

Arthroscopic Capsular Release

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Normal Elbow Motion : 0° – 146°

Functional Range of Motion : 30°–130°

100° of pronation/supination

Indications for Surgery

- . Failure of Several Mos of Non operative Px
- . Persistent pain
- . Intrinsic causes
 - Intraarticular Fx.
 - Loose Bodies
 - Synovitis
- . Extrinsic causes
 - Capsular contracture

Steps Arthroscopic Px

1. Anterior Debridement : Removal of L-B.
 - Excision of Coronoid Spurs
 - Rad-capit, Debridement
2. Ant. Cap. Release
3. Olecranon Fossa Debridement
4. Excision Olecranon Tip
5. Medial Gutter & Lateral Gutter Debridement
6. Release beneath the triceps

Neuro Vascular Damage

PIN

Ulnar N.

Median N.

Results

- . Savoie (current series)
 - 200+ capsular releases; 41 degree extension increase, 42 degree flexion increase, 3 specific failures
- . Kim, Shin (2000) CORR
 - 63 patients; 21 degree extension increase, 23 degree flexion increase, no difference b/w arthrofibrosis results and arthritis results
- . Cohen, et al. (2000) Arthroscopy
 - Arthroscopic treatment for arthritis yielded better pain relief than open treatment. Open treatment yielded greater improvement in flexion. No difference in patient perceived effectiveness.
- . Savoie, et al. (1999)
 - 24 patients (arthritis); 81 degree improvement total arc of motion
- . Phillips, Strasburger (1998) Arthroscopy
 - 25 patients (arthrofibrosis); 41 degree improvement total arc of motion
- . Kim, et al (1995) Arthroscopy
 - Total range of motion improved by 24°

Post OP management

CPM immediately

Aggressive active & passive PT for 3 wks

OPD CPM or Night splinting

ADL at 8 wks

Summary

Properly selected pts

Advantages : Limited skin incision & soft tissue dissection

Better definition of pathology

Tolerable aggressive P.T.

Technically Demanding.