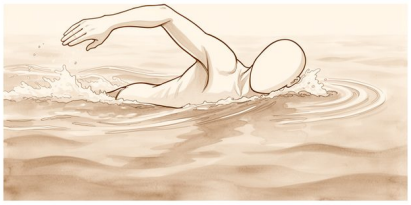
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Comprehensive Arthroscopic Management (CAM)



Comprehensive Arthroscopic Management preserves the native joint — a joint-sparing option for younger, active patients with advanced shoulder arthritis.

Kieran Hirpara

At-a-glance recovery. Pooled from 15 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
1-3 months	**6-12 months**	**12-108 months**
Short-term pain reduction and functional improvement are typically observed within the first 1 to 3 months following the procedure.	Midterm clinical outcomes and sustained improvement in patient-reported outcomes are generally achieved by 6 to 12 months postoperatively.	Long-term durability and avoidance of arthroplasty are sustained at a minimum of 10 years (120 months) in selected patients with favorable anatomy.

Why this operation has been suggested

Comprehensive Arthroscopic Management is a systematic approach to treating early wear-and-tear arthritis in your shoulder joint. Your surgeon likely recommended this because you have more than 2 mm of joint space and your joint surfaces still fit together well without significant deformity. This procedure is a joint-preserving option designed for younger, active patients with advanced arthritis who want to avoid joint replacement.

Non-operative treatments usually come first. Surgery is considered only when those methods do not provide enough improvement. This operation aims to reduce pain and improve function by cleaning out damaged tissue and resurfacing the joint. It serves as a reliable alternative to major surgery for active individuals. The goal is to give you a predictable short-term benefit while preserving your natural joint structure for as long as possible.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

Before the operation

Please fast for eight hours before your surgery. Your surgeon will tell you which medications to stop. Arrange for someone to drive you home. Bring a list of all current medicines. You may need X-rays, MRI scans, or blood tests. These checks help your surgeon plan safely. An anaesthetic review ensures you are fit for surgery. Wear comfortable clothing to your appointment. This preparation helps your recovery start smoothly. Your team wants you to be ready for Comprehensive Arthroscopic Management. This approach treats early wear-and-tear arthritis in your shoulder. Being prepared reduces stress and