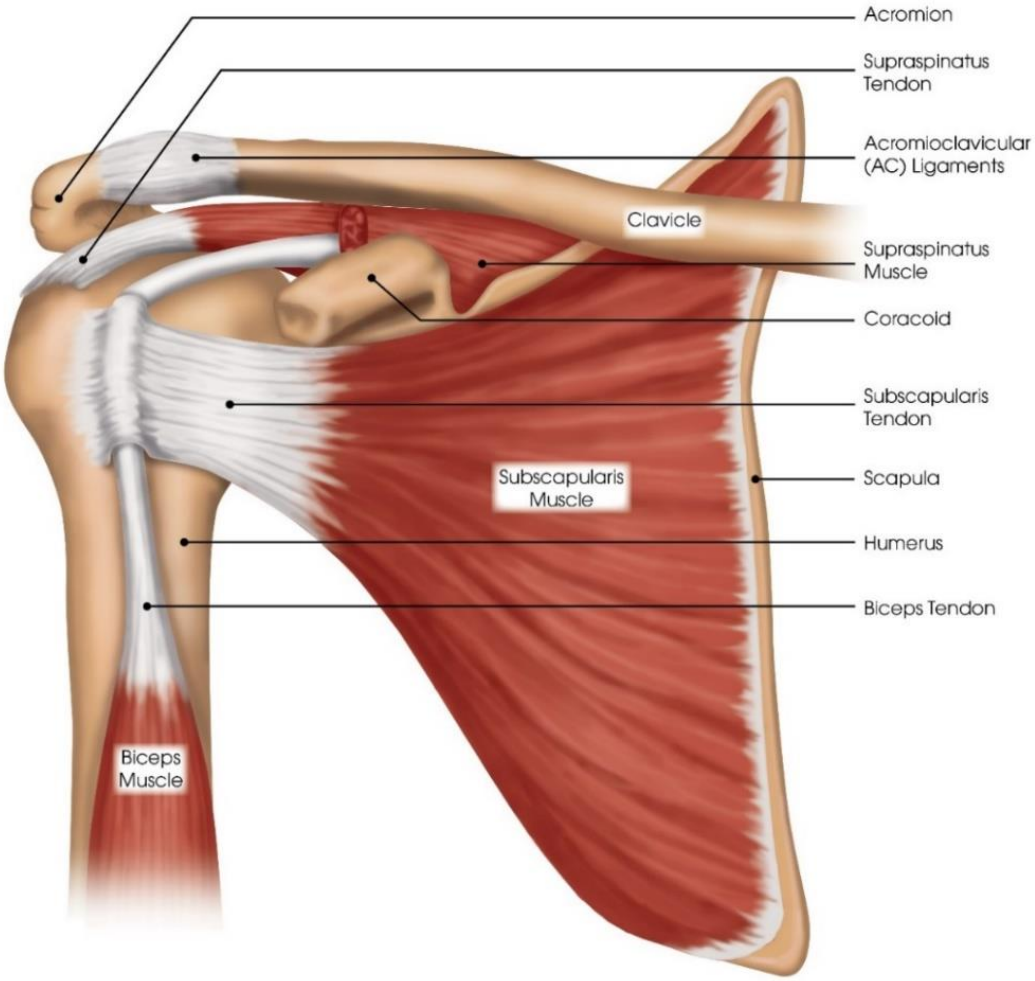
STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Failed Previous Shoulder Surgery

Dr. Chudik sees many patients who experienced a failure of a previous shoulder surgery. Patients most often present with continued pain and weakness following rotator cuff repair, repeat dislocations following labral or Bankart repairs, persistent pain with overhead activities following superior labral repair or failed healing of a fracture. After a thorough review of the previous radiologic imaging and medical records, including the operative report, evaluation of a current MRI and the injured shoulder, Dr. Chudik formulates an individualized plan with the patient to obtain the best possible outcome.



