

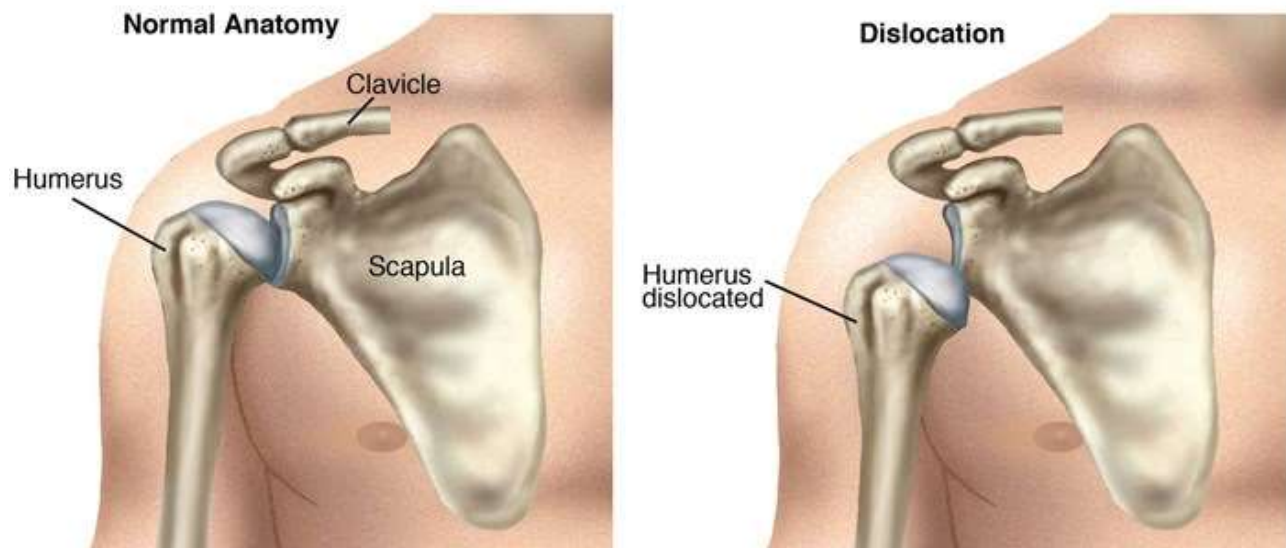
Shoulder Instability

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Shoulder Dislocation



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Anatomy/Description

The shoulder joint is a remarkably complex structure that allows a wide range of arm movement and power when it is functioning properly.

The joint structure, ligaments, capsule and muscle contribute to multidirectional range of movement, stability is compromised when one or more of these components are damaged.

Shoulder instability occurs when the shoulder joint structures fail to maintain the ball (Humeral head) within its socket (Glenoid).

An association of instability is subluxation, presenting with either pain or dead arm sensation. Shoulder instability can be multidirectional or just in one direction, anterior (the front) or posterior (the back).

What Causes Shoulder Instability?

The most common explanations of shoulder instability resulting in the head of the humerus being forced out of the shoulder socket are either; injury, congenital ligamentous laxity or overuse.

- Injury: trauma resulting in dislocation which tears ligaments. When the ligaments at the front of the shoulder are torn away from the bone it is referred to as a “Bankart lesion”.
- Congenital ligamentous laxity: Some people have naturally loose ligaments from birth, these people may be commonly referred to as “double-jointed” or present to be especially flexible, and their shoulders can often slip out of the joint in more than one direction which is called “multi-directional instability”.
- Overuse: Increased loosening and weakness can be the result of stressful activities or overhead motion required for some sports for example; swimming, volleyball, baseball, or other work related movements that put repetitive strain on the joint.

Generally the younger the person is at the time of the first instability occurrence the more likely they are to experience further instability in the future. However as people grow older instability lessens as stiffness increases.

Types of Shoulder Instability.

Dislocation: Complete dislocation of the Humeral Head from the Glenoid.

Subluxation: A partial dislocation of the shoulder joint, occurring regularly or easily.

Symptoms.

Chronic shoulder instability:

- Pain
- Repeat shoulder dislocations
- Repeat 'giving out' incidences
- Persistent feeling of looseness or slipping

Dislocation:

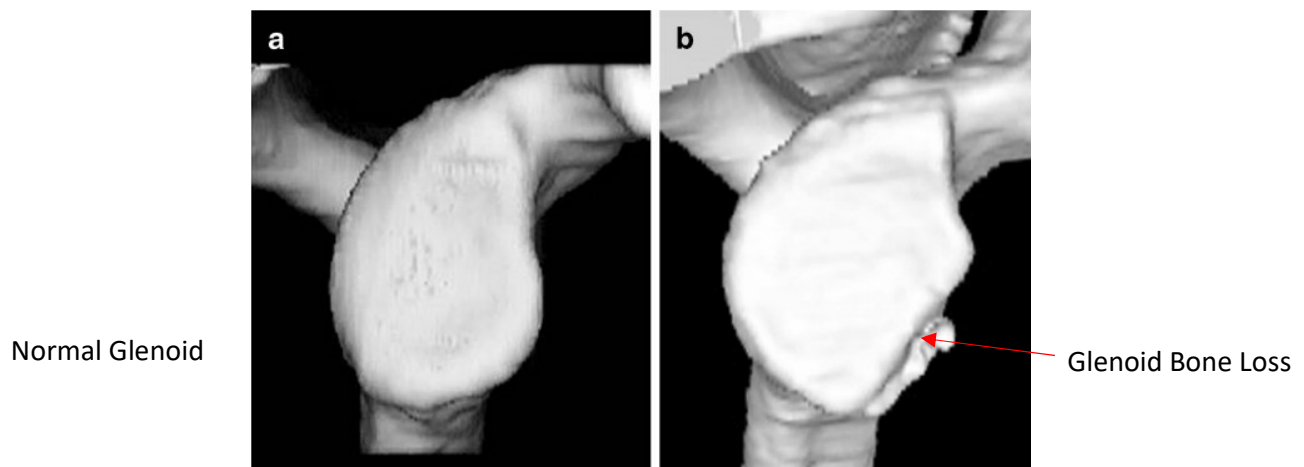
- Sudden onset of severe pain
- Nerve/ blood vessel damage can result in numbness, pins and needles or discoloration through the arm down to the hand
- Loss of shoulder function or pain on exertion
- Deformed shape- loss of round contour
- Swelling

Non-Surgical Treatment.

