate incision which will be discussed ahead of time.

Impingement of the rotator cuff and arthritis of the AC joint can be managed arthroscopically, as well. These procedures involve shaving a bone spur from underneath the shoulder blade and/or shaving off the end of the collarbone.

All of these are all routinely performed on an outpatient basis.

After learning from world-renowned surgeons in San Antonio and at the Mayo Clinic, Dr. Hinchey has performed thousands of arthroscopic shoulder surgeries throughout his career. Although this is a routine operation for Dr. Hinchey, we realize that this is a major ordeal for you and your family, and you may have many questions.





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NIGHT BEFORE SURGERY

Please do not eat or drink anything after midnight. You should receive a call from the hospital and Ortho San Antonio confirming your arrival time. Please call Christina with any questions.

DAY OF SURGERY

Again, do not eat or drink anything in the morning. You may take blood pressure medicines, ADHD medications, thyroid pills, or birth control pills with a sip of water. If you are diabetic, DO NOT take your medication and monitor your blood glucose closely.

Please arrive 2 hours prior to your scheduled surgery time, Dr. Hinchey's office will inform you of the specific time. This allows the surgery center time to get you checked in and ready for surgery.

Anesthesia – Dr. Hinchey uses a group of anesthesiologists who are excellent and he fully trusts. You will need to be asleep for the surgery, but a full intubation is not always required. The anesthesiologist may give you a nerve block, meaning that when you wake up, you will feel little or no pain. Do not worry if you cannot move or feel your hand and fingers afterwards. This will return in 12-24 hours. BUT, so will the pain. As soon as you get home, take 1-2 pain pills. Staying ahead of the pain is important. **DO NOT go to sleep for the night without taking a pain pill or two**, if not you may wake up in the middle of the night with pain.

Ice Pack— You will be supplied a cold pack machine which will help with postoperative pain. This can be used for 30 minutes every 2 hours. Please ensure you do not put this directly on your skin and this can cause a frostbite injury.

Pain Medications – Dr. Hinchey will prescribe pain medication that you can take every 4-6 hours. Unless you cannot take anti-inflammatories, he also recommends that you take Aleve, 2 pills in the morning and 2 at night for the first 5 days after the surgery. (Yes the bottle says 1 pill, but 2 is prescription strength). If the Aleve is enough, you can stop the narcotic pain meds. Take the medications WITH FOOD, especially the pain pills.

Bowel Regimen— one of the side effects of anesthesia and pain medications is constipation, and we realize this can be uncomfortable. It is recommended that you obtain a stool softener from your local drug store and take this daily while you are taking your pain medication. Commonly recommended medications are Surfak, Colace, or docusate. If needed, Dr. Hinchey can prescribe this for you.



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Diet - You may eat normally after the surgery, but Dr. Hinchey recommends starting light with soup, crackers, or milk. Once this is tolerated you may resume your regular diet. Nausea can occur after anesthesia, but should resolve after the first 24 hours.

SLING/SLEEPING

You will be given an immobilizer after your clinic evaluation. **PLEASE bring this to your surgery.** You will wake up with a dressing on your shoulder and the immobilizer on. This will be worn for 2-6 weeks depending on what procedure you undergo. For a debridement, or shaving of bone spurs/collarbone, and for biceps tenodesis, you will only need to wear it for 2 weeks (until your follow-up visit). For a rotator cuff or labral repair, this will need to be worn for 6 weeks.

Sleeping may be difficult initially, and most people find it more comfortable to sleep in a recliner for the first few nights. Please sleep with your sling on until Dr. Hinchey instructs otherwise.

INCISIONS/SHOWERING

You may shower on the third day, or 72 hours after the surgery. At this time, the incisions can get wet with soap and water. Do NOT scrub the incisions. Dry well with a towel afterwards. Before that, you may bathe or take a sponge bath, but DO NOT get the incisions wet. You CANNOT submerge the incisions in a bath, hot-tub, or swimming pool for about 6 weeks – this can lead to wound problems and an infection. After the initial surgical dressing has been removed, you may cover the incisions with band-aids.

There will be stitches on the incisions – PLEASE Leave these alone! We will remove these at your clinic follow up visit.

THERAPY

Therapy typically starts 2 weeks after surgery. At times, it may not be necessary to go see a therapist and just do your exercises at home. Whether it is a home directed or formal therapy program, the goal of therapy is to help restore the motion of the shoulder and prevents stiffness. It also helps to decrease swelling, bruising, and pain.



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DRIVING

You must have someone take you home after the surgery. You CANNOT drive while taking pain medications, so you will need a ride while you are taking pain pills. You can start driving again when Dr. Hinchey removes the immobilizer. Depending on the surgical procedure performed, you may not be able to resume driving until 6 weeks after surgery.

FOLLOW UP/RECOVERY

Dr. Hinchey will see you after the surgery in the clinic at 2 weeks, 6 weeks, 3 months, and possibly 5-6 months. A “full recovery” is typically achieved at 4-6 months, but it may take 6-9 months to fully resume activities at the same level as prior to surgery.

DO NOT WORRY ABOUT:

Swelling, Bruising, Low grade fevers, Nausea, Numbness in the arm, hand, and/or fingers, Inability to move your hand or fingers – this is from the nerve block. Sometimes bruising and swelling can be significant down the chest, upper arm, forearm, and hand.

CALL THE CLINIC (210) 705-5060 WITH:

- 1) Excessive drainage from the wounds
- 2) Temperature greater than 101.5
- 3) Any difficulty breathing, urinating, or intractable constipation with severe abdominal pain

*after hours an answering service will answer your call and contact Dr. Hinchey if necessary