

Arthroscopic Capsular Release and Debridement of Painful Shoulder Osteoarthritis in Patients with Loss of Motion: A Mid-to Long-Term Follow-Up Study

Megan Rianne Wolf, MD, UNITED STATES

Ariel A. Williams, MD,

Jamie L Friedman, MD, UNITED STATES

Kevin P. Shea, MD, UNITED STATES

UCONN Health

Farmington, CT, UNITED STATES

Summary:

Arthroscopic debridement with capsular release for patients with painful shoulder idiopathic osteoarthritis with limitations in motion demonstrate good clinical efficacy up to 10 years after surgery with minimal surgical risk for the patient.

Abstract:

Background: Glenohumeral osteoarthritis in the high demand patient population significantly diminishes function. However, many of these patients are either too young or too active to consider shoulder arthroplasty. Arthroscopic debridement and capsular release has been reported to have good short- to mid-term results for improvement in patient pain and function; however, long term results have not been reported.

Purpose: To present mid- to long-term follow-up of patients with painful idiopathic osteoarthritis of the shoulder with motion loss treated with arthroscopic capsular release and debridement.

Methods: Prospective data was collected from patients who underwent arthroscopic debridement and capsular release for painful idiopathic glenohumeral arthritis and loss of range of motion from 2005 to 2013. The primary outcome was conversion to shoulder arthroplasty. UCLA and Simple Shoulder Test (SST) scores were collected by phone or mailing at the most recent time point. A cohort of patients who underwent surgery from 2005 to 2007 also had pre-operative and mid-term follow up UCLA scores that were obtained at clinical follow-up. Pre-operative radiographs were evaluated for Samilson and Prieto classification and Walch glenoid classifications.

Results: Forty patients underwent arthroscopic debridement and capsular release from 2005 to 2013, and 33 patients were able to be contacted for final follow-up (response rate 82.5%). Average time since surgery was 6.4 years (range, 2-10 years). 8 of 33 respondents (24.2%) had conversion to arthroplasty within the study period at an average time 1.75 + 2.37 years (range, 6 months to 7 years) from initial surgery. No adverse events related to the procedure were reported for any patient. While 19 of 28 respondents (67.9%) reported pain in the operative shoulder at latest follow-up, 11 of these patients had improved pain from prior to surgery. For patients with pre-operative UCLA scores, scores were significantly higher at mid-term and long-term follow-up. Patients who were less than eight years since surgery had significantly higher SST and UCLA scores than those who were eight to ten years since surgery. Patients who were 2 to 4 years since surgery had higher SST scores than those greater than 4 years since surgery. There were no significant differences in pre-operative radiographic classifications and outcome; however there was a trend toward significance between UCLA score and Samilson and Prieto classification. 82.1% of respondents stated that were the surgery indicated for their contralateral shoulder, they would undergo to the surgery again.

Conclusion: Arthroscopic debridement with capsular release for patients with painful shoulder idiopathic

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