OPERATIVE REPORT
THE ORTHOPAEDIC SURGERY CENTER

Northwest Orthopaedic Specialists
601 West 5th Avenue, Suite 500
Spokane, WA 99204

SURGEON: Tycho E. Kersten, MD **SURGERY DATE:** 07/07/2011

SURGICAL ASSISTANT: None.

PREOPERATIVE DIAGNOSIS: Left shoulder impingement.

POSTOPERATIVE DIAGNOSIS:
1. Impingement syndrome.
2. Intraarticular partial-thickness rotator cuff tear and degenerative labral tear.

OPERATIVE PROCEDURE:
1. Arthroscopic subacromial decompression/acromioplasty.
2. Arthroscopic intraarticular debridement (separate compartment).

ANESTHESIA: General with block.
CONDITION: Stable.
COMPLICATIONS: None known.

OPERATIVE INDICATIONS: Kim is a 51-year-old female with left shoulder pain. Please see clinic notes for further details. She has elected to go ahead with surgery as it continues to bother her and she could not longer wait until fall. Consent was reviewed and signed in the holding area. She understands the risks and wishes to proceed.

DESCRIPTION OF PROCEDURE: After proper identification of the left upper extremity the patient was brought to the operating room. The patient was given preoperative antibiotics. Following successful induction of general anesthesia both upper extremities were examined. Good range of motion, symmetric 2-3+ anterior laxity bilaterally. The patient was placed in the right lateral decubitus position with the lower extremities well padded and the peroneal nerve free with the neck in neutral alignment. The left upper extremity was then prepped and draped in the usual sterile fashion and hung in 7 pounds of traction. All portals were injected with 0.25% Marcaine with epinephrine prior to skin incisions only injected in the skin not in the joint. A posterior portal was made and diagnostic arthroscopy performed. An anterior portal was made with an inside-out technique using a Wissinger rod. Intraarticular findings: Glenohumeral joint was in good condition. There was degenerative superior labral tear, type 1, that was débrided back to stable tissue with a shaver. There was a significant, but shallow partial-thickness rotator cuff tear of both the supraspinatus and infraspinatus extending about 3 cm along the rim of the articular attachment of the rotator cuff. This was mostly a tear of the fibers of the cable. The depth of tear was about 2 mm. this was débrided back to stable tissue and inspected, and it was felt that a repair was not indicated. This was about a 10% partial-thickness tear. The subscapularis was intact. The subscap recess was empty. No significant synovitis. Anterior and posterior labrum intact. Biceps intact. Biceps in the groove intact. Biceps anchor intact. Following intraarticular debridement, the joint was suctioned dry and the scope redirected subacromially.

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Subacromial findings: She had extensive bursal thickening and bands, and wear on the underside of the acromion and CA ligament, and bursal-sided wear of the rotator cuff. Extensive bursectomy was performed. The rotator cuff was inspected and was intact. The anterior spur (underside of the acromion bone) was identified and a subacromial decompression/acromioplasty performed in a standard fashion through the anterolateral portal. Bone was removed with a high-speed bur. Care was taken to avoid excessive removal and to remain anterior. The CA ligament was trimmed as necessary as part of the decompression, but was saved and retained for the "arch" as much as possible. This was inspected from the lateral portal and decompression/acromioplasty was felt to be excellent. The AC joint was left alone as per preoperative examination and discussion (discussed in the holding area again, no tenderness at the AC joint). The AC joint capsule remained predominantly intact following decompression.

No anesthetic was placed intraarticular or in the subacromial space at the end of the case. A portion of the remaining anesthetic was injected into the soft tissues around the portals at the end of the case. Hemostasis was obtained with electrocautery and was excellent. The only bleeding was from bone. Portals were closed with 3-0 nylon and a sterile dressing placed. The arm was placed in a regular sling. The patient was taken to the post-anesthesia recovery area in stable condition. There were no known complications and the patient tolerated the procedure well.

Digitally Authenticated by
Tycho E. Kersten, MD/sjm *R: (07/08/2011) T: (07/11/2011)*

cc: Chip Wahlberg, PT (Twin Rivers PT, 1207 Evergreen Ct, Clarkston, WA 99403)