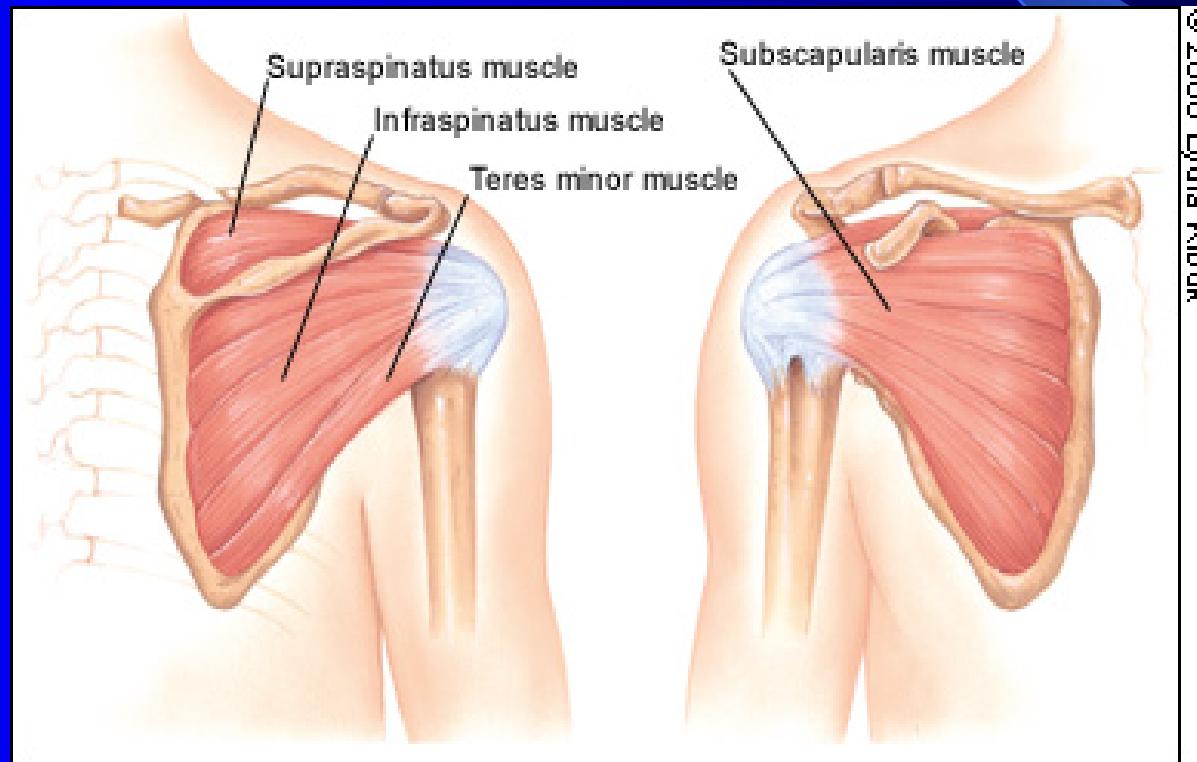


- Shoulder Anatomy and a preface on the Shoulder Arthroscopy

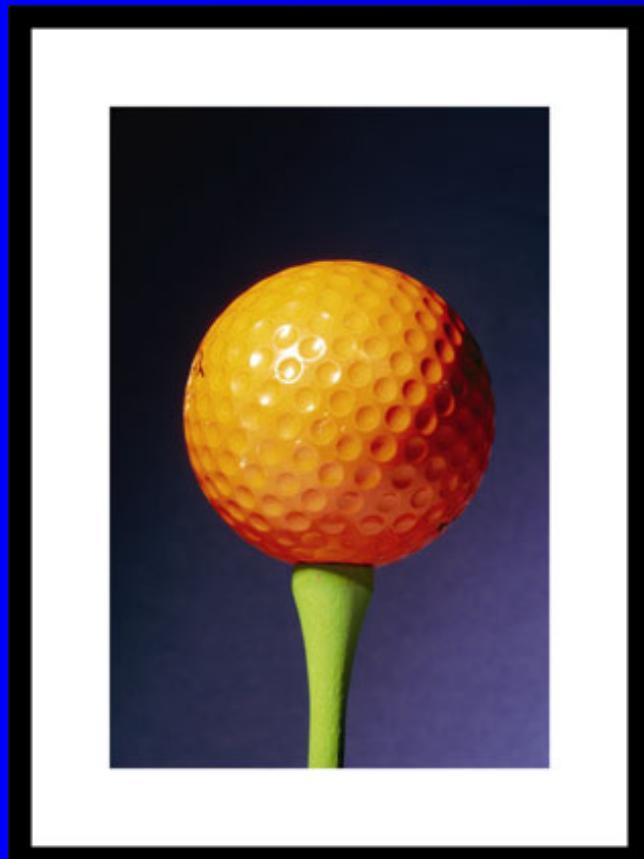
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Shoulder Anatomy



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Shoulder Anatomy



- Greatest ROM
- No inherent bony stability
- Relies on soft tissues for stability
- Many injuries involve the soft tissues (rotator cuff, labrum)
- Little glenoid bone stock

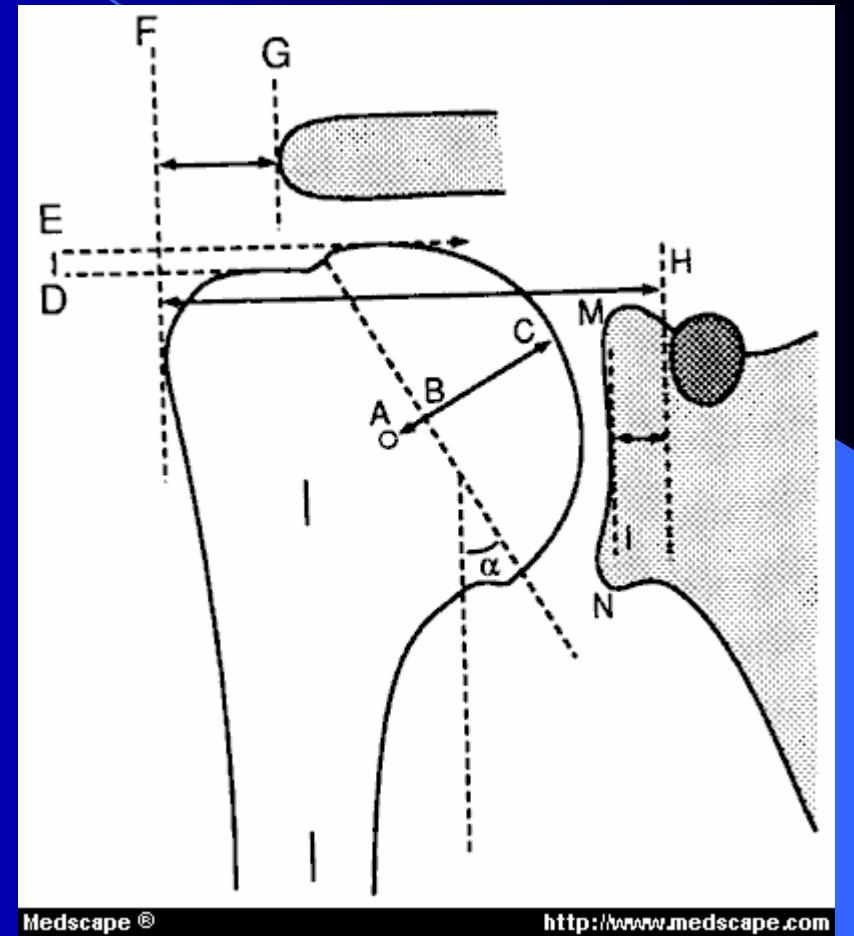
Shoulder Anatomy

- Contributors to stability
- Passive
 - Jt conformity
 - Jt pressure
 - adhesion/cohesion
 - ligament

Shoulder Anatomy

- F-H Offset
- B-C Head thickness
- D-E = 8mm

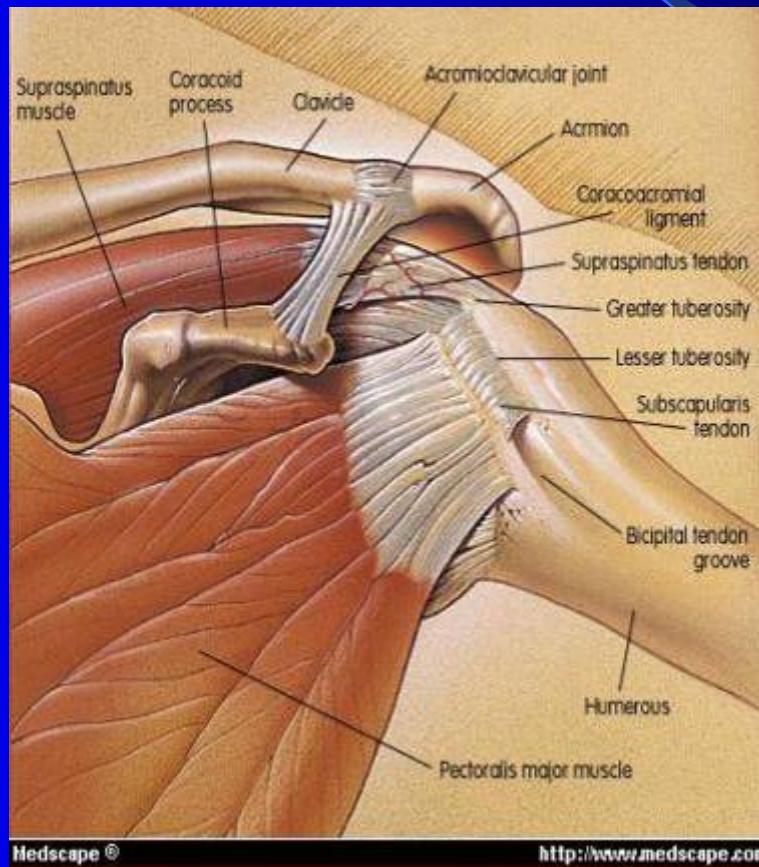
Top of humeral head is higher than greater Tuberosity



