

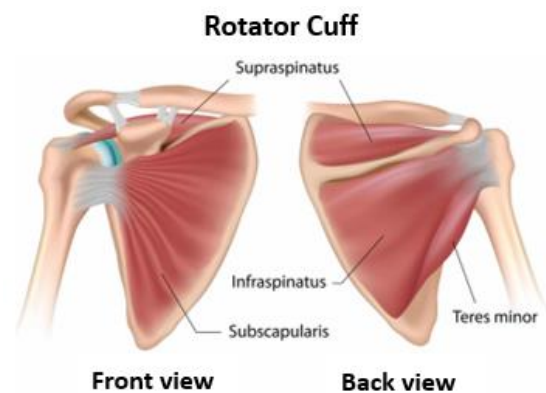
A Patient Education Guide: SUPERIOR CAPSULE RECONSTRUCTION (SCR)

This is a brief overview of what you, the patient, should know about getting an Arthroscopic Superior Capsule Reconstruction. If you have any questions, please write them down and bring them to your next consultation so I can go through them with you in detail.

WHAT IS A ROTATOR CUFF TEAR?

A *rotator cuff* is a group of four musculotendon structures that hold the shoulder joint in place and allow you to move your arm and shoulder.

Sometimes these tendons can become injured through direct trauma, overuse, or aging. Injuries can involve a single tendon or up to all four. The degree of injury can range from general inflammation to *partial* tearing, to a *full-thickness* tear. The type and size of the rotator cuff injury determine the type of treatment you will require.



Full-Thickness Rotator Cuff Tear

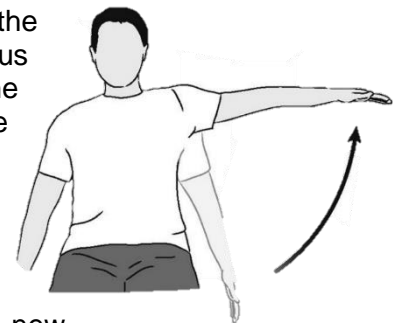
Full-thickness tears are categorized based on their size – they range from *small* (<1cm), *medium* (1-3cm), *large* (3-5cm) to *massive* (>5cm). These injuries usually require surgery, and the tear size helps determine the treatment needed. The torn tendon can be repaired either partially or fully.

When a tendon is massively torn (>5cm), sometimes it cannot be repaired. *Irreparable* tears can be complicated to treat but is an area in which Dr. Kassam specializes. There are several options for treating these tears including tendon transfers, graft procedures, spacer implants, and shoulder replacements. Your age, activity level, amount of arthritis in the shoulder, and overall lifestyle are all considered when deciding the best option for you.

Superior Capsule Reconstruction (SCR)

The *supraspinatus* is one of the four musculotendon structures of the rotator cuff and is located at the top of the shoulder joint. The supraspinatus assists in *abduction* (raising of the arm to the side) and resists the gravitational forces which act on the shoulder joint. It also helps to stabilize the shoulder joint by keeping the head of the humerus firmly pressed into the shoulder socket.

Irreparable tears that involve the supraspinatus sometimes require a Superior Capsule Reconstruction (SCR). This procedure is not to be confused with a Rotator Cuff Replacement. While this is a relatively new procedure, there have been generally positive results reported with SCRs in the literature.



HOW IS AN ARTHROSCOPIC SUPERIOR CAPSULE RECONSTRUCTION (SCR) PERFORMED?

Dr. Kassam performs most SCR procedures *arthroscopically*. Arthroscopy is a *minimally invasive* surgical method. Instead of a large incision that fully exposes the joint area, several small incisions (typically less than 1cm) are made around the joint. These incisions serve as access points for the arthroscope (narrow tube fitted with a camera) and other pencil-thin surgical instruments. The real-time inside view of the joint is projected onto a high-definition monitor. Arthroscopy has several benefits: less postoperative pain, faster healing time, and lower infection rates.

Arthroscopic Superior Capsule Reconstruction (SCR)

The first step is identifying and assessing the tear for severity. The joint area is inspected to identify and address any other issues that may be contributing to the reported pain, weakness, or stiffness. Once the massive tear is identified, reconstruction begins.

