



Orthopaedic surgery



INSTABILITY OF THE SHOULDER JOINT

The shoulder has only a very small bony congruence. Stability is given by the perfect function between joint capsule, ligaments, tendons and muscles. If one of these components does not work, instability of the shoulder joint may be the consequence. We distinguish between congenital and posttraumatic instabilities.

Congenital instability

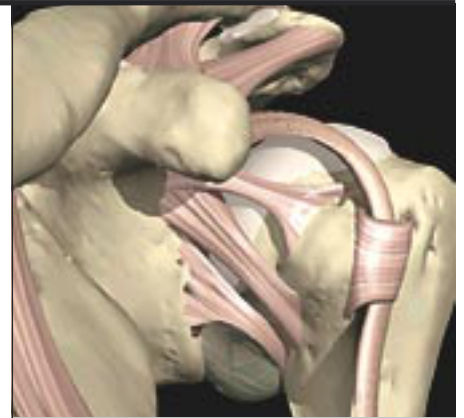
Dislocations of the shoulder joint, which can be provoked by the patient without violent forces, are possible due to general joint laxity, caused by the congenital weakness of the connective tissue with increased joint play. In general other joints are involved too (knee joint/ patella and elbow e.g.). Congenital shoulder instabilities are treated best conservatively by special exercises and an intensive physiotherapy program. Operative treatment is the exception to the rule.

Traumatic instability

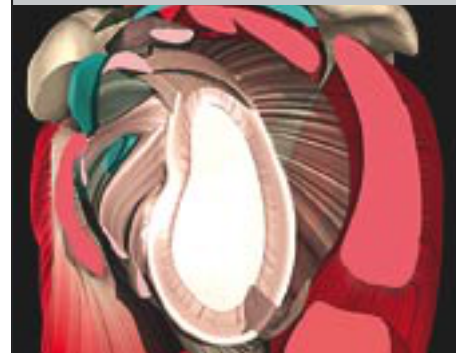
In this type of instability, the first dislocation was caused by an injury with some lesions of the various structures of the joint. Today it is possible to treat and stabilize these unstable joints by the help of minimal invasive surgery where the ruptured ligaments are reattached and shortened together with the anterior joint capsule, combined with a firm refixation of the labrum to the glenoid. The sutures are secured by resorbable bony anchors. Technically these procedures have reached a high standard and are giving very reliable results. After arthroscopic surgery postoperative pain is minimal and rehabilitation easy. By using resorbable implant material its removal is not necessary. In a few cases (e.g. a avulsion fracture of the glenoid) open surgery still is almost inevitable. The damaged structures are exposed through a short skin incision over the anterior aspect of the shoulder joint. Then the capsule and the ligamentous complex are restored and reattached. Accompanying lesions of the rotator cuff are treated at the same occasion.

Rehabilitation

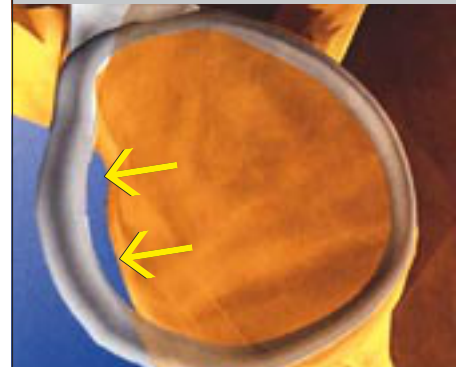
The operated arm is protected in an arm sling for 3 to 4 weeks but passive and active assisted exercises are already started during the first days after the operation. Team work between surgeon, patient and therapists is mandatory for good end results. Overhead activities in sports are only allowed 6 months after surgery. The prognosis after operative treatment of shoulder instabilities is very good.



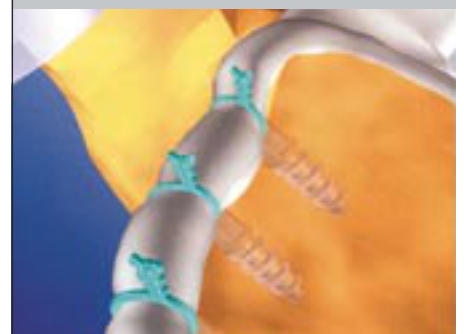
stabilizing ligamentous structures - left shoulder (front view)



glenoid with labrum and ligamentous structures (side view)



tear of anterior-labral-capsule-ligamentous complex from glenoid rim



refixation of labral-capsule-ligamentous complex with resorbable suture anchors