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## **Shoulder Arthroscopy**

### *Risks and Benefits*

**Dr. Faryniarz** will review treatment options and realistic expectations for your surgery. Any surgical procedure has risks, which vary based on the extent of your injuries and the type of surgery you have. Your doctor takes precautions to minimize these risks. Please make sure you ask your doctor any questions you may have about the procedure and post-procedure care.

In general, **shoulder arthroscopy** is an extremely safe and successful procedure with few complications.

#### Common Occurrences

1. **Bruising** around the shoulder, down the arm, elbow, or hand can occur and responds well to ice and elevation.
2. **Swelling** is common after surgery. Icing your shoulder and elevating your arm are extremely helpful.
3. Portal discomfort/**fluid leak** – Soon after surgery the small arthroscopic skin incisions may leak watery fluid used during the procedure. This is normal. The portal scar may feel nodular as the incisions heal; this generally resolves over time.
4. Persistence of symptoms. Patients with arthritis have variable results -- some patients enjoy significant benefits from surgery, others do not. Preoperatively, it is difficult to determine how a given patient will respond to surgery. Your doctor will review your unique history and anatomy to give you the best results. Your careful attention to early post-operative care instructions and the post-procedure rehabilitation guide will give you the best results from any procedure.

#### Reported **complications** include:

1. **Bleeding** into the shoulder joint after surgery can cause pain, swelling, and warmth, and may require drainage (aspiration) in the office.
2. Persistent **swelling**– this may occur in arthritic shoulders possibly requiring periodic aspiration or injection with cortisone (an anti-inflammatory medication).
3. **Infection** –skin (superficial) or joint (deep) infections happen in less than 1/250 cases. Skin infection generally responds to oral antibiotics. Deep infections usually require hospital admission for intravenous antibiotics, and surgery to wash out the joint (either by arthroscopy or an open procedure).

4. **Blood clots** (phlebitis, or deep vein thrombosis [DVT] causing leg swelling) – just as in surgery involving the lower extremity, blood clots may form in the leg during or after shoulder surgery. Diagnosis usually requires an ultrasound study of the leg, and treatment typically requires use of a blood thinner, initially by injection, then orally.

**DVT** may occur in up to 3% of outpatient arthroscopic shoulder procedures. You can help minimize risk by moving your foot up and down after surgery and with early activity after surgery.

Certain patient factors can predispose to DVT – these include a prior personal or family history of DVT, cancer, obesity, smoking, use of birth control pills or patches, hormone replacement therapy, varicose veins, and age over 65. Certain blood problems known to cause clots make phlebitis more likely to occur and may require special preventive treatment around the time of surgery – be sure to let your doctor before your procedure if you have any of these problems: protein S, protein C, anti-thrombin III, or other clot-forming problems.

5. **Pulmonary embolus** is a very uncommon problem (under 1/100 cases). It occurs when a DVT (blood clot) breaks up and travels to the lungs, causing sudden shortness of breath, rapid heartbeat, and very rarely, sudden death. If you have shortness of breath, you should report to the nearest emergency room.

6. **Fracture of the arm** is a rare complication. This has been reported to happen when stress is applied to the arm during manipulation for a frozen shoulder. If this occurred, it would require prolonged immobilization or further surgery to fix the fracture. This is an extremely rare complication. Dr. Faryniarz uses an advanced arthroscopic technique to release scar tissue to make the manipulation less stressful.

7. **Broken instruments**, another rare complication, may require arthroscopic or open surgery for removal.

8. **Synovial fistula** is a rare occurrence. The skin at the arthroscope insertion site may heal incompletely, resulting in a fluid leak from the joint through the skin.

9. **Nerve injury** is also rare. Injury to a nerve in the arm may occur with manipulation from being scarred for so long. It may also occur during the exposure or from reducing a fracture. Prior neck problems can exacerbate potential nerve injuries. These injuries are usually temporary with complete recovery. Rarely a permanent injury may happen. Testing of the nerve (EMG) can be done to see the potential nerve recovery.

10. **Vessel injury** –A significant injury to a blood vessel would require immediate repair by a vascular surgeon and hospitalization. Fortunately, this is an extremely rare complication.

11. **Reflex sympathetic dystrophy** is very rare. This chronic, painful condition occurs after surgery, and requires referral to a pain clinic, prolonged rehabilitation, and epidural spinal pain blocks.

12. **Equipment failure**. Arthroscopic surgery is “high tech” and extremely demanding. The surgery is performed while observing the magnified images of the shoulder joint structures on a television screen. Motorized equipment (cameras, light sources, video recorders, etc.) could possibly malfunction resulting in the inability to complete your surgery. In our operating room we have back up systems should this occur.

13. **Failure of repair**. There is a chance that the structure repaired may fail. Failures can occur due to poor tissue or bone quality, failure of a device, or failure to comply with the post-operative instructions. It is important to follow your instructions and rehabilitation protocol to increase the rate of success of your surgery.