

The Keys to Success

Arthroscopic Surgery and Rehabilitation

By: *Roxanne Jones*

Donna Miller, 76, doesn't really know how she injured her rotator cuff, a group of four tendons that attach the humerus (upper arm bone) to the shoulder blade and help to lift and rotate the arm.

"I was in Walt Disney World® in September of 2012 and I noticed my arm hurt when I tried to pull or lift anything," she recalls. When the pain worsened after vacation, she saw a chiropractor who ordered an X-ray that revealed a bone spur; he suggested she see an orthopedic surgeon. Having had successful knee replacements at Eisenhower Desert Orthopedic Center in the past, that's where Miller turned for help with her shoulder.

"The first time I saw her in February of 2013, she had intolerable pain and dysfunction in her right shoulder," says Stephen J. O'Connell, MD, a fellowship-trained, Board Certified orthopedic surgeon specializing in surgery of the hand, wrist and shoulder. "We initially tried conservative management consisting of a cortisone injection and physical therapy. Donna had only temporary pain relief. Therefore, we ordered an MRI which revealed a large rotator cuff tear."

"When the rotator cuff tendon tears from the head of the humerus, it retracts — therefore, it can never heal to the bone unless it is surgically repaired," explains Dr. O'Connell. "Some people can have a tear without pain while others, like Donna, have intolerable pain. Surgery is indicated when the pain wakes patients at night and their ability to function is adversely affected."

"Trying to take care of the house was a major problem," Miller says of how her rotator cuff tear impaired her everyday activities. "We remodeled the bath because getting in and out was challenging. And we rearranged the kitchen so things were within reach."

Last June, Dr. O'Connell performed an arthroscopic surgical procedure to reattach and anchor Miller's rotator cuff tendon to the humerus. He inserted a small camera, called an arthroscope, into Miller's shoulder joint. The camera displayed images on a screen, guiding Dr. O'Connell's use of miniature surgical instruments to perform the operation. The minimally invasive procedure is performed on an outpatient basis, enabling Miller to go home the same day.

"Once the surgery is completed, rehabilitation is vitally important," Dr. O'Connell stresses. "You must protect the repair in the post-operative period and then perform therapy to regain motion and strength."

Miller was a conscientious patient, wearing a sling for two months, and then undertaking two months of physical therapy to increase her range of motion and strengthen her shoulder. She also saw Dr. O'Connell every two to three weeks for six months after surgery, traveling from her home in Twentynine Palms.

"Dr. O'Connell also has called me to see how things are going and if I'm doing my exercises," she says. "He and his physician assistant Andy (Andrew Allen, MMSc, PA-C) are very encouraging and attentive."

"Donna did great," Dr. O'Connell affirms. "Rotator cuff injuries are very common – the most common shoulder injury I see. And you don't have to be a world-class athlete to be at risk; everyday people doing everyday activities can wear down their rotator cuff."

What's more, he says, chronological age is no barrier to having surgery to repair it.

"As long as someone is healthy and active, they're a candidate for this surgery," he notes. "If someone is in intolerable pain and can't function, they deserve to have a comfortable life."

"I'm a believer in Eisenhower and the Desert Orthopedic Center," Miller adds. "If I ever needed surgery again, I wouldn't hesitate to go there."

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