

# Keyhole Surgery for Fractures Around the Shoulder

by Tony Kochhar

Fractures around the shoulder are usually due to high energy impacts like those often seen in contact sporting injuries. These usually result in either a fracture of the proximal humerus or of the glenoid process of the scapula. Such fractures are notorious for poor outcomes and long periods of rehabilitation and often require large open operations to fix the fractures.

The latest techniques involve using keyhole surgery (shoulder arthroscopy) to assist in debriding the fracture fragments and under direct visualisation accurately reduce the fracture back to an anatomical position. The advantages of these techniques are that most procedures can be performed via minimally invasive techniques with a reduced risk of infection, a faster recovery rate and a better long-term outcome.

By remaining at the forefront of the latest techniques and ensuring best practice, Mr Kochhar has developed a high quality and efficient shoulder service for sports injuries and fractures as well as degenerative conditions of the shoulder and upper limb.

## Case study 1

A 38-year old gentleman fell over onto his right shoulder whilst skiing. The pre-operative CT scan demonstrates a fracture of the anterior part of the glenoid:

Fig. 1 – Pre-op CT

Fig. 2 – Pre-fixation view

Via arthroscopy of his shoulder, the fracture fragment was debrided and reduced accurately and then via a mini open incision from the front of the shoulder a screw was placed retrograde (from front to back) securely fixing the fragment back onto the rest of the glenoid fossa.

Fig. 3 – Retrograde screw

The fixation was solid and there was an accurate reduction. The patient was mobilised almost immediately. He returned to a pre-operative level of function within 8 weeks. He has returned to full sporting activities.

## Case study 2

Fig. 4

A 44-year old man was rugby-tackled and sustained a minimally displaced impaction fracture of the greater tuberosity (figure 4).

Fig. 5

He underwent an arthroscopy of his shoulder and under direct arthroscopic visualisation the fracture was debrided (figure 5).

Fig. 6

The fracture was securely fixed using two suture anchors. These sutures were passed through the fragments (figure 6) to result in a solid suture repair of this fracture.



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Tony Kochhar is a consultant shoulder and upper limb surgeon here at London Bridge Hospital. He is an expert in surgery of the shoulder and upper limb. He completed his training at the Royal National Orthopaedic Hospital in London. He has furthered his specialist shoulder and upper limb training by working with some of the best surgeons in the world, having completed specialist fellowships at worldwide centres of excellence, including in New York and the world-renowned Alps Surgery Institute in Annecy in France.

By remaining at the forefront of the latest techniques and ensuring best practice, Mr Kochhar has developed a high quality and efficient shoulder service for both sports injuries and fractures as well as degenerative conditions of the shoulder and upper limb. Tony regularly lectures on shoulder and upper limb surgery at national and international conferences and training courses.

He has regular outpatient clinic sessions at London Bridge Hospital on Tuesday and Wednesday evenings. To make an appointment to see Tony Kochhar, please contact the GP Liaison Department at London Bridge Hospital, or his secretary directly on:

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