

SURGERY OF SHOULDERS AND KNEES

Dr Chan Kin Yuen, a Consultant Orthopaedic Surgeon in Subang Jaya Medical Centre, specializing in Orthopaedic Sports Medicine, Shoulder and Elbow, Knee, Foot and Ankle Surgery, shares information on the surgical options available for the knee and shoulder as well as recovery post-surgery.

SHOULDER PAIN AND WEAKNESS

Pain around the shoulder is a very common symptom that makes many to seek medical attention. The causes of shoulder pain are different for various age groups. For the middle aged and elderly, one of the commonest causes for shoulder pain, stiffness and weakness is a rotator cuff tear. The shoulder pain can be severe particularly at night and often causes sleep disturbance especially when turning onto the side of the painful shoulder. Frequently there is stiffness

and inability to fully move their arm above shoulder height with severe sharp pain.

“The rotator cuff functions to keep the shoulder joint in place and works together to elevate the arm above shoulder height in activities like combing hair, putting on shirts and bra, throwing and lifting. As a result of cumulative damage from ageing, the tendon tears over time. Often this is made worse by a small hooked bone developing over the front and top of the shoulder due to ageing. It digs into the rotator cuff tendon causing impingement and subsequently a tear in the tendon. Once the tendon tears, healing is poor causing progressive pain, weakness and stiffness for the shoulder. An arthroscopic rotator cuff repair and subacromial decompression surgery is ideal to remove the hooked bone and repair the tendon directly back to the arm bone. The end stage of delayed treatment to the rotator cuff tear is osteoarthritis of the shoulder which will require a shoulder joint replacement that carries a higher risk of complication as it is a much bigger procedure,” explains Dr Chan.



“As a rule, if the shoulder pain does not resolve in six weeks with anti-inflammatory medication, rest, and ice; an orthopaedic opinion should be sought. Longer delays causes muscle wasting or progressive extension of the tendon tear that will affect the final operative results. The bigger the tear the poorer the result of surgical repair,” he advises.

KNEE-DEEP IN PAIN

In the knee, pain can occur on weight bearing limiting the walking distance achieved. Climbing stairs can be particularly difficult and inability to squat is also quite common. There may be associated knee instability or knee giving way while performing normal daily activities. There may also be mechanical locking of the knee causing the knee to stiffen intermittently lasting a few seconds

to a few minutes. “Swelling of the knee is often an indication that the knee no longer can cope and needs orthopaedic attention and probably surgery if needed,” he further elaborates.

Meniscal tear of the knee is a common cause of knee pain in every age group, but the pattern of tear differs. The meniscus in the knee is a type of cartilage that is slightly mobile and made of a tough and fibrous tissue sitting between the thigh bone and the top of the leg bone in the joint. It also has many vital functions one of which is maintaining stability of the joint especially during twisting and bending motion of the knee in intensive sporting activities.

A common procedure for both knee and shoulder surgery is *arthroscopic surgery* that involves inserting a small camera and other small hand instruments through key-hole incisions into the knee or

shoulder joint to assess and treat the cause.

In the knee, the aim of arthroscopic meniscal surgery is to preserve as much of the meniscus as possible to reduce the risk of osteoarthritis in the knee from the uneven distribution of mechanical forces acting across the knee joint.

“Failure to treat these simple injuries at an early stage can lead to early osteoarthritis leading to early joint replacement of the knee which is a very much bigger operative procedure with its attendant risks. This scenario is what we commonly see in Malaysia,” says Dr Chan.

RECOVERING AFTER SURGERY

Full functional activities is anticipated after arthroscopic



Dr Chan Kin Yuen

surgery of the knee and shoulder. Advantages of arthroscopic surgery include small incisions that helps to reduce post-op pain significantly. As a result of small incisions, there is less bleeding, less scarring, and consequently less stiffness enabling earlier return to normal

functional activities.

“Generally full recovery takes between six to twelve weeks. It cannot be hastened as the time for biological healing is genetically programmed. Initially after surgery, cryotherapy is advised to cool the surgical site and joint to control pain, reduce bleeding, reduce swelling and reduce stiffness. This needs to be continued at home for two weeks. When a patient returns home from surgery, they will need assistance in the initial two weeks until the stitches are removed. The range of passive motion is then progressively increased till the sixth week. Then the rehabilitation programme will advance from the sixth week to full range of active motion with heat therapy at the start of the rehabilitation session then stretching, strengthening, coordination, and endurance at overlapping phases till the twelfth week when they are back to normal activities,” explains Dr Chan. ©



Right knee showing medial and lateral meniscus



Right shoulder showing rotator cuff tendon tear

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