

Mini Lateral Shoulder Approach (MLSA) (Second Sayed Issa's Approach)

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Citation: Issa AS. (2021) Mini Lateral Shoulder Approach (MLSA). J Orthop Study Sports Med. 1(1):1-5.

Received: December 14, 2021 | **Published:** December 30, 2021

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Abstract

Introduction: The incision is very useful and easy for the direct lateral shoulder joint exposure, open shoulder release, open subacromial decompression, Impingement syndrome in the absence of rotator cuff tear, and Hill-Sachs lesion repair [1-3].

Methods: Clinical experience with this technique consists of 28 cases over a period of two years, this study were from January 17, 2019 to February 4, 2021. All cases were done as outpatient and under general anesthesia.

Results: The mean duration of the operation was 35 minutes, and the minimum duration was 25 minutes.

Conclusion: moderate experienced hand surgeons can use it. This technique is simple, safe, cosmetically and satisfactory.

Keywords

Shoulder; Shoulder approach; Lateral shoulder approach; Shoulder impingement syndrome; Rotator cuff tendinopathy; Adhesive capsulitis; Frozen shoulder syndrome; Shoulder impingement syndrome Shoulder injuries; Tendinopathy; Bursitis pathologic processes; Muscular diseases, Musculoskeletal; Diseases; Tendon injuries; Wounds and injuries; Joint diseases

Introduction

Condition or disease

Shoulder Impingement Syndrome, Rotator Cuff Tendinopathy, Adhesive Capsulitis and Frozen Shoulder Syndrome [4-7].

Detailed description

The length of the incision is about four centimeter made by the lateral acromial edge (Figure 1).

