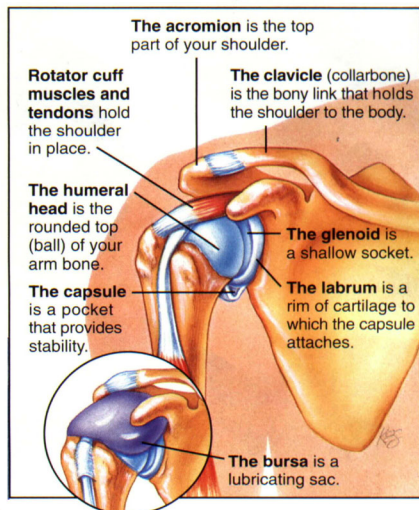



A Patient's Guide To Shoulder Arthroscopy



Shoulder Anatomy



This brochure is a component of the Axya Medical Inc. Shoulder Repair Alliance Program.

Axya 
The Energy to Close the Loop in Surgery

The Shoulder Center at Westchester Orthopedic Associates

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WHAT IS ARTHROSCOPY?

Arthroscopy is a minimally invasive surgical procedure orthopaedic surgeons use to visualize, diagnose and treat problems inside a joint. Arthroscopy can be used to repair injuries to the shoulder with less pain and a shorter recovery time than that required for open surgical repair. It also causes much less scarring.

The word arthroscopy literally means "to look within the joint." In an arthroscopic procedure, an orthopedic surgeon makes a small incision in the patient's skin and then inserts instruments that contain a small lens and lighting system to magnify and illuminate the structures inside the joint. Light is transmitted through fiber optics to the end of the arthroscope that is inserted into the joint. By attaching the arthroscope to a miniature television camera, the surgeon is able to see the interior of the joint through this very small incision rather than a large incision needed for surgery.

The television camera attached to the arthroscope displays the image of the joint on a television screen. The surgeon can determine the amount or type of injury, and then repair or correct the problem, if it is necessary.

Although there are many reasons for shoulder pain, a common problem for people over 40 years of age is a rotator cuff tear. The rotator cuff is comprised of the muscles and tendons that surround the top of the upper arm bone (humerus) and hold it in the shoulder joint. A tear may result suddenly from a single traumatic event or develop gradually because of repetitive overhead activities.

SIGNS AND SYMPTOMS

- Recurrent, constant pain, particularly with overhead activities.
- Pain at night that prevents you from sleeping on the affected side.
- Muscle weakness, especially when lifting the arm.
- Catching and grating or cracking sounds when the arm is moved.
- Limited motion.
- May be triggered by a specific incident.

OUR STAFF



Louis F. McIntyre, M.D

Dr. McIntyre was born and raised in Westchester County and currently resides in White Plains with his wife, Lizanne O'Toole.

He is a graduate of Pleasantville High School and the College of the Holy Cross in Worcester, MA. He received his medical degree at New York Medical College in Valhalla and completed his orthopaedic residency at the Long Island Jewish campus of the Albert Einstein Medical Center. He studied arthroscopy and sports medicine with Dr. Richard Caspari in Richmond, Virginia at Orthopaedic Research of Virginia.

Dr. McIntyre has been in practice at Westchester Orthopaedic Associates since 1994 and specializes in the use of arthroscopy to treat shoulder, knee, elbow, wrist and ankle injuries. He has lectured in the United States and abroad on the subject of shoulder arthroscopy and has published several articles in peer review journals. He has been a Master Instructor at the Orthopaedic Learning Center in Chicago, Illinois and is active in the Arthroscopy Association of North America.

Dr McIntyre is the Chief of Orthopedics and Medical Board member at the Westchester Ambulatory Surgery Center and is on staff at White Plains Hospital. Dr McIntyre is director of The Shoulder Center at Westchester Orthopedic Associates. He is an advisor for shoulder arthroscopy to Axya Medical in Beverly, MA and to Web MD regarding computerized medical records.

