

Elevating Limited Shoulder Surgery: Pioneering Hybrid Arthroscopic-Open Approach

Sayed Issa Abdulhamid*

Adults Nursing Department and Traumatic and Orthopedic Nursing Faculty, School of Nursing and Midwifery of Aleppo, Syria

Introduction

HLSSM (Hybrid Shoulder Arthroscopic-Open Surgical Management) presents a viable option for experienced hand surgeons specializing in shoulder arthroscopy and the Mini Lateral Shoulder Approach (MLSA), particularly in regions where arthroscopic release is prohibitively expensive or unavailable [1].

The procedure involves an arthroscopic incision on the posterior lateral edge of the acromion for the entrance of the arthroscope, with a second incision for the probe, each approximately 0.5cm in size (Figure 1).

Once the full characteristics of the lesion—such as size, shape, and topographic location—are identified, the Mini Lateral

Corresponding author:

Sayed Issa Abdulhamid, Adults Nursing Department and Traumatic and Orthopedic Nursing Faculty, School of Nursing and Midwifery of Aleppo, Syria. E-mail: saayed_ia@gmail.com

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Shoulder Approach (MLSA), also known as the Second Sayed Issa's Approach, is pursued (Figure 2).

HLSSM offers several advantages, including quicker rehabilitation, faster return to work and daily activities, shorter healing periods, reduced surgical trauma and tissue dissection, and minimized scar tenderness compared to conventional open shoulder release procedures. It results in gentle scarring and favorable cosmetic skin healing, with the entire procedure typically lasting between 35 to 45 minutes.

However, shoulder arthroscopy with lesion repair has drawbacks, including expensive equipment, costly surgery, and prolonged procedure times exceeding 45 minutes. Most significantly, there is a risk of complications such as neuropraxia associated with the procedure [2-5].



Figure 1: HLSSM is Hybrid Limited Shoulder Surgical Management



Figure 2: Mini Lateral Shoulder Approach (MLSA).

Results

The average duration of the operation with HLSSM is notably shorter than typical shoulder arthroscopy. None of the patients experienced major complications, neither wound-related nor neurovascular. Minor complications were observed, including two cases of superficial wound infections, with no occurrences of wound hematomas or paresthesia in the upper limb nerve distribution.

Effective fibrous adhesion was noted between the subcutaneous tissue and the acromion edge at the skin incision zone.

The postoperative cosmetic appearance of the shoulder, particularly related to skin incisions, was a significant consideration. Our findings indicate that the cosmetic outcome with HLSSM was moderately satisfactory and comparable to typical open approaches. Overall patient satisfaction with the procedure was good during the final follow-up visit after eight months. However, longer-term follow-up is necessary to assess the possibility of disease recurrence, which was not addressed in our study.

Discussion

Open repair procedures typically involve several centimeter-long incisions, particularly when addressing large or complex tears or requiring tendon stitching. This approach necessitates the splitting of shoulder muscles to access the torn tendon, often accompanied by bone spur removal.

All-arthroscopic rotator cuff repair utilizes key-hole size incisions to accommodate an arthroscope and surgical instruments. The torn tendon is visualized on a video monitor, and re-attachment is performed with small surgical instruments.

Mini-open rotator cuff repair techniques, as compared to open repair, involve smaller incisions and avoid muscle splitting. Similar

to open repair, direct viewing of the torn tendon is employed rather than monitor visualization. Our study, with 44 cases and no complications, demonstrates significant advantages and a clear presentation [6].

No discernible differences were found between our technique and the others in terms of scar length, complications, and rehabilitation. Symptoms and functional improvements were substantial within the initial three weeks post-surgery, with continued enhancement up to two months afterward, comparable to outcomes seen with open and endoscopic approaches [7].

The average operating time in our series was 35 minutes (range 25-45 minutes), similar to reports from other authors utilizing comparable small incision techniques. Reduced scarring, pillar pain, and tenderness associated with arthroscopic techniques were noted to be superior.

In terms of postoperative cosmetic appearance, our results indicate that the HLSSM approach yielded good satisfaction levels comparable to endoscopic and open approaches during the final follow-up visit.

References

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