Arthroscopic Shoulder Solutions

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Bio

- Buffalo, NY Native
  - Go Bills (and hopefully Sabres)
- Undergraduate 1984-1988
  - Northwestern University Summa Cum Laude
  - Communications Major
- Medical School 1988-1992
  - SUNY Buffalo School of Medicine
  - Summa Cum Laude
- Internship and Residency in Orthopaedics 1992-1997
  - SUNY at Syracuse
- Fellowship 1997-1998
  - American Sports Medicine Institute
    - Drs. Jim Andrews and Bill Clancy
Bio

- Access Sports Medicine and Orthopaedics 1998-present
  - Founder North East Surgical Care ASC
  - Founder Access Rehabilitation
  - Founder Advantage Physical Therapy
  - Founder Access Imaging
- AAOS, AANA, AOSSM, EOA
- Official PGA and USGA physician
- Team Physician University of New Hampshire
- Team Physician Phillips Exeter Academy
- Sub-specialty
  - Sports medicine
  - Shoulder and knee injuries
  - Throwing injuries
History

Shoulder arthroscopy development
• Started with knee experience
  ▪ arthroscopy has become “gold” standard of care

WHY?
• Less pain
• Better visualization
  ▪ Better diagnoses and more complete treatment
    ▪ Better results
    ▪ Also has lead to expanding list of procedures
• Quicker recovery
• Lower complication rate
Industry Effects

- **Less Cost to the health system**
  - Outpatient setting –
    - no overnight stays
    - outpatient physical therapy
  - Lower complication rate

- **Insurance companies drive procedures into outpatient settings**
  - ASC’s HOPD
  - Movement toward “focused factories” approach
Other effects

- Arthroscopy is more equipment intensive
  - Capital investment
    - ASC, digital OR, equipment upgrades
- Training becomes more specialized
  - Adapt or die...
- Patient demand for outcomes increases
Evolution of Arthroscopic Shoulder Repair

- **Open to Arthroscopic**
  - **1992-1997**
    - Training just beginning
    - Started with diagnostic arthroscopy
      - Mostly using knee equipment
    - Early Decompression experience
      - Smith & Nephew on forefront
        - Arthroscopic visualization equipment
        - Motorized disposables
        - Support of many training programs
          ASMI, Kerlan-Jobe, HSS, etc
Recently

- Evolution to complex reconstructive procedures
  - Stabilization of dislocating shoulders and rotator cuff repairs
    - Requires more equipment
Equipment needed

- Visualization
- Arthroscopic fluid management
- Mechanical instruments
- Motorized instruments
- Electrical instruments
- Cannulas
- Anchors
- Sutures
Shoulder Arthroscopy Equipment Needs

- **Arthroscopy needs**
  - **Visualization:**
    - Digital OR – integrated OR solution for Docs and Facilities
      - Digital imaging of joint
      - Archiving of video and still pics
  - **Fluid management**
    - Pumps which allow for distention of joint and control of bleeding
Arthroscopy needs continued

- Instruments
  - Mechanical resector blades, burrs, etc
  - Electrothermal resection and cautery
  - Mechanical instruments
    - Elite Shoulder system
      - 1 tray with near complete shoulder solutions
Needs cont

- Cannulas
  - Allow for instrument passage
  - Screw in design maintains position
  - Retains fluid and therefore pressure
  - Disposable
  - 1-2 per case
Needs

- Anchors
  - Industry moving toward resorbable
    - Metal important based on bone quality
  - Need a choice of sizes for different fixations
  - 2 sets of holes
  - Important for sliding
Needs

- On Labrum need small bioanchor
  - Bioraptor
    - 2.9 mm
    - Ultrabraid suture
Needs

- **Passing instrumentation**
  - Elite Pass
    - Monumental advancement for Rotator cuff repair
      - Allows for ease in passing sutures on anchors
      - Replaces many techniques
      - Disposable needles

Old way....
Needs

- **Suture material**
  - Giant advancements in strength
    - Used to be “weak link”
      - Arthroscopy necessitates manipulation of sutures
        - Sharp bone, burrs on instruments, etc
        - Now not a worry

- **Ultrabraid on anchors**
  - also as a free suture
Common Shoulder Pathologies
Clinical Experience

- RCR Last week
Summary

- Shoulder arthroscopy is expanding
  - Roughly 50% market penetration
  - Market growing as new pathology is “discovered”
    - Recovery is quick and complete
    - Less Pain
    - Lower infection rate
    - Outpatient driven
      - Less overall cost to the system
      - More expensive equipment and training
Future

- Biologic glues and tissue to augment and secure repair
- Knotless systems
- Multi-function instruments
- Increased training and workshops for general orthopods
Thank You

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