Arthroscopic Capsular Release:

“How I Do It!!!?”

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Overview

- Literature / Rationale
- Indications and timing
- Technique
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
Problems with long term studies cf 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