



MIS Surgery for Adhesive Capsulitis (Frozen Shoulder)

Frozen shoulder is a poorly understood condition that can occur without any obvious cause. Patients with this condition suffer from pain, often very significant loss of motion and difficulty performing even simple daily grooming functions. The vast majority of patients get better with non-surgical management, which consists of injections, medicines and therapy. However when this approach leaves patients with severe loss of motion, an arthroscopic release of tissue can help to restore the motion and function that patients need. The purpose of performing this arthroscopically is to avoid one of the biggest problems with the other primary means of treating this condition, which is manipulation under anesthesia. When the shoulder is manipulated manually, patients are put to sleep and the shoulder joint is slowly stretched in all directions to break up the scar tissue and restore motion. However, there is a risk of fracture of the bones especially in older patients with osteoporosis or very severe thick scar that resists manipulation. Patients with diabetes are known to have more severe cases of this condition. Candidates for arthroscopic release of the capsule include:

- Patients with good bone stock
- Patients who have tried other forms of treatment without success
- Patients who have very thick scar that may resist closed manipulation

By doing this arthroscopically, the risk of fracture is reduced. There is still some pain but not as severe. The patients go home the same day as the surgery. They must begin therapy soon after the surgery to reduce the likelihood of recurrent stiffness. Once recovery is completed, patients may resume any and all activities as tolerated. The risks of frozen shoulder surgery using MIS techniques are still present and are no different than those using standard techniques. These would include; infection, stiffness of the shoulder may re-occur and require further treatment especially in diabetic patients, the risks associated with anesthesia, tears of the rotator cuff, fractures of the bone if any manipulation is required, injury to nerves and blood vessels about the shoulder, and continuation of the pain as before the surgery.

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