

SHOULDER INSTABILITY

ORTHOSPORTS



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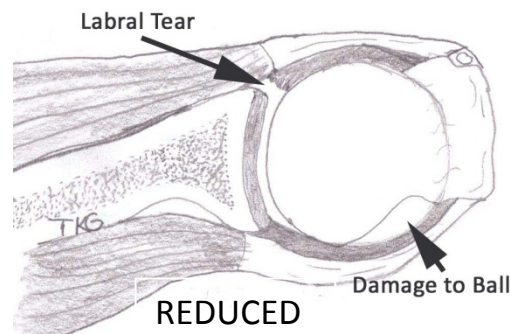
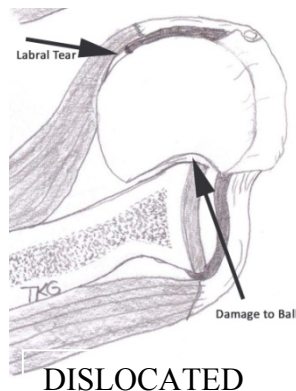
The shoulder is a ball and socket joint, with a small socket or glenoid and a large ball or humeral head. This mismatch in size allows a great deal of movement, allowing us to reach for things all around our body. The shoulder remains in place largely due to the SOFT TISSUE surrounding the bone. A labrum, strong cartilage, surrounds the glenoid, providing a larger base for the head to sit. A capsule consisting of strong ligaments encloses the joint and attaches the ball to the socket, providing more stability.

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A shoulder dislocation can result in permanent changes to the ligaments, bone and cartilage making the shoulder susceptible to further instability or dislocation episodes. A first time dislocation usually creates the greatest damage, where cartilage (the labrum) tears and the capsule or lining of the shoulder stretches. These permanent changes allow the shoulder to dislocate a second time with less energy and more ease. Often the shoulder may feel loose with certain movements, especially when playing sports.

Every subsequent dislocation may result in further damage to the shoulder joint. Cartilage is bruised or torn further, and bone can be damaged, increasing the chance of developing arthritis.

In some cases, patients may have naturally loose joints. Patients may experience symptoms of instability or dislocations with little injury to the shoulder. This type of instability is known as atraumatic instability. The capsule of the shoulder joint is loose, but the cartilage and bone is intact.

I recommend surgery to patients who have had several dislocations, or to those who have had first time dislocations but are young. These patients have a high risk of further dislocations. The purpose of the surgery is to repair the torn cartilage and tighten the capsule of the shoulder joint.

ARTHROSCOPIC STABILISATION

I prefer to perform an arthroscopic, or keyhole procedure. The benefit of the arthroscopic procedure is that it is minimally invasive, resulting in less pain, easier recovery, and a lower risk of infection. In addition, all muscle attachments are preserved with the keyhole technique, allowing for fewer complications. The surgery takes about two hours and patients remain overnight in hospital. A sling is worn for four weeks to protect the repair, followed by physiotherapy and return to sports in about 6 months. The success of this surgery is 90%.

OPEN STABILISATION

There are certain instances where an open surgery is preferred to the arthroscopic approach. High performance "collision" athletes may benefit from an open repair, as this procedure allows for a more significant tightening of the capsule. While the shoulder may be stiffer as a result, the repair is slightly stronger to keep the shoulder in place during sports.

Another reason for an open surgery is when there is significant bone damage from a dislocation. When there is a large amount of bone loss, bone can be transferred from another area of the shoulder to take its place and restore the shape of the shoulder joint. Two screws are placed to hold the bone in place. This procedure is known as the Latarjet procedure.

The surgery takes about two hours and patients remain overnight in hospital. A sling is worn for four weeks to protect the repair, followed by physiotherapy and return to sports in about 6 months. The success of this surgery is 90%.

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