

Arthroscopic Capsular Release:

“How I Do It!!!?”

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Overview

- Literature / Rationale
- Indications and timing
- Technique





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Rationale v. MUA

- Controlled
- Lesion Specific – rotator interval & capsule
 - “A La Carte”
- Low complication rate
- Traumatic lesions after MUA
 - (Loew et al 2005)

Disadvantages

- Operative time (?)
- Invasive
- Results may be better for idiopathic stiffness than post traumatic or post surgical

Literature

- Problems with long term studies of natural history
- Should focus on early results
- 1 comparative study
 - Ogilvie-Harris CORR 1995
 - 40 pts: 20 MUA & scope, 20 release
 - 2-5 yr F/U
 - Similar ROM, better pain relief with release

Indications and timing

- Functionally significant stiffness and pain despite adequate conservative treatment
- Recurrent stiffness after MUA
- Timing
 - “Not in acutely painful stage”
 - 6 months

Technique

- Beach chair position
- Hypotensive anaesthesia & block
- EUA
- Scope – intermittent examination
 - Define and excise rotator interval
 - Preserve biceps pulley
 - Define and dissect out subscap
 - Define anterior capsule and excise to 5 o'clock
 - Manipulation
 - (Posterior capsule – benefit? Levy 2009)
- Rehab

Video



Overall

- Pragmatic approach
 - Gentle MUA, but low threshold for release
- Good results
 - Better than MUA?
- Reasonably quick
- Controlled, lesion specific

Thank you