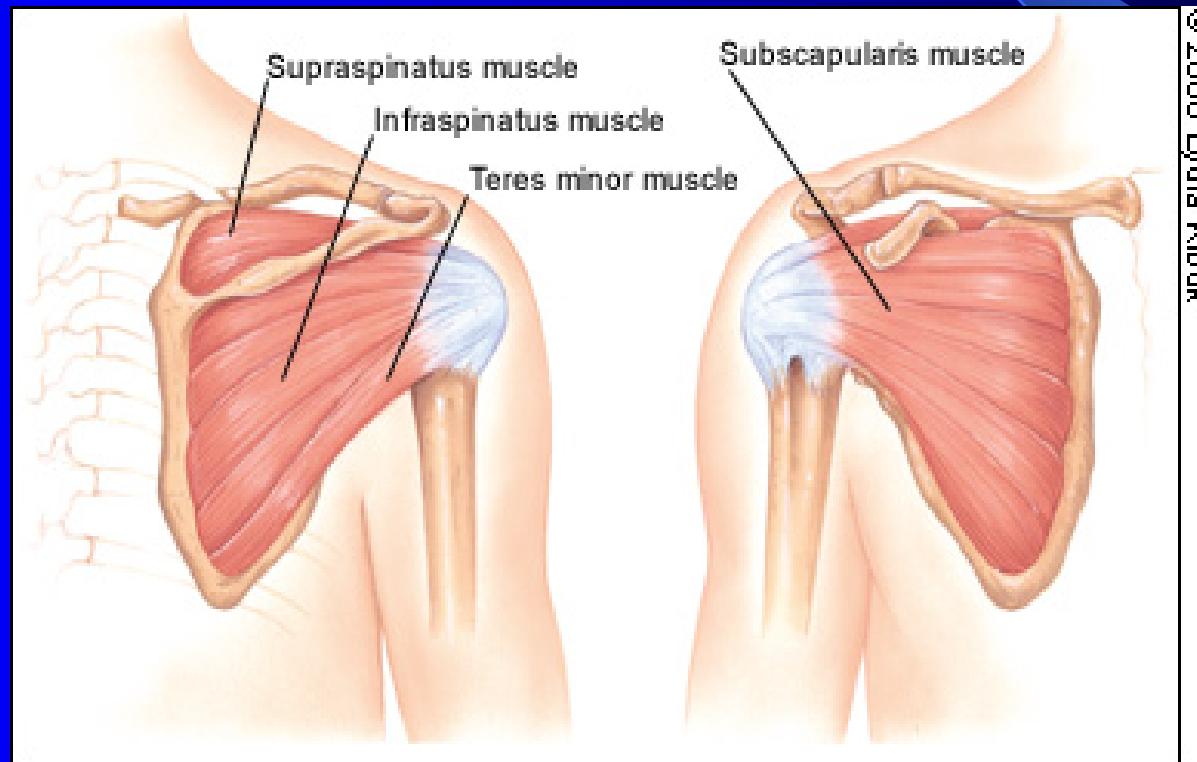
Shoulder Anatomy

- Glenoid : 2° anteversion to 7° retroversion
- Humeral Head: 20° - 40° retroversion

Shoulder Anatomy

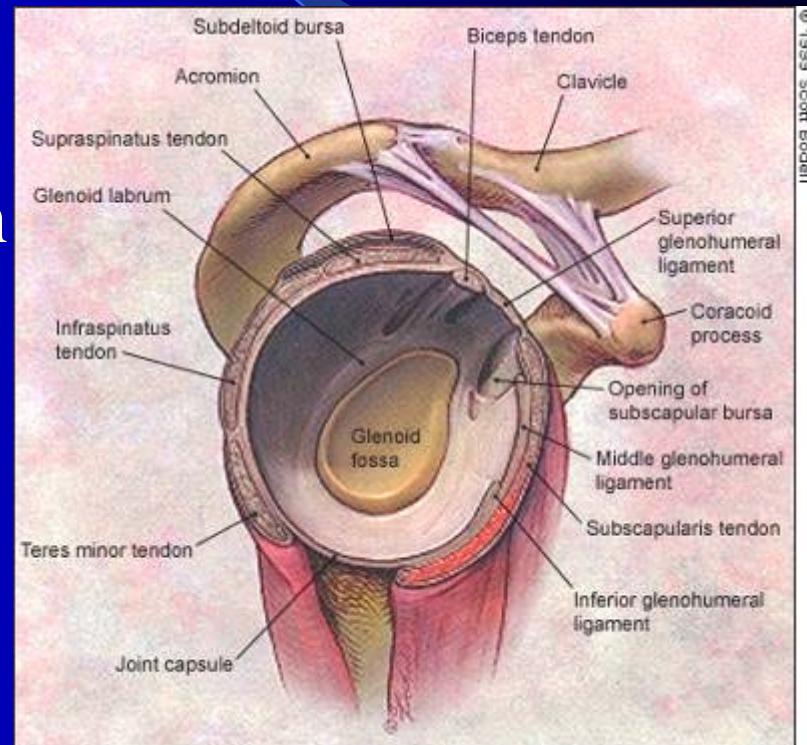


Shoulder Anatomy



Shoulder Stabilizers

- Rotator Cuff-
 - dynamic stabilizer
 - passive muscle tension
 - ligament tightening
 - compression of
 - articular surface
- GHL-
 - static stabilizer