Initial treatment may begin with non-surgical options such as sling, analgesia and physiotherapy. These interventions can take up to several months before an assessed benefit can be determined.

Surgical Treatment.

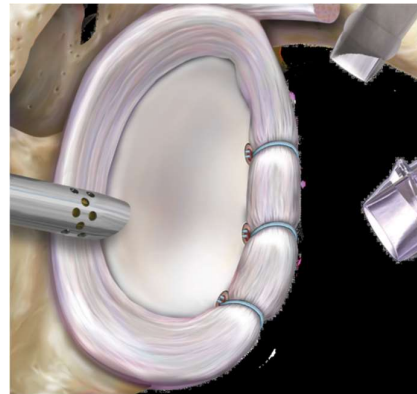
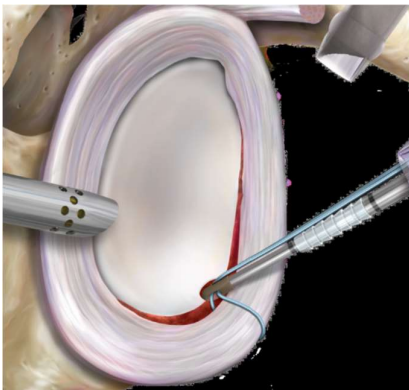
Dr Dao will discuss with you the indications and merits of surgical intervention. He will discuss your risks of re-dislocation depending on your risk profile and the natural history of recurrent dislocations – it has been well documented that there is an exponential increase in the risk of developing shoulder arthritis after 3 shoulder dislocations. There are different methods of surgical intervention depending on the anatomical structures damaged from the shoulder dislocations such as glenoid bone loss, and your risk profile for recurrent dislocations such as involvement in contact sports. The two main types of surgery are arthroscopic stabilization (repair) and open Latarjet procedure (coracoid bone graft).



Arthroscopic shoulder stabilization:

Dr Dao performs the surgery arthroscopically, otherwise known as key-hole surgery. This is done through several small incisions less than 1cm long.

The arthroscope is a thin instrument containing a miniature video camera and light. It is inserted through a small incision in the shoulder. Using small instruments Dr Dao is able to reduce the labral tissue to the bone using suture anchors. They are small and strong anchors, with sutures attached, which are fixed into the bone. These suture anchors are made of a synthetic material that does not cause any adverse reactions by the body.



Open shoulder stabilization (Latarjet procedure):

The Latarjet procedure involves making an incision about 10cms long at the front of the shoulder. Dr Dao then takes part of the coracoid bone and uses two screws to reattach it to the Glenoid with the tendon intact. This creates a sling like effect, preventing the humeral head from dislocating when the arm is placed in an at risk position. The wound will be closed with skin stitches and a small adhesive dressing. An ice pack is often applied in recovery to help defuse swelling and ease pain. Your arm will be placed in a shoulder immobiliser sling.



Recovery and Follow Up After Shoulder Instability Repair.

As soon as possible following surgery you should start moving your fingers, wrist and elbow. A post-operative appointment will be made for you to see Dr. Dao in approximately 2 weeks following surgery. Your sutures will be removed at this consultation. An exercise program is important to your recovery and begins soon after your surgery. After six weeks, Dr. Dao will remove your sling and start with gentle exercises that gradually help you regain shoulder movement. At 3 months you will start stretches and exercises that are intended to strengthen the muscles. You will learn ways to avoid shoulder problems in the future. Dr. Dao will advise you about return to work and normal activities, however it is advisable to avoid contact sport for the first 6 months.

Recovery takes time and depends on the type of surgical repair. It usually takes several months (possibly up to a year) for strength and comfort of your shoulder to return.

Frequently Asked Questions.

Q: Will my shoulder stabilize by itself?

A. There are initial non-surgical treatment options, however if these interventions fail to restore stability and relieve pain surgery may be indicated. Dr Dao will discuss with you regarding risk of re-dislocation as well as management options.

Q: Will I need surgery to repair the tear?

A. Surgery will be required depending on various factors which will be discussed with you during the consultation. If you have had multiple dislocations, involved in contact sports or have bone loss involved with the injury then surgical intervention would be more likely indicated.

Q. Is there any risks associated with the surgery?

A. All surgery has risks. Dr. Dao will discuss this with you, including but not limited to anaesthetic risks, the risk of wound infection or deeper infection which may require further surgery, slow healing, re-tear of the labrum, fracture of bone, the risk of bleeding and stiffness in the shoulder. There is also a risk of the damage to nerves and blood vessels close to the surgical area.

Q. Will the pain and discomfort in my shoulder resolve?

A. The surgical pain usually resolves by 2 weeks and the residual shoulder discomfort will take weeks to months to completely resolve. In unusual cases the pain may not resolve over the long term which may be an indication of degenerative changes occurring in the joint.

Q. What do I do if there is severe pain, wound discharge, increased swelling, worsening flexibility, inability to move the shoulder or any urgent concerns following surgery?

A. During business hours, please contact the rooms on 8078 0633 or outside business hours please attend your local emergency department.