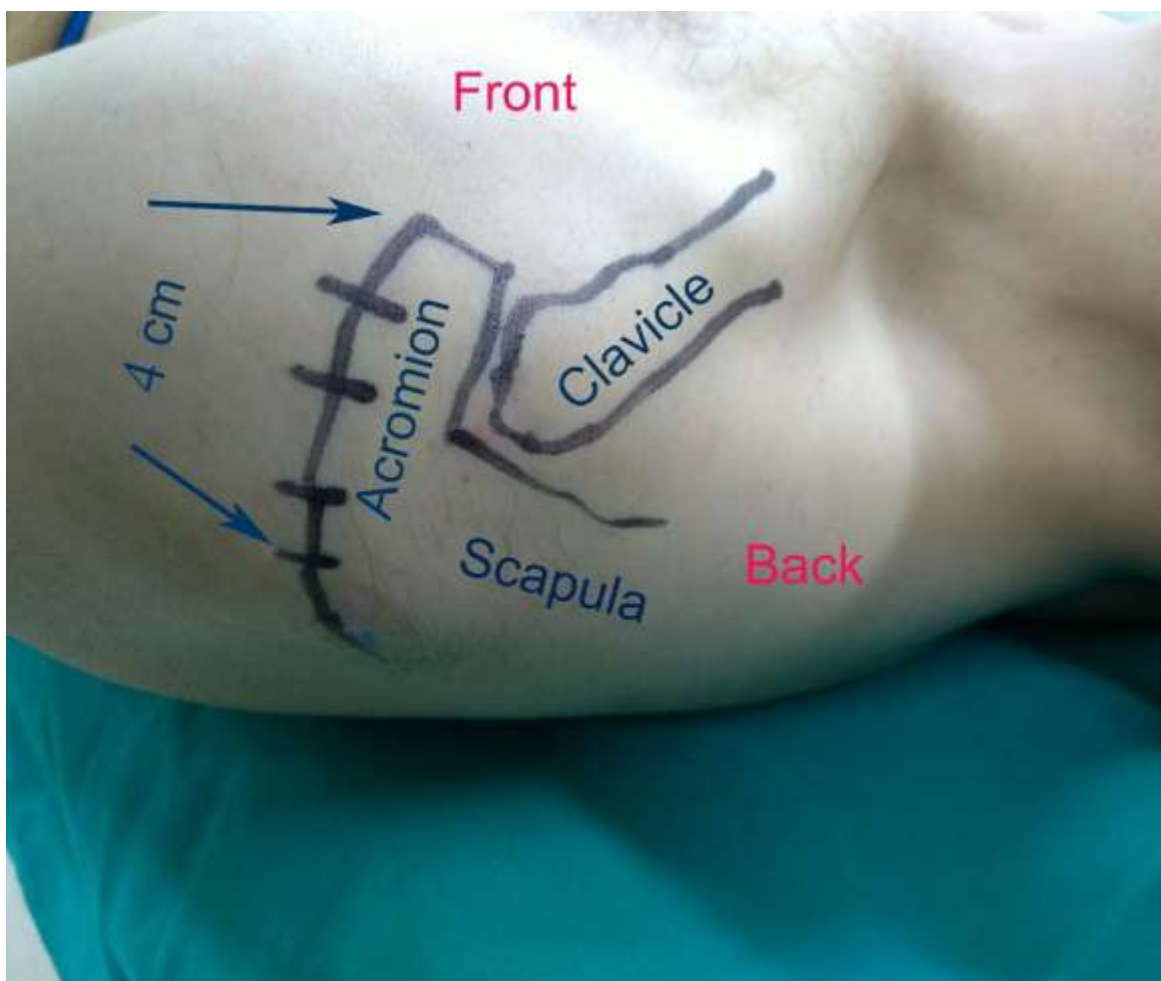


Figure 1: Length of the incision is about four centimeter made by the lateral acromial edge.

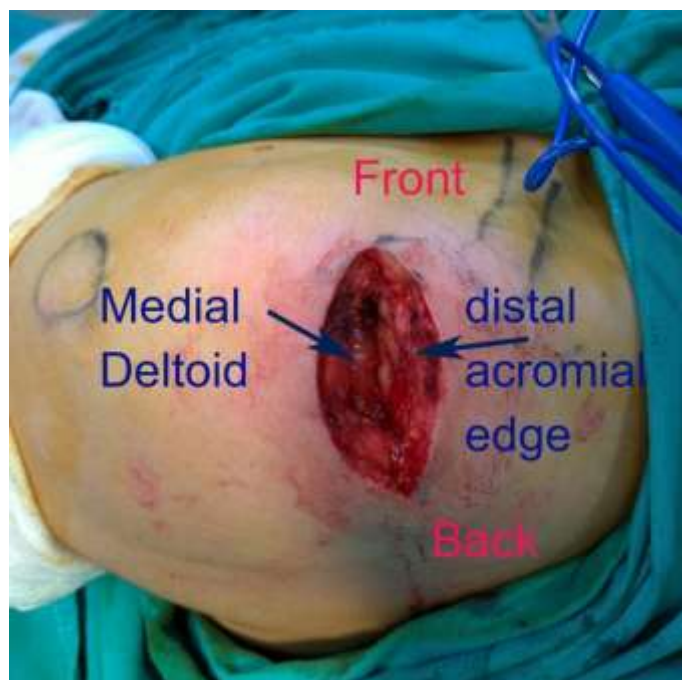


Figure 2: The dissection takes place slightly over the acromial edge proximally and over the origin of the acromial deltoid part (the middle part of deltoid origin) distally.

After clearly revealing the region of the medial deltoid origin on the acromion, the acromionic deltoid origin is skinned only; of the edge of the acromion, and that may be achieved by electric knife pen or periosteal elevator, without exposure the clavicular deltoid origin (front deltoid) in the front and the deltoid origin on the spine of scapula (posterior deltoid) in the back, the origin of the medial acromial deltoid is distanced laterally and distally, where the lateral edge, the lower surface of the acromion, under acromial bursa and the rotator cuff can be reached easily. Through this approach can be made acromioplasty (Figure 3), and rotator cuff tears repair especially upper part of rotator cuff tear very easily (Figure 4).



Figure 3: Acromioplasty.



Figure 4: For wound closure, the acromioclavicular deltoid origin is reattached to the acromial edge by long period synthetic absorbable sutures as PDS or PDO, or non-absorbable sutures as Polyester suture, under skin and skin sutures are made.

Results and Outcome Measures

1. This procedure takes about 35 minutes, that depends of rotator cuff tear if exist or not.
2. Less rehabilitation time than traditional approaches, for 6 - 8 weeks.
3. Passive physiotherapy immediately, on the next day of surgery.
4. Active physiotherapy without rotator cuff tear, after two weeks of surgery.
5. Mini cosmetic incision to the shoulder, about 4-5 cm.
6. Active physiotherapy with rotator cuff tear, after three weeks of surgery.
8. Very good patient's satisfaction, after 8 weeks.
9. Restore deltoid muscle strength, about 3 months after surgery.

Eligibility Criteria

Ages Eligible for this approach is from 16 to 73 years old, for both sexes.

Inclusion criteria

- Patients presented with Shoulder Impingement Syndrome refractory to conservative.
- Treatment and local steroid injection.
- Patients presented with Adhesive Capsulitis and Frozen Shoulder Syndrome refractory to conservative treatment and local steroid injection.
- Patients without femur head immigration on X-ray.
- Patients with injury for one month to six months maximum.

Exclusion criteria

- Patients with femur head immigration on X-ray.
- Patients with injury for more than six months.
- Uncontrolled diabetes mellitus type one and two.
- Patients with non controlled vascular hypertension.
- Patients with history of Carpal Tunnel release surgery failure.

References

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