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OUR FACILITY



The Shoulder Center at Westchester Orthopedic Associates is affiliated with Westchester Ambulatory Surgery Center, a state-of-the-art outpatient facility on the cutting-edge of the latest technologies. The Shoulder Center is also affiliated with White Plains Hospital which is recognized as the premiere hospital for orthopedic care in Westchester County.

We currently utilize a new technology, which, by eliminating the need for knot tying, saves time and virtually eliminates the risk of knot slippage or unraveling in arthroscopic shoulder repair procedures, thereby offering the surgeon and patient an efficient and optimal means of obtaining a secure shoulder repair, such as a rotator cuff repair.

The system being used by The Shoulder Center at Westchester Orthopedic Associates has been developed in collaboration with a number of surgeons representing several surgical specialties in a joint effort with Axya Medical, Incorporated. This collaboration led to the conclusion that the elimination of knot tying through suture welding is a cost-effective alternative to what can be a time consuming, tedious task while ensuring a superior surgical repair. Additionally, the Axya Shoulder Fixation System can be used in virtually any shoulder repair surgery requiring suture knot usage.

TREATMENT OPTIONS

Your doctor will prescribe a treatment regimen based on your injury and your need for pain relief, movement and function. In most cases, the initial treatment is nonsurgical and involves several modalities.

- Rest. If the tear is due in part to overuse, resting the shoulder may help.
- Nonsteroidal anti-inflammatory medications will help control pain.
- Strengthening and stretching exercises, as part of a physical therapy program, are recommended.
- Corticosteroid injections can help reduce pain but cannot be repeated frequently because they can also weaken the tendon.
- Ultrasound can enhance the delivery of topically applied drugs and has thermal effects that may also help in the healing process.

There are several surgical options to treat rotator cuff tears. Our preferred method utilizes an arthroscopic procedure in which miniature instruments are inserted into small incisions, which can be used to remove bone spurs or inflammatory portions of muscle, and to repair lesser tears. If other problems with the shoulder are discovered during the surgery, they will be corrected as well.

WHAT TO EXPECT THE DAY OF SURGERY

Shoulder arthroscopy usually takes 30 to 90 minutes. The length of the procedure will vary depending on the procedure and the extent of the damage within the shoulder.

After the chosen anesthetic has been administered, the shoulder is thoroughly cleaned, usually with an iodine solution.

- Two to three tiny incisions, called portals, are made around the shoulder joint, in the back, front, and side of the shoulder.
- The surgeon usually inserts the arthroscope through a portal at the back of the shoulder (just below the outer bony prominence at the back of the shoulder).
- Specialized surgical instruments are inserted through the portal in the front of the shoulder.
- Instruments are frequently switched from portal to portal throughout the procedure.
- In some cases, the surgeon will also make a fourth portal at the top of the shoulder.

The arthroscope projects magnified images of the inside of the shoulder onto a television screen. Sterile saline solution is run into the joint through one of the portals. It is necessary to have this fluid in the joint in order to see with the arthroscope. Specialized instruments are inserted into the joint through the portals, and the appropriate procedure is performed.

RECOVERY AFTER ARTHROSCOPY

The small puncture wounds take several days to heal. The operative dressing can usually be removed the morning after surgery and adhesive strips can be applied to cover the small healing incisions.

Although the puncture wounds are small and pain in the joint that underwent arthroscopy is minimal, it takes several weeks for the joint to maximally recover. A specific activity and rehabilitation program may be suggested to speed your recover and protect future joint function.

It is not unusual for patients to go back to work or school or resume daily activities within a few days. Most normal activities can be carried out within four to six weeks. Heavy labor and contact sports may be restricted for as long as six months.

Athletes and others who are in good physical condition may in some cases return to athletic activities within a few weeks. *Remember, though, that people who have arthroscopy can have many different diagnoses and preexisting conditions, so each patient's arthroscopic surgery is unique to that person. Recovery time will reflect that individuality.*

In more severe cases, open surgery is required to repair the injured tendon. Sometimes a tissue transfer or a tendon graft is used.

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at Westchester Orthopedic Associates



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