SHOULDER ARTHRODESIS

Indication

Septic arthritis

Failed TSA

Paralyzed deltoid and rotators

Refractory instability

Pre-requisite Working scapular rotators

Well motivated persons

Limitation of movement

Position of fusion 30º Abduction

30º Flexion

30º Internal rotation

Technique

Beech chair with scapula free

An incision is made over the spine of the scapula, curving it anteriorly over the midacromion toward the anterolateral corner of the acromion, then continuing over the lateral aspect of the arm toward the deltoid tuberosity.

The deltopectoral interval is identified and developed.

The anterior and middle portions of the deltoid are detached from the lateral third of the clavicle, anterior acromion, and lateral acromion.

The deltoid is then retracted laterally and distally, hinged on its neurovascular pedicle.

The subscapularis tendon is sharply dissected from the lesser tuberosity, and the supraspinatus tendon is excised from its musculotendinous junction to the greater tuberosity.

The glenoid is prepared by removing its articular cartilage and cutting its bony surface flat and parallel with its original plane.

The humeral head is placed in contact with the prepared glenoid fossa, and the arm is placed in the preferred position and temporarily held in place by two Steinmann pins

Proper positioning is examined by taking the arm through a range of scapulothoracic motion, verifying a functional range.

With the arm in the correct position, an oscillating saw is used to cut the medial portion of the humeral head. The undersurface of the acromion is cut to a flat decorticated surface, and the superior portion of the humeral head is cut parallel with it

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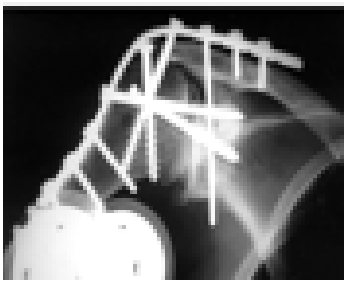

Assess the arm to reach the mouth, anterior perineum and contralateral axilla

Fix gleno-humeral joint by 2 screws

Neutralise with narrow plate DCP[8-12 holes]: 90* bent near the acromion and 45* twist at the Humerus. Plate should sit on the base of the spine of scapula