

Procedural Guide

Shoulder Arthroscopy

Anesthetic Patient Prep

- 01 Patient seated in beach chair position at the edge of the table
- 02 Position the arm past the edge of the table for clear access to the shoulder for a posterior approach
- 03 Clean area with an alcohol pad or antiseptic prep
- 04 Mark the insertion site with a sterile skin marker, if desired
1.5cm inferior to the posterolateral aspect of the acromion and 2cm medially, locating a soft spot
- 05 Inject 5cc lidocaine skin wheal at the insertion site(s) with an additional 10cc lidocaine in the capsule
- 06 Wait 10 minutes for local anesthetic to take affect

Recommended Supplies

- MIDASVu
- (2) Alcohol Pad and/or Iodine Swabstick
- (2) 10cc Sterile Saline Syringes
- Bandaid or Steri-strip
- 10 - 20cc Lidocaine
- Sterile Gloves
- Sterile Drape
- 30cc Empty Syringe (Gas Scope)
- Sterile Marking Pen (Optional)

Sterile Prep Technique — Setup*

*This setup can be done after patient is injected with Lidocaine

- 01 Use sterile gloves
- 02 Have assistant (not-sterile) introduce sterile mayo drape, saline syringes, sticky drape, and MIDASVu
- 03 Insert sharp trocar (white) and cannula (blue) and lock in place
- 04 Have assistant attach the IntraVu Scope to the IntraVu Tablet

Sterile Prep Technique — Patient

- 01 Clean the site with an alcohol pad or antiseptic prep
- 02 Drape shoulder, making sure the insertion site is visible



IntraVu Scope Technique

- 01 Shoulder should be scoped from a posterior approach for easy access
throughout procedure, the distal tension may be adjusted as needed
- 02 Using the sharp trocar, enter the shoulder joint at skin marker insertion site, parallel to the floor, aiming for the coracoid
first resistance (pop) will be the skin
second resistance (pop) will be the capsule
- 03 Once through the capsule, remove sharp trocar from cannula and insert IntraVu scope (lock in)
30 - 45mm is the ideal depth for most patients – 1/3 to 1/2 the length of the scope
- 04 Attach sterile stopcock and/or saline syringe to port if irrigation is needed
avoid irrigation unless visualization is being obstructed
irrigation should be used in small increments, between 0.5 – 1cc at a time, just enough to obtain visualization
- 05 Limited gas arthroscopy (the optimal medium for image capture with the MIDASVu system)
flush the joint with 60 ml of saline and remove all fluid from the joint
attach sterile stopcock and empty syringe
inject 20 – 30 ml of air and turn the stopcock to the locked position
avoid introducing saline during gas arthroscopy

Locate following anatomy and evaluate:

- Humeral head articular cartilage
- Superior / inferior labrum
Follow biceps tendon to locate superior labrum. Follow humeral head to locate inferior labrum.
- Rotator cuff
Infraspinatus and supraspinatus tendons located medially. Subscapularis tendon located laterally from biceps tendon.
- Subacromion space
May be difficult to visualize if there is significant bursal tissue.

Troubleshoot

If visualization is obstructed on initial entry, make sure the capsule has been penetrated, not just surrounding tissue (2nd pop).

If any irrigation resistance occurs, the scope may not be advanced far enough in the joint. Make sure the scope is 40-45mm.

If scope lens has debris on it, remove only the scope and not the cannula, wipe with sterile gauze.

If brightness is too high or low, adjust by pressing the up or down buttons on the scope handle or tablet accordingly.