Case 3
Massive Tear

Patient Information

- **Patient Name:** John Doe
- **Date of Birth:** 05/11/1963
- **Gender:** Male
- **Patient ID:** 1084632759
- **Admitting Physician:** Dr. Sarah Lang, MD

Admission Information

- **Visit Type**: Day Surgery
- **Location:** Main OR
- **Date of Surgery:** 10/30/2023
- **Preoperative Diagnosis:** Right shoulder massive rotator cuff tear with biceps tear
- **Postoperative Diagnosis:** Same

Preoperative Summary

- **Anesthesia:** Block/Catheter
- **Reason for Surgery:** Chronic shoulder pain and weakness with limited range of motion due to massive rotator cuff tear and associated biceps pathology

History and Physical (H&P)

- **Chief Complaint:** Right shoulder pain and weakness
- **History of Present Illness:** Patient reports a several-month history of right shoulder pain, worsened by lifting and reaching. No relief from physical therapy or steroid injections.
- **Surgical History:** Left shoulder rotator cuff repair (2018)
- **Family History:** Mother (arthritis), Father (hypertension)
- **Social History:** Former smoker (quit 10 years ago), moderate alcohol use
- **Physical Exam Findings:**
  - **Vitals:** BP 132/82, HR 72, Temp 98.2°F
  - **General:** Well-appearing, oriented, cooperative
  - **Musculoskeletal:** Limited active range of motion in the right shoulder with tenderness over the rotator cuff

Operative Report

- **Procedure(s):**
  - Arthroscopic rotator cuff repair, right shoulder
  - Arthroscopic biceps tenodesis
  - Debridement and synovectomy
- **Surgeon:** Dr. Emily Chen, MD
- **Anesthesia**: General anesthesia with block/catheter

Postoperative Diagnosis(es):

Same

Operative Procedure(s):

- **Arthroscopic rotator cuff repair right shoulder**
- **Arthroscopic biceps tenodesis**
- **Debridement/synovectomy**

Description of Procedure:

» The patient was brought to the operating room and placed under general anesthesia. Once positioned the arm was prepped and draped in the usual sterile fashion. Ancef was given intravenously.

» The diagnostic arthroscopy was initiated through standard posterior viewing portal. Cartilage appeared intact on both sides the joint. Subscapularis was intact. The biceps tendon was flattened and torn approximately 50% at the level of the pulley. There was a massive posterior superior rotator cuff tear. Much of it was adherent to the undersurface of the acromion. Extensive releases were necessary in order to detach the cuff from the underside of the acromion. Cuff thickness following full release of adhesions was about 50% of normal. A tension-free repair was however possible.

» **Debridement/synovectomy**

» Reactive synovitis was present within the articulation. This was debrided with a motorized shaver and a complete synovectomy was conducted. With the camera in the subacromial space, a complete arthroscopic release of adhesions and bursectomy was also carried out with the motorized shaver.

» **Arthroscopic biceps tenodesis**

» The biceps was tenodesed by placing an anchor into the upper aspect of the intertubercular groove. An arthroscopic whipstitch was placed with multiple passes to the tendon and a sliding locking knot with alternating half hitches were used to anchor the tendon in the bone. It was tenotomized at its origin prior to final tightening and the sutures were then cut short.

» **Arthroscopic rotator cuff repair**

» We began the cuff repair by decorticating the footprint with the motorized shaver through the lateral portal. The rotator cuff was then repaired by placing an anchor along the medial cartilaginous border. 2 horizontal mattress sutures were placed at the sutures were tied. These were passed with a combination of clever hooks and spectrum suture passing instruments. Once the sutures were shuttled, the medial row was tied sequentially with sliding locking knots backed up with a series of alternating half hitches. An additional posterior anchor was used for the infraspinatus repair.

» The sutures were then bridged over a laterally placed pop lock anchor to complete the repair. Closure was carried out with 4-0 Polysorb and Steri-Strips. A sterile dressing was applied, and the arm was placed in a sling. The patient was transferred back to the recovery room in good condition having tolerated the procedure well and with counts correct.

Upper Extremity Block

Block Type:

- Upper Extremity: **Interscalene**
- Patient Location: **Block Room - Holding Area**
- Laterality: **Right**
- Reason for Block: **Anesthesia in operating room and post-op pain management**

Preparation:

- Patient Position: **Supine**
- Monitoring: **Blood pressure, continuous pulse oximetry and EKG**
- Prep: **Cap, mask and sterile gloves**
- Provider Prep: **Cap, mask and sterile gloves**
- Supplemental Oxygen: **Face mask**
- Approach: **Single-shot**

Needle Selection:

- Needle Type: **Echogenic**
- Needle Gauge: **22 G**

Nerve Location:

- Ultrasound: **Dynamic**

High frequency, linear

Catheter:

Medications:

- Medications: **Rop.5%, Epi 2.5 mcg/ml (Nerve Block) - Nerve Block 20 mL**
- Insertion Attempts: **1**
- Dosing:
- Test Dose?: **No**
- Perineural Spread: **Yes**
- Complications: **No**

Notes:

Plan for catheter however C5 in middle scalene and 1 cm away from other nerve roots, challenging imaging, decision for single shot.

Postoperative Notes

- **Date:** 10/30/2023
- **Pain Level:** Reports mild to moderate pain managed with Tylenol and morphine as needed
- **Wound Assessment:** Incision sites are dry and intact with no signs of infection
- **Plan:** Continue pain management, arm in sling, discharge instructions provided

Progress Notes

Recovery Room Nurse Note (10/30/2023)

- **Status:** Alert and oriented, pain rated at 4/10 upon awakening
- **Pain Management:** Administered Tylenol with initial effect
- **Wound Assessment:** Steri-Strips and sterile dressing intact

- **Instructions:** Reinforced discharge instructions and advised to follow up in one week

Orthopedic Progress Note (10/30/2023)

- **Subjective:** Patient reports improvement but mild discomfort at surgical site
- **Objective:** Swelling minimal, dressing clean and dry
- **Assessment:** Post-op day surgery status, stable
- **Plan:** Discharge with sling, follow up in the orthopedic clinic within one week

Discharge Summary

- **Date of Discharge:** 10/30/2023
- **Discharge Diagnosis:**
  - Right shoulder massive rotator cuff tear with biceps tear, status post-arthroscopic rotator cuff repair, biceps tenodesis, and synovectomy
- **Discharge Condition:** Stable, tolerating oral medications
- **Discharge Instructions:**
  - Use sling at all times except for physical therapy as directed
  - Avoid lifting or straining the right arm
  - Follow-up in the orthopedic clinic in one week
  - **Pain management:** Tylenol as needed, monitor for signs of infection