Orthopaedic Surgery & Sports Medicine
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Frequent Signs and Symptoms

- Failing to improve post-operatively
- Pain along the upper arm between the shoulder and elbow
- Pain that is worse or sharper when reaching out and overhead or lifting objects
- Aching pain at rest and at night while trying to sleep
- Loss of strength and/or motion
- Limited motion of the shoulder, especially reaching behind for a back pocket or bra
- Crepitation (a crackling sound) when moving the shoulder

Etiology (Causes)

- Smoking and other medical issues that negatively impact healing of tissues
- Inappropriate post-operative immobilization, either too long or too short
- Incomplete rehabilitation
- Re-injury
- Missed or inaccurate diagnosis
- Technical failure of previous surgery

Risk Factors

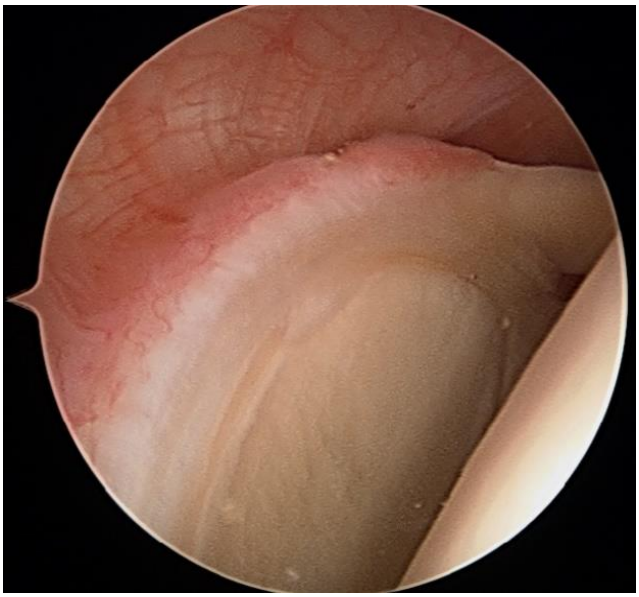
- Inadequate patient education
- Complex problem or pathology
- Inadequate imaging, X-ray, MRI or CT scan

Prevention

- Proper diagnostic imaging, X-ray, MRI, CT scan
- Thorough diagnostic history and physical exam
- Proper diagnosis and treatment plan
- Proper post-operative rehabilitation protocol
- Proper post-operative wound care and immobilization
- Proper patient education and activity restrictions
- Realistic expectations

Outcomes

Typically, outcomes following revision surgery is not as predictable as with primary, first time, surgery; but if revision surgery is necessary, it is likely to help with reduction of pain and improvements of shoulder range of motion, strength, and function.



Arthroscopic photo of a normal labrum

Potential Complications

- Persistent pain and symptoms
- Shoulder stiffness, loss of motion, or weakness
- Recurrence of symptoms
- Inability to return to same level of function
- Risks of surgery, including infection, bleeding, injury to nerves, shoulder stiffness, weakness, instability, implant loosening, and persistent pain
- Permanent injury or damage that cannot be completely repaired with revision surgery

Treatment Considerations

After a thorough evaluation of past records, diagnostic imaging, and failure of conservative options, Dr. Chudik typically proceeds with a diagnostic arthroscopy to "put his eyes in the shoulder" and evaluate the pathology in a minimally invasive way. Then, in most cases, he is able to determine the problem and arthroscopically perform corrective revision surgery to obtain the best possible outcome.

Possible Medications

- Nonsteroidal anti-inflammatory medications, such as aspirin, ibuprofen, or Naprosyn®, Aleve®, or other minor over-the-counter pain relievers, such as acetaminophen or Tylenol®, may be helpful. **DO NOT** take nonsteroidal, anti-inflammatory medications within 10 to 14 days of surgery or following surgery and stop these medications if they cause any bleeding or upset stomach.
- Pain relievers are not prescribed for this condition but may be prescribed after surgery as necessary. Use only as directed.
- Steroid injections reduce inflammation and can be helpful in certain cases but should be used with proper discretion. They can negatively affect the biomechanical properties of the tendon and should not be used when surgery is planned.

Modalities (Heat and Cold)

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak.

Notify My Office if Symptoms Worsen