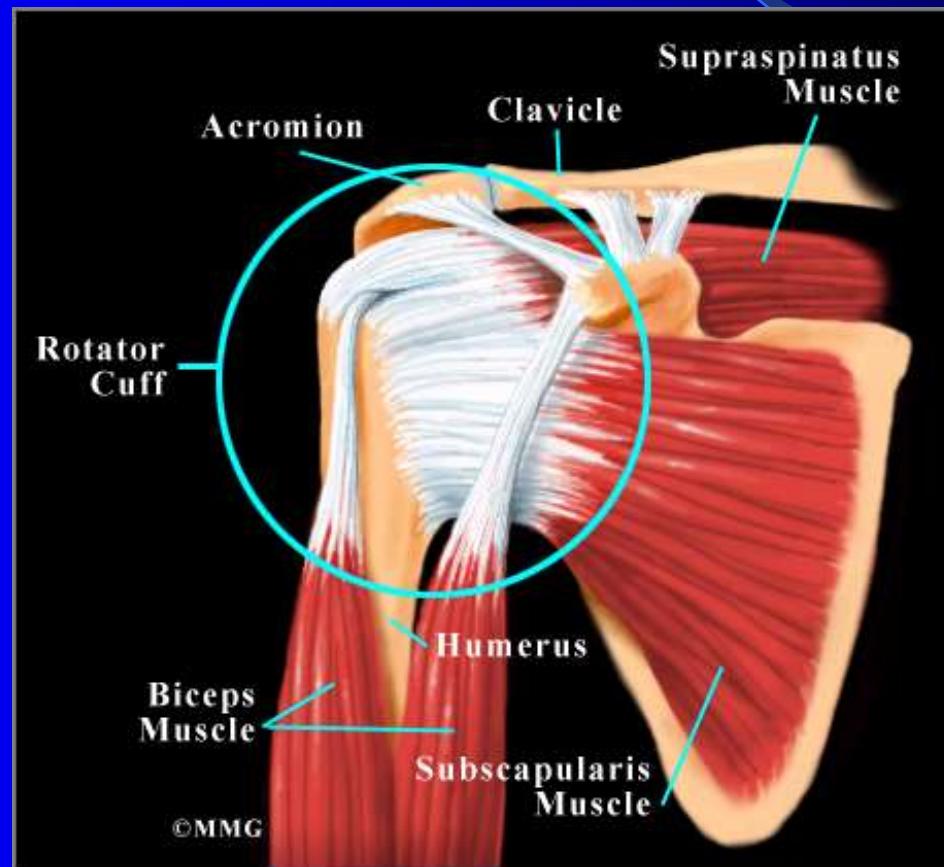
Ligaments

- SGLH
- MGHL
- IGHL
- PIGHL
- CAL
- CHL

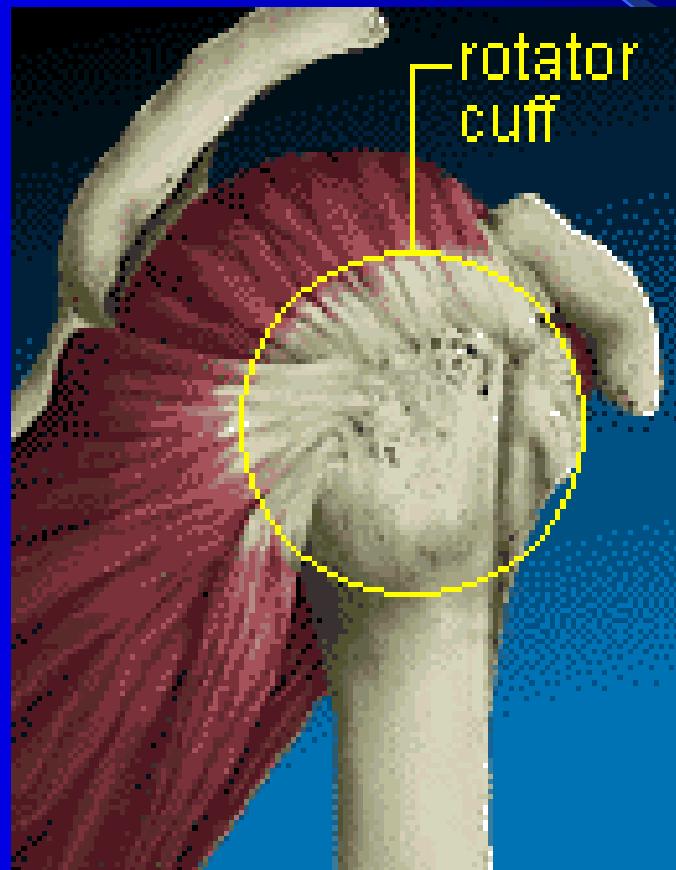


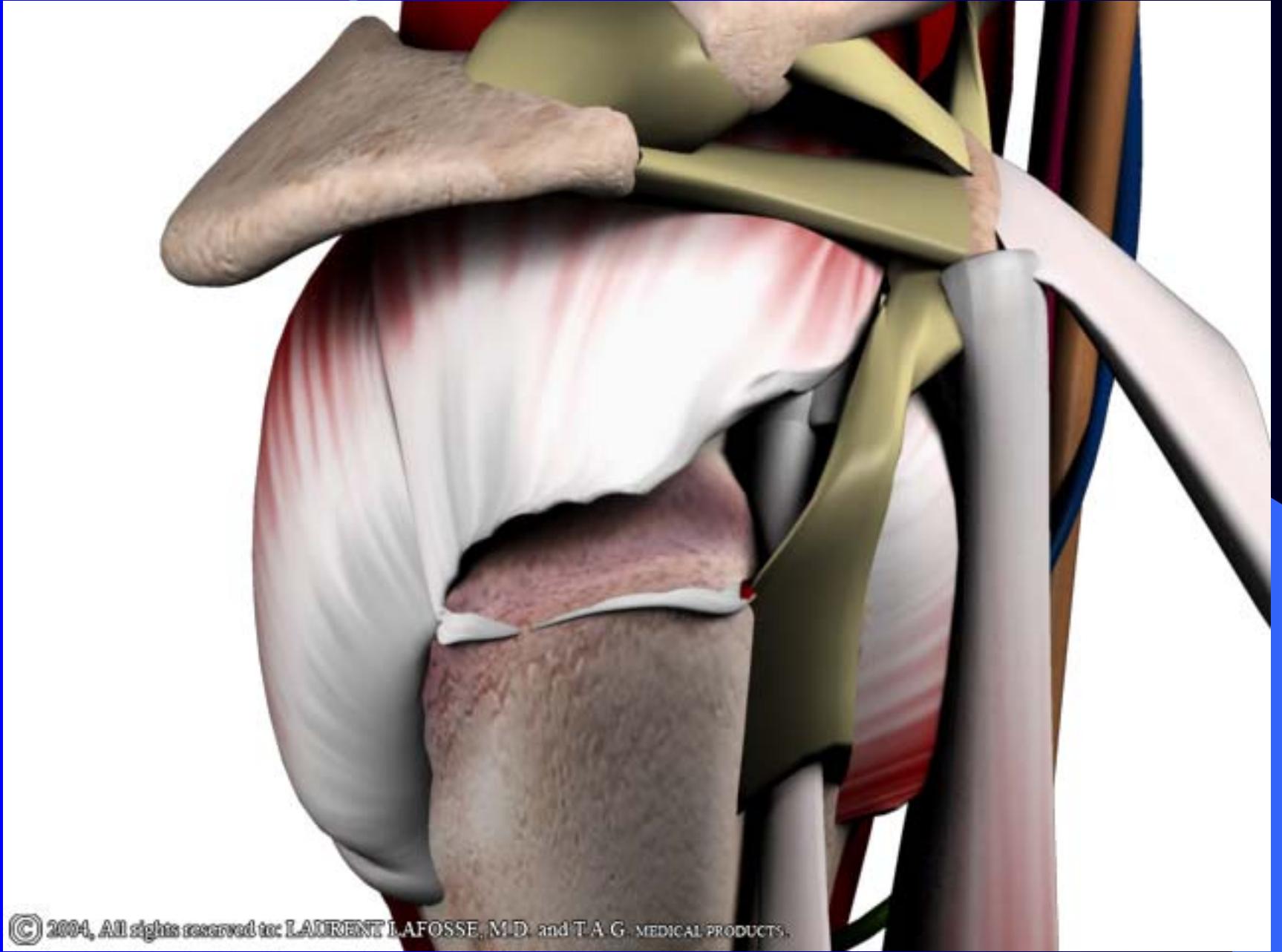
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Rotator Cuff