The non-functional part of the supraspinatus tendon is removed to make room for the graft. The graft is made from a “dermal allograft” meaning that it is made up of compressed human skin from the tissue bank. This has been packed in a sterile fashion and undergone rigorous testing to ensure minimal chance for disease transmission.



The graft is then secured to the bone using anchors (screws) and sutures (thread). The anchors can be made of different types of materials such as metal, highly durable plastic, or bio-degradable composite materials. A variety of factors such as age, bone quality, and tear pattern can determine the type of fixation needed. Dr. Kassam usually performs this procedure with plastic or bio-composite anchors. The anchors are placed into the bone and the suture is run through the graft. The size of the tear, the size of the graft, and the strength of the bone can determine how many anchors are needed. There are usually 6-7 anchors used in the procedure. This allows the graft to be tied down and secured. Sometimes, the remaining tendon may be incorporated into the new graft bridge, however, this is not always possible.



WHAT SHOULD I EXPECT?

Before Surgery

- You may need medical clearance from your medical specialist (primary care doctor, cardiologist, etc.) before surgery.
- Our office will contact you to book your surgical time and location. Typically, outpatient (same day) surgeries are done at the Hoag Orthopedic Institute (HOI) Surgery Center in Newport Beach and in-patient (overnight) procedures are done at the HOI Hospital in Irvine.
- You will receive a confirmation call from the hospital a few days before surgery telling you at what time you should arrive. They will usually go over last-minute details such as hygiene tips, and let you know which medications to bring. It is normal to arrive several hours ahead of your scheduled time to allow for the check-in process.
- **Do not eat or drink anything after midnight the night before surgery.** You may take sips of water to swallow pills if required and cleared by your medical team. **Your surgery may need to be canceled if you do not adhere to these instructions.**

Morning of Surgery

- Arrive at the hospital or surgery center at your instructed time.
- If possible, arrive with a family member or friend who can assist with your check-in and help you remember any last-minute questions. There will be a place for family and friends to wait while you are in surgery. **You will require someone to take you home if you are leaving the same day of surgery.**
- Dr. Kassam will meet with you before you enter the operating room to answer any questions and perform an initial safety check.
- The anesthesia team will meet with you to discuss their anesthesia plan during surgery and be able to answer any questions you may have for them.

After Surgery

Hospital Stay

- Most patients having arthroscopic surgery leave the same day, several hours after surgery.
- During this time, your nurse and anesthesia team will help to manage your post-operative pain. **It is important to know that you will have some pain, but the medications should help make your pain manageable.**
- You will need someone to take you home.
- A Care Coordinator can be available to help if you need any other services when you are discharged home.

Home

- **Wear your sling at all times except for bathing and doing your gentle post-operative exercises.** These exercises include moving your hand and wrist and coming out of the sling to fully straighten and bend your elbow. You should do this 3-4 times a day.
- Keep your bandage dry while bathing. This may require covering it with a plastic wrap (i.e., “press-and-seal”) or taking sponge baths.
- **Do not use your operative arm to carry or lift anything.** Do not use your operative arm to push yourself up from a chair or when getting off the toilet.
- **No driving while using your sling and while you are taking your narcotic pain medications.**
- Do your best to wean off your narcotic pain medications. Over-the-counter medications such as Tylenol and Ibuprofen can be very helpful.

- Many people are most comfortable sleeping in a more upright position after surgery. You can opt to sleep in a recliner or prop yourself up on pillows in bed. **You need to wear your sling while sleeping.**
- If you received an ice machine, please use it as instructed to help reduce swelling. You may also use ice packs or bags. Do not use for longer than directed and always avoid direct skin contact.
- Follow your initial physical therapy instructions carefully if you have been given them.

Follow-Up

- Your first follow-up appointment is usually 10-14 days following surgery.
- At this visit we will discuss your progress and check your incision. We may take x-rays. We may also remove your sutures/staples at this time
- We will determine if you are ready for outpatient physical therapy.
- If you can start physical therapy, you will be given a referral with the specific instructions both you and your therapist should follow.
- We will then book your next follow-up visit before you leave, which is typically 4-6 weeks later.

I hope this has helped clarify some of your questions surrounding the Arthroscopic Superior Capsule Reconstruction (SCR). You can find additional resources including video demonstrations at www.NewportShoulder.com.

As always, do not hesitate to ask questions and schedule a follow-up appointment should you require any further discussion.

Best,



Hafiz F. Kassam, MD