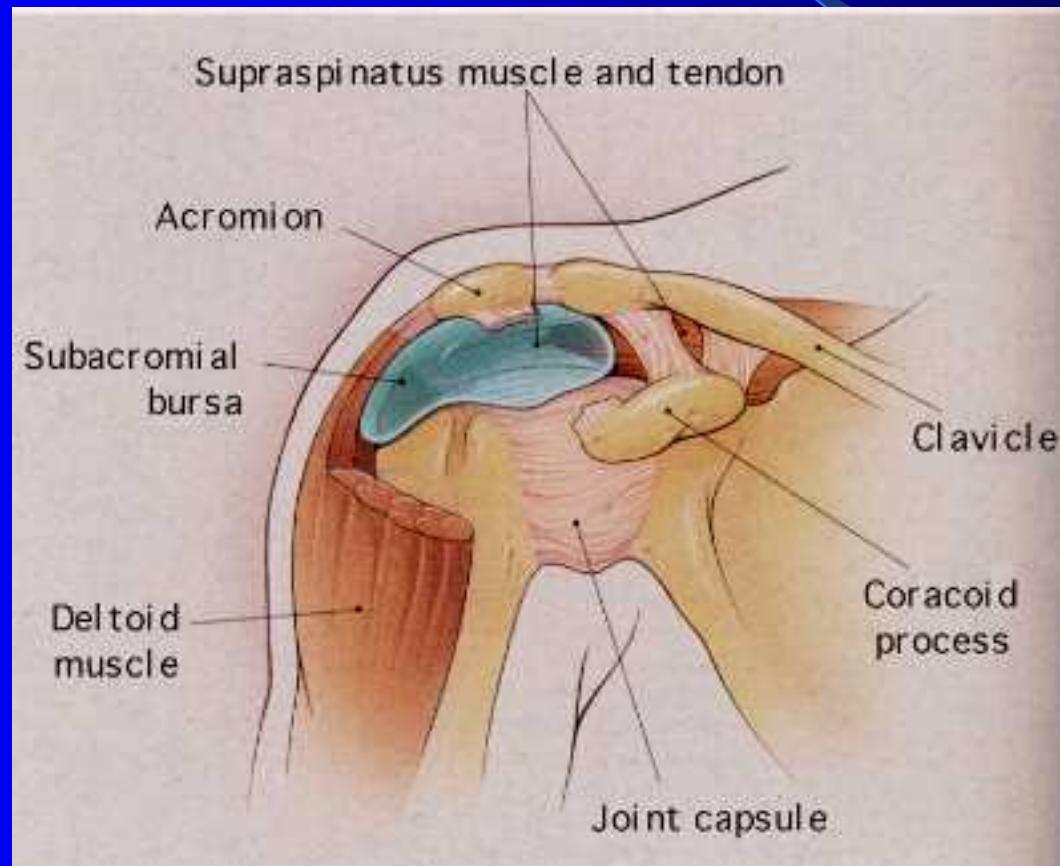
Rotator Cuff

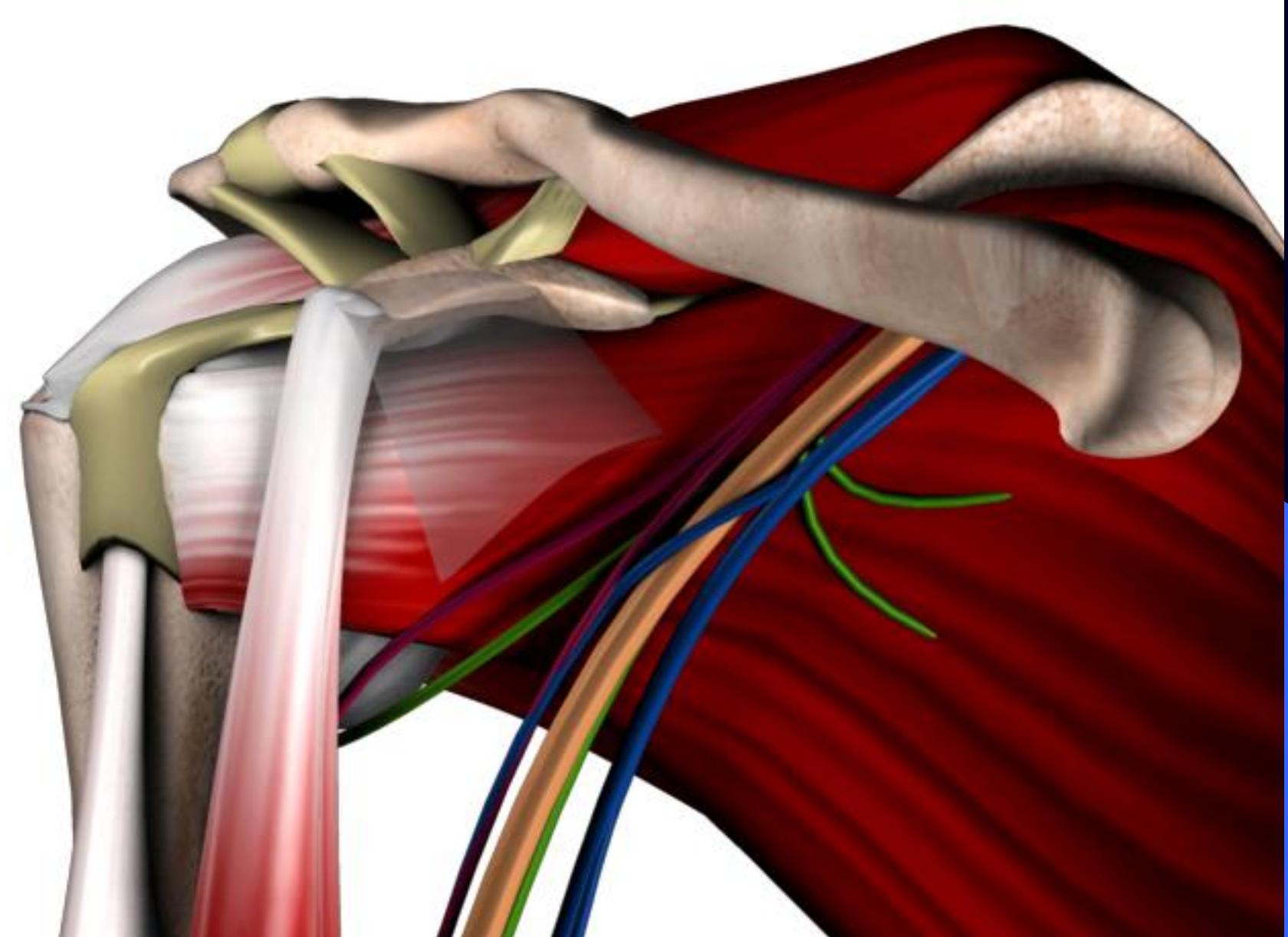


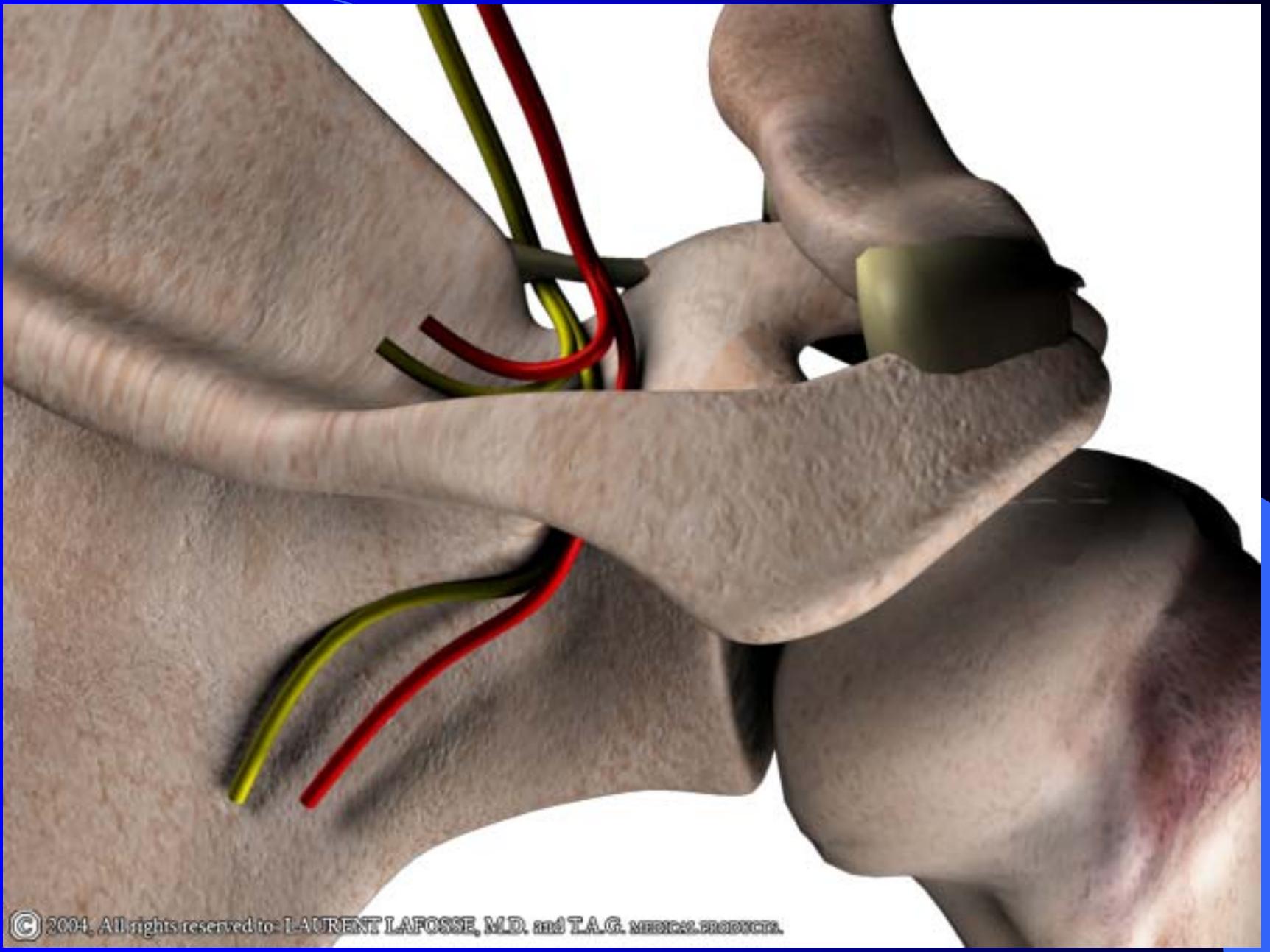


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Subacromial Bursa







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MRI for shoulder

- Axial plane Bankart Lesion, BT
- Sagital oblique plane
- Coronal oblique plane Rotator cuff, SLAP

Shoulder MRI

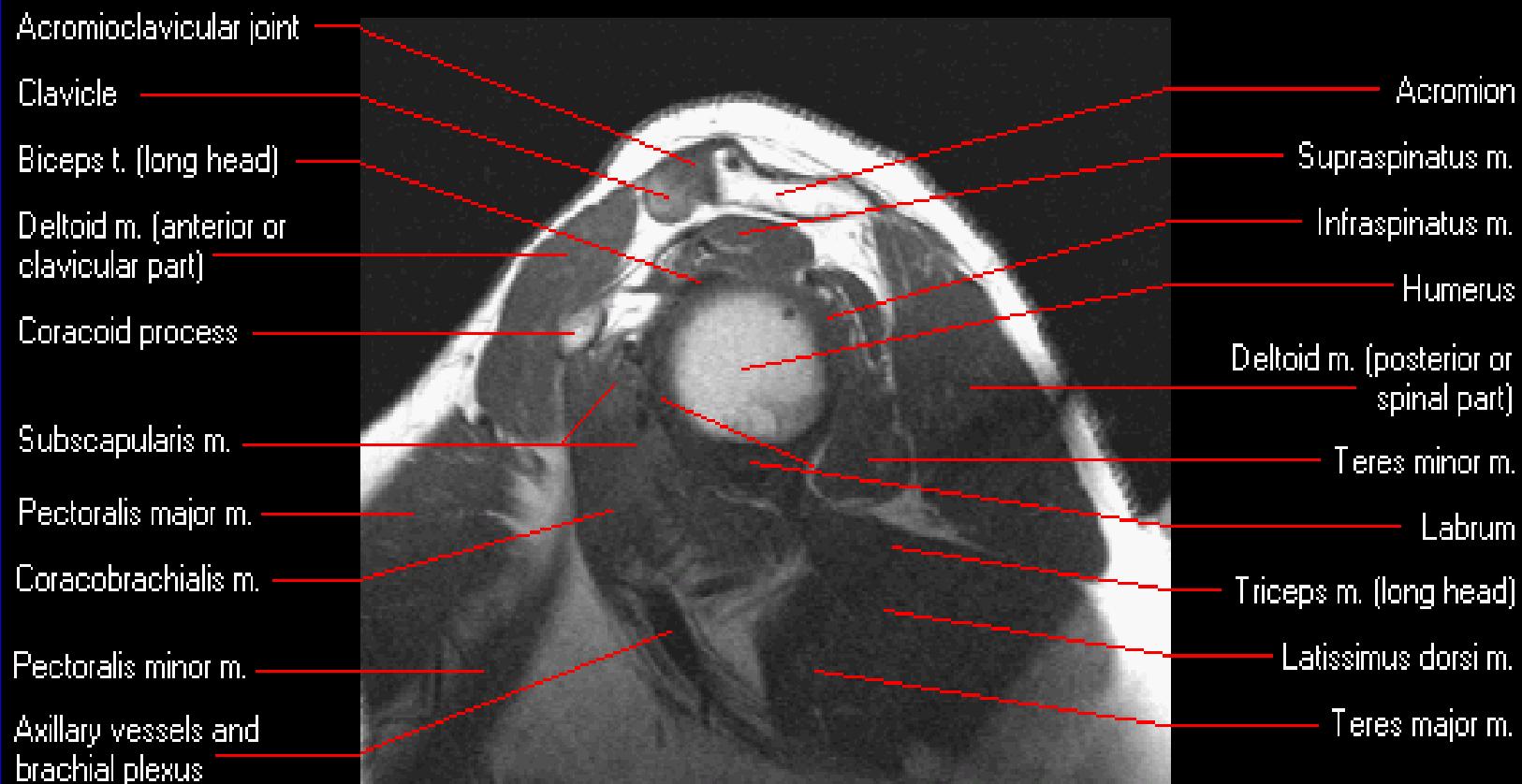
Coronal Oblique View

Slice 9/18



Shoulder MRI, Sagittal Oblique View

Slice 11/20



Shoulder MRI, Axial View



- Shoulder Arthroscopy
- Scope; all procedures except Arthroplasty

Patient Position

- Beach chair the most common
- Lateral









Arthroscopy Equipment

- Fluid Management System;
- Arthropompe +Shaver system



Arthroscopy Equipment

- Arthroscopy Elecetrocutery System
- ArthroCare® Coblation
- VAPR, Depuy Mitek

Basic Instrument

- Arthroscope
- 30° and 70° scopes
- Arthroscope sheath with matching sharp and blunt trochar
- Punches, Graspers, Seizers, Probes
- Suture passers, Knot pusher

Instrumentation

- #11 scalpel blade
- Skin marking pencil
- 18 g. needle
- 20 cc syringe (if insufflating)
- 76 mm plastic cannula with a rubber dam
- Motorized shaver with soft tissue and bone shaving blades
- Suction punch
- Suture punch

Anchor Sutures

- Metal Anchor Suture 5, 6.5
- Bio Anchor Suture 5, 6.5
- Knotless Anchor Suture; push lock

Main Providers of Shoulder Arthroscopy

- Smith&Nephew, MA, USA
- MITEK Depuy, MA, USA
- Arthrex, FL, USA

Question

- How common are done shoulder Arthroscopy procedures?



Shoulder Arthroscopy portals

Posterior Portal, A

- Posterior Portal
 - 3 cm inferior and 1 cm medial to the posterolateral corner of the acromion
 - Passage to the posterior one-third of the deltoid and an interval between infraspinatus and teres minor
 - Structures at risk
 - Quadrangular space - posterior humeral circumflex artery and axillary nerve
 - Triangular space - scapular circumflex artery
 - Both spaces are 7-8 cm inferior to the posterior border of the acromion

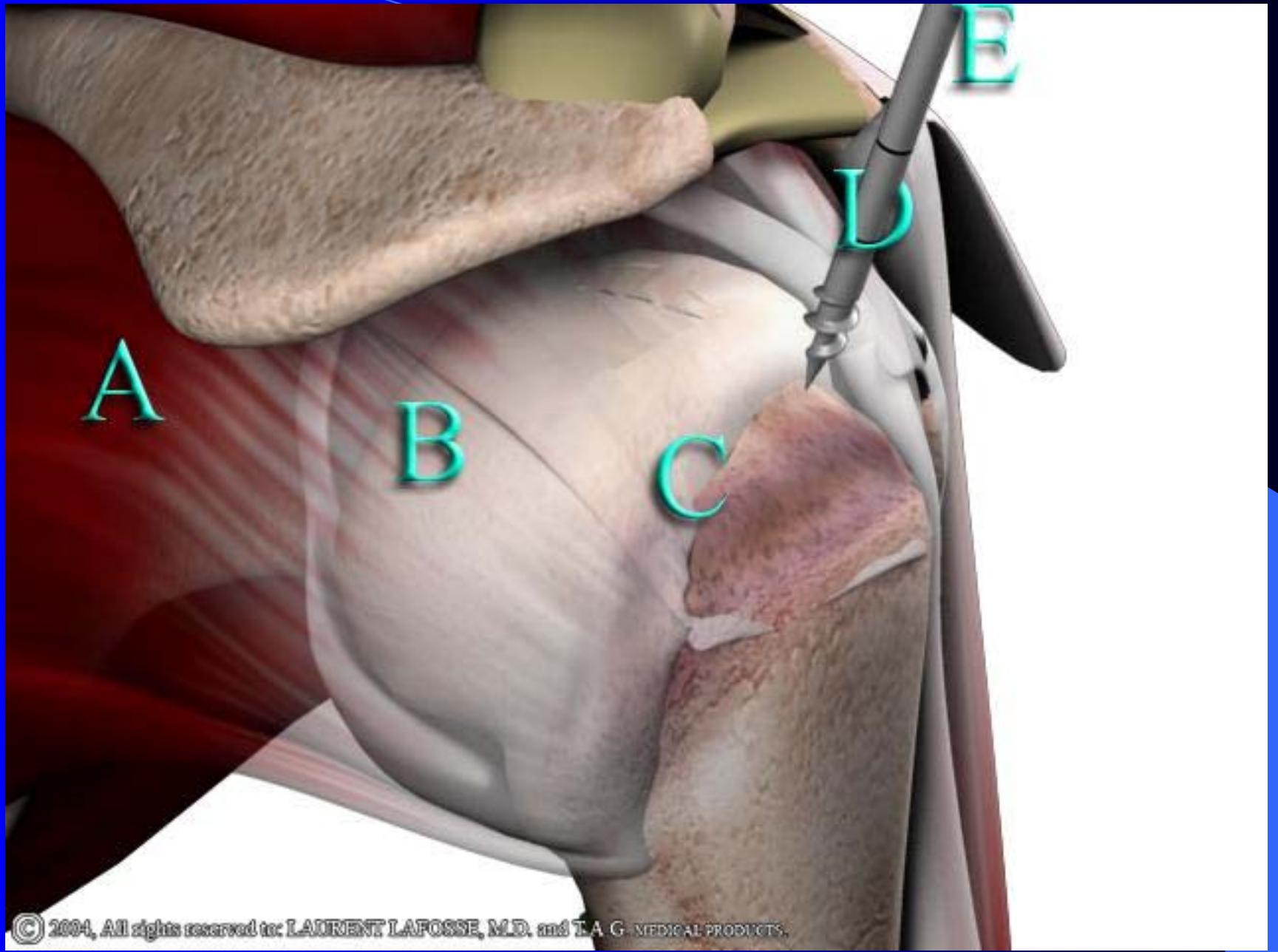
Anterior Portal

- Located one-half the distance between the coracoid process and the anterolateral edge of the acromion
- Passage through the skin subcutaneous tissue and the anterior one-third of the deltoid
- Structures at risk
 - Musculocutaneous nerve, normally located 3 cm inferior and just medial to the coracoid process



Lateral Portal

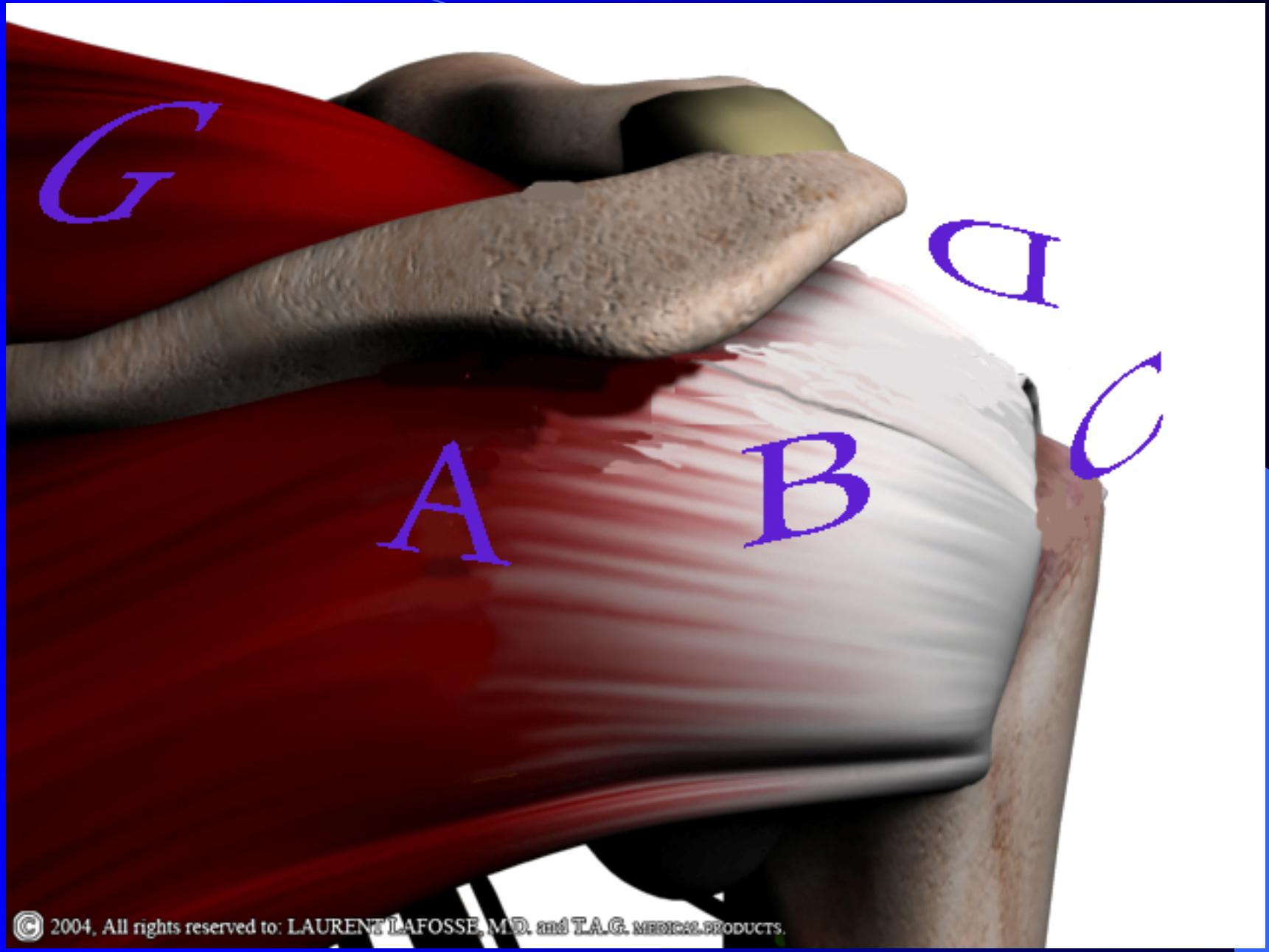
- 2-3 cm distal to the lateral border of the acromion
- Passage through the deltoid muscle
- Axillary nerve
- Located approx. 5 cm beyond the acromion
- Structures at risk:
 - Axillary nerve



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Supraspinatus fossa portal

- Soft spot bordered anteriorly by the posterior margin of the clavicle, lateral by the medial border of the acromion, posteriorly by the scapular spine
- Passage through the trapezius and the muscle belly of the supraspinatus
- Structures at risk
 - Suprascapular nerve and artery
 - Located in the fossa approx. 3 cm medial to the portal

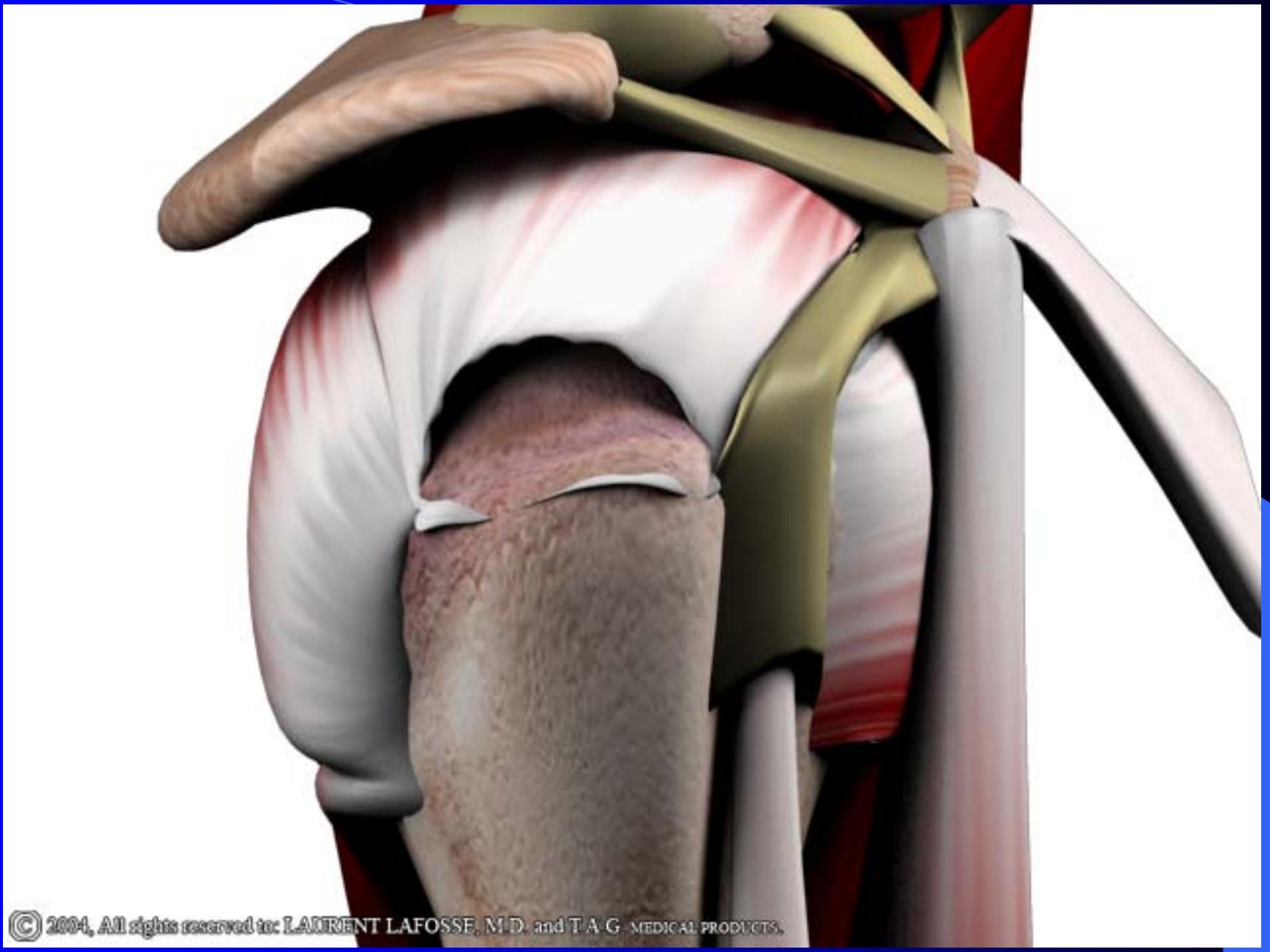


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Arthroscopic surgery for shoulder surgery

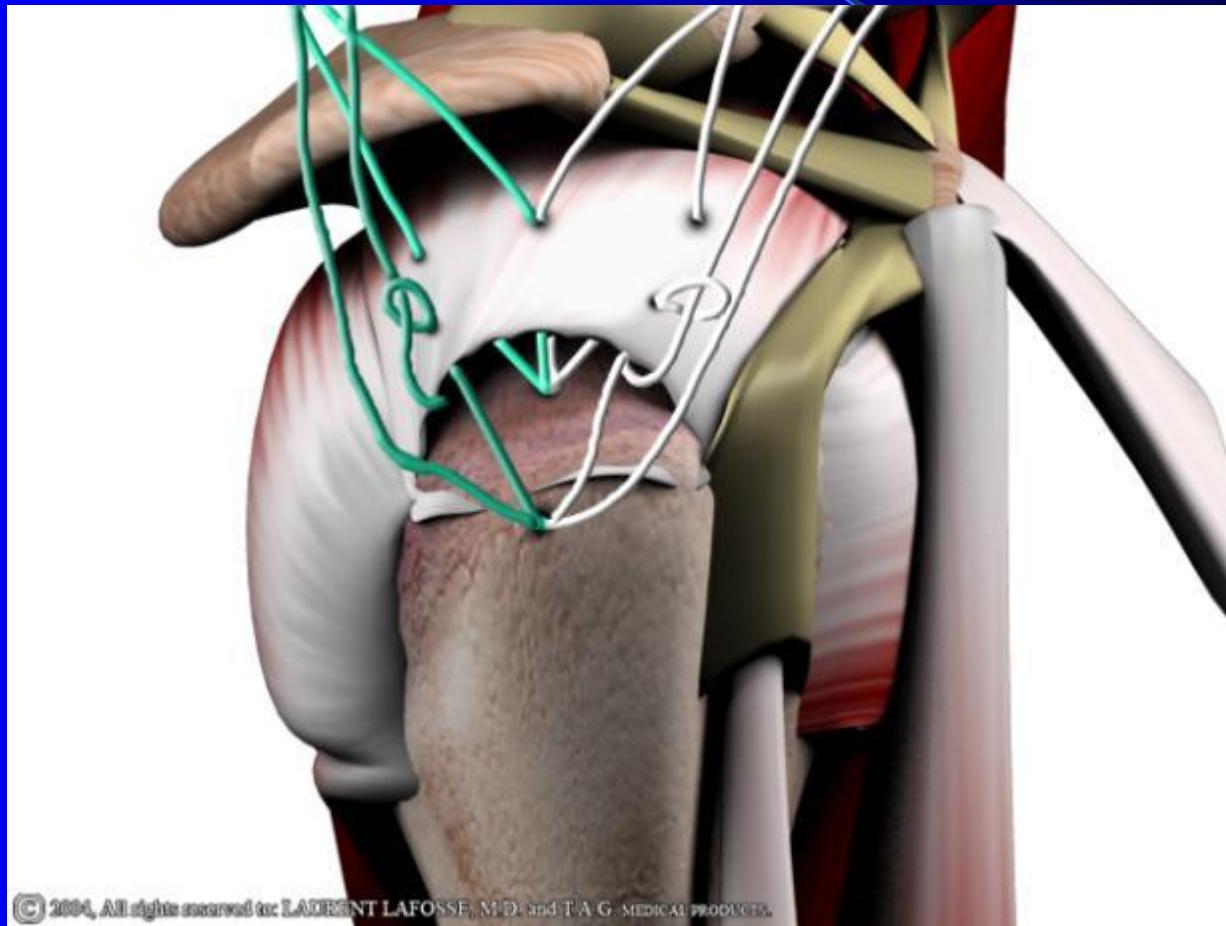
- 1- Arthroscopic Bankart repair (one row repair)
- 2-Casiope Repair (double Bankart row repair)
- 3-All arthroscopic Laterjat procedure
- 4- Capsular shift
- 5-Rotator interval closure
- Repair of HAGEL lesion
- Repair of SLAP lesion

- Arthroscopic Rotaor cuff Surgery
- Arthroscopic Subacromion decompression
- Arthroscopic Acropmioplasty
- rotator cuff repair
 - -one row
 - -double row

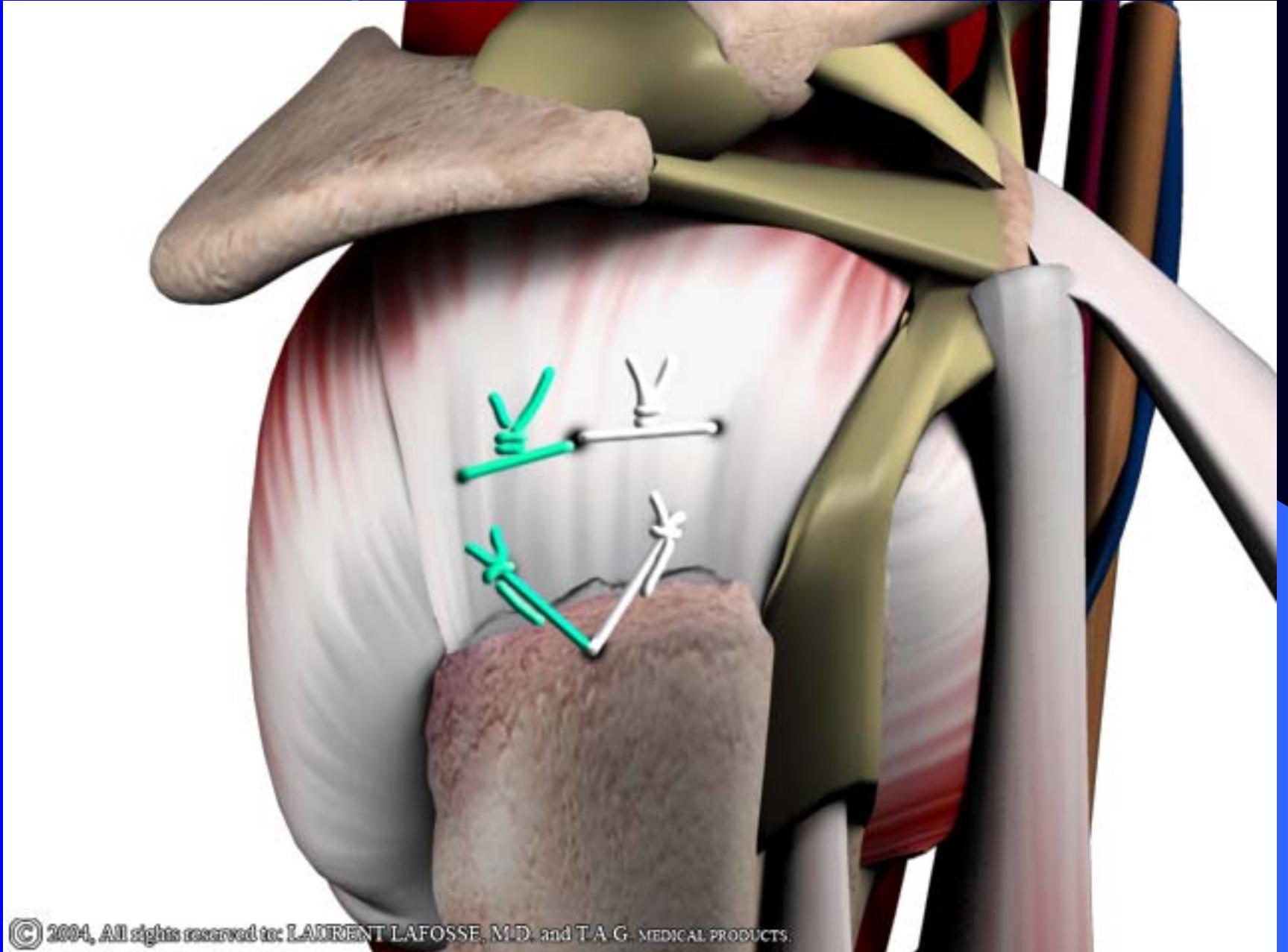


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Actual DOUBLE ROW Technique



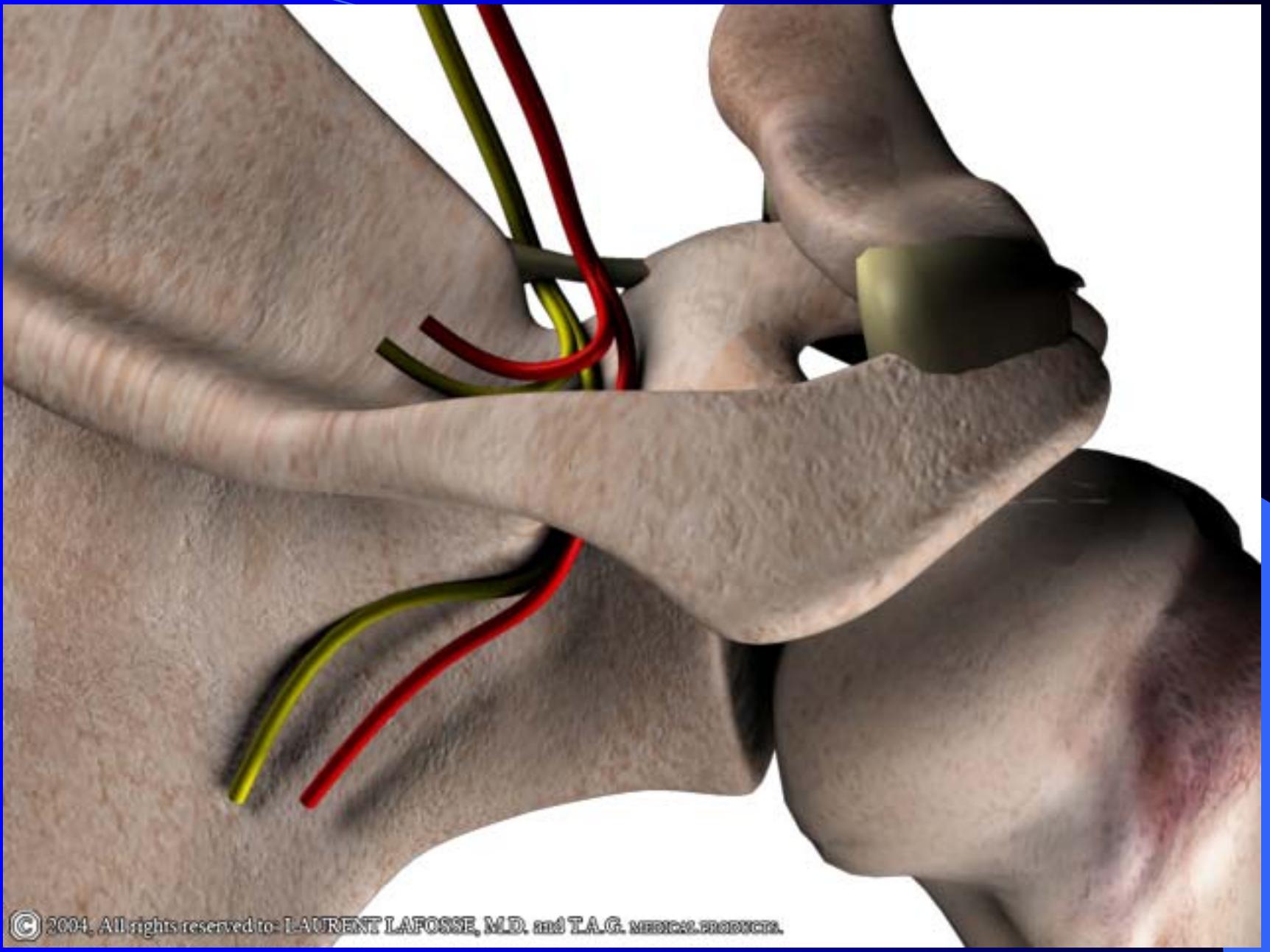
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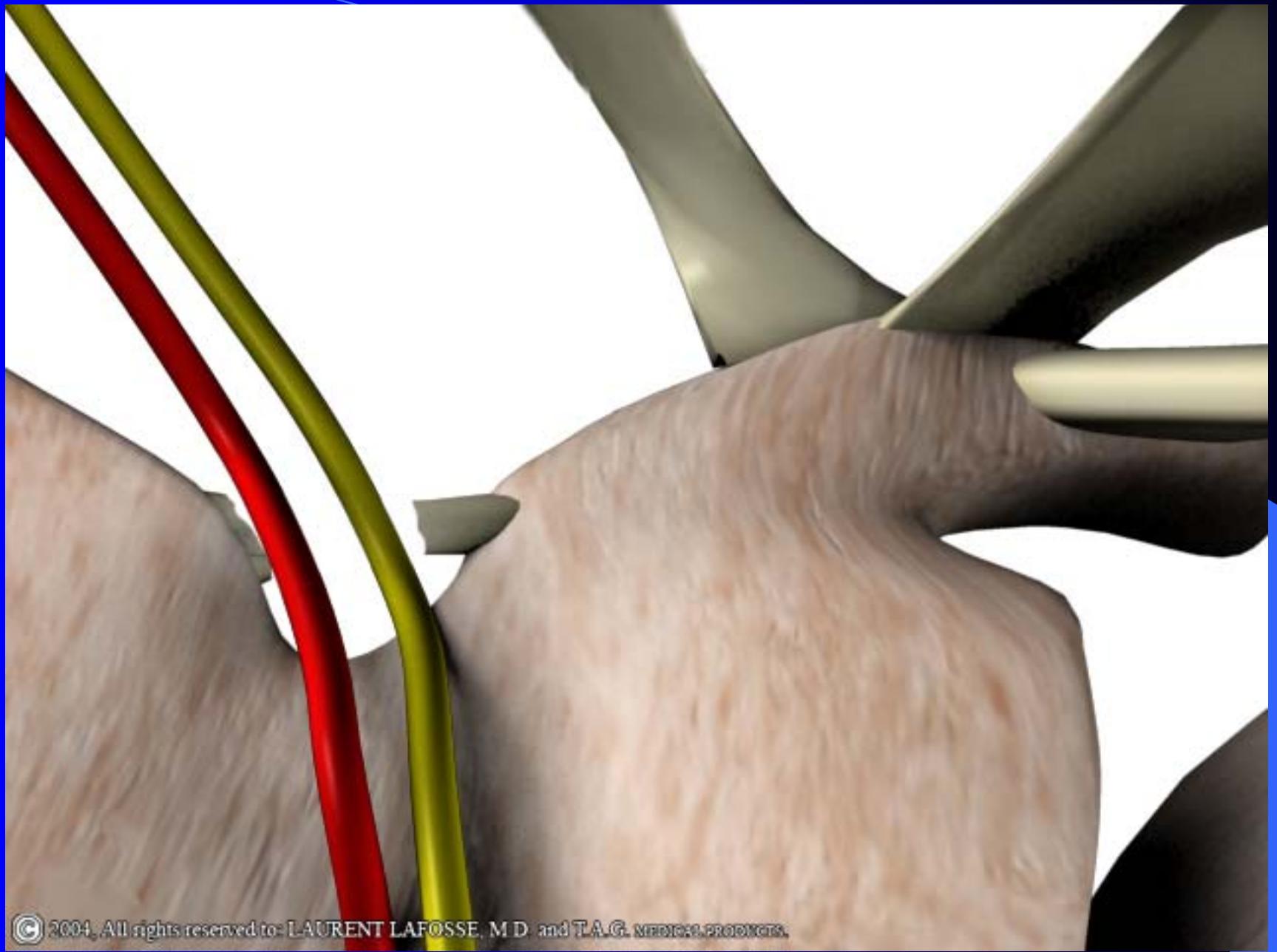
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Arthroscopic Brachial plexus surgery

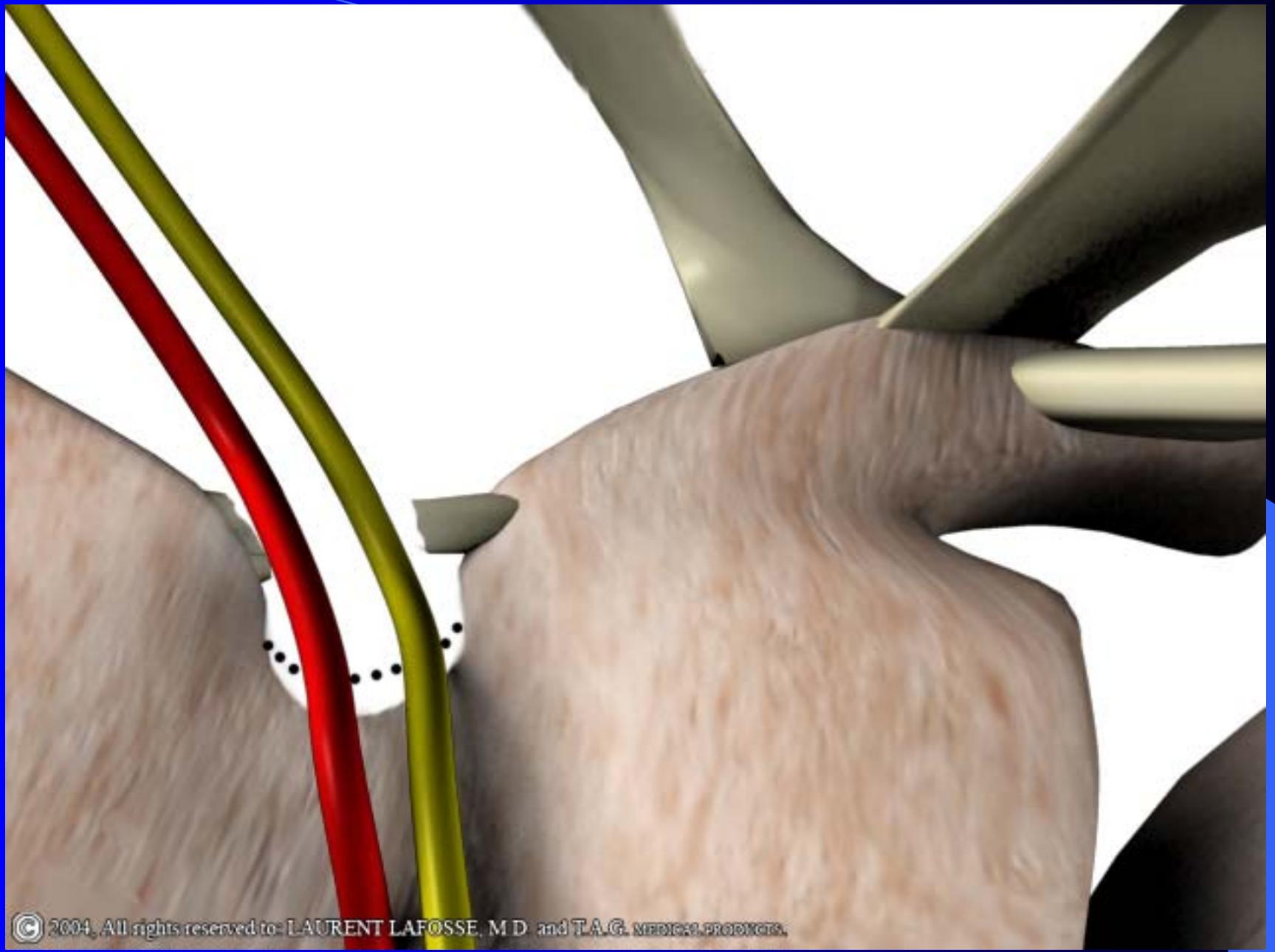
- Suprascapular nerve release
- Brachial plexuse nerve release
- Axillary nerve release
- Quadrilateral and triangular release



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Arthroscopic tendon transfer

- Latissmos dorsi transfer for rotator cuff deficiency, irreparable tears
- Arthroscopic priscapular bursectomy

AC Joint arthroscopic surgery

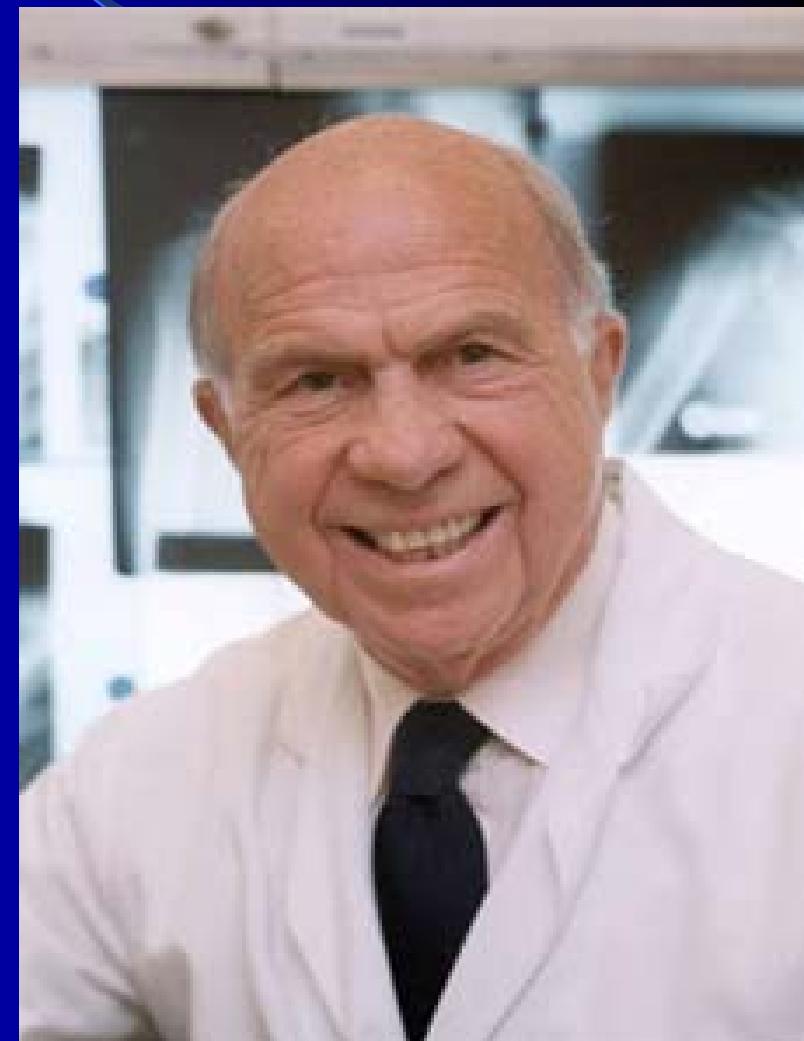
- Arthroscopic AC arthroplasty
- Arthroscopic AC instability reconstruction

Pioneers

- Modern & Advanced Shoulder Surgery

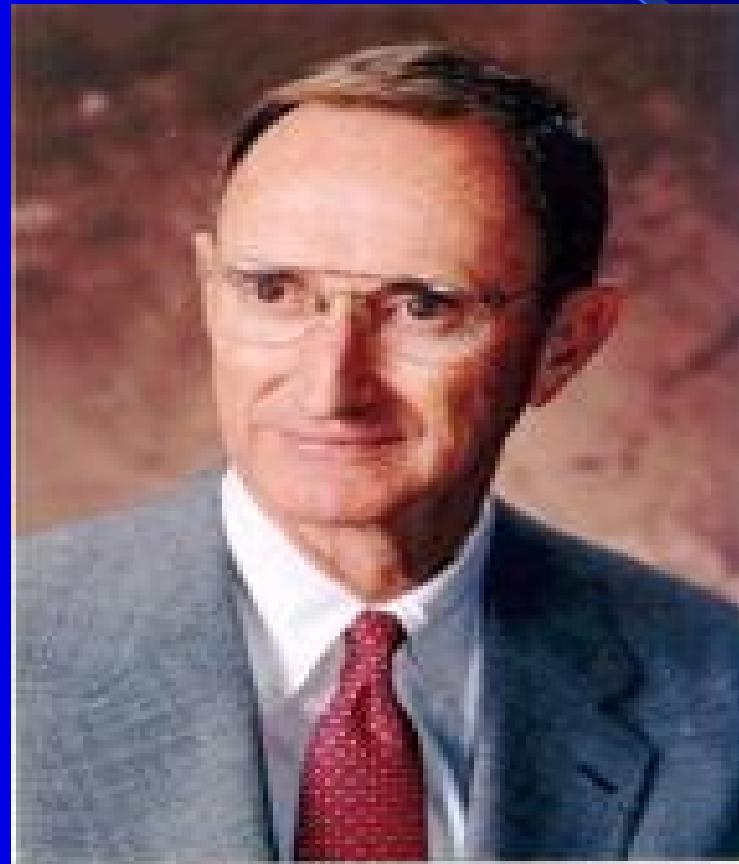
Charles Neer

NY, US



Rockwood Charls JR

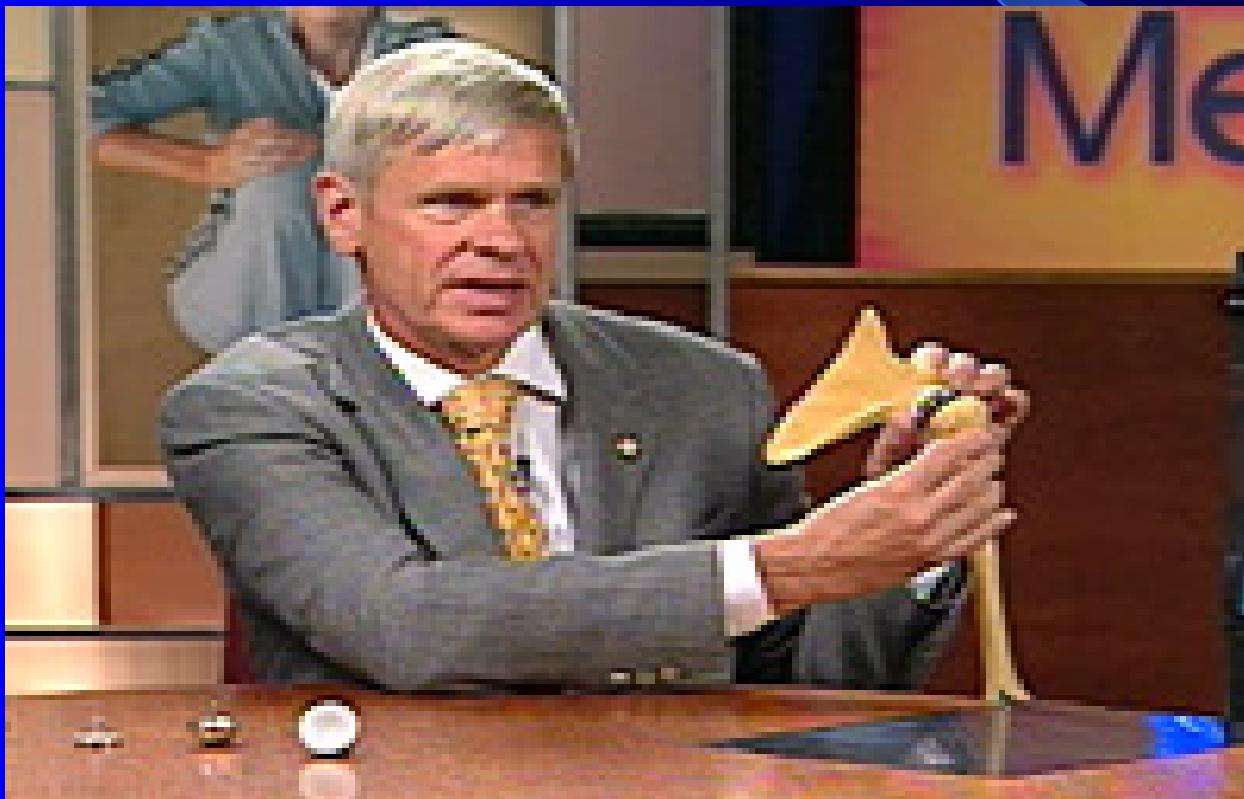
Texas, US



Frederick A. Matsen III, M.D.

Seattle, WA, USA

- TUBS, AMBRI



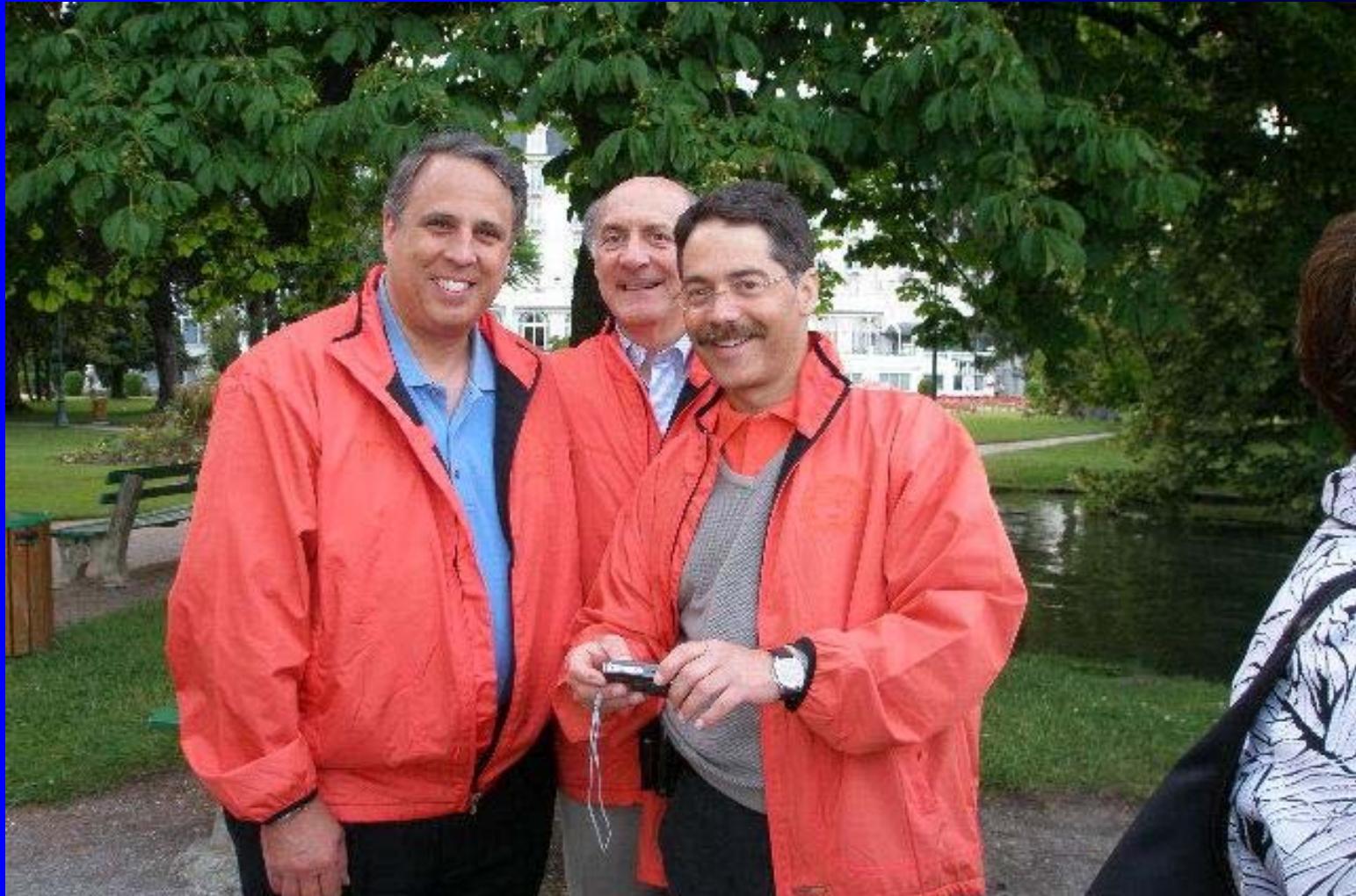
JP Warner

Massachusetts, US



Joseph IANNOITI

Cleveland Clinic, Ohio, US



Louis U. Bigliani

NY, US



Stephen Bukhart

Texas, US



Christian Gerber

Bern, Swiss



Lauren Lafosse & Gill Walch

France



Peter Hybermeyer

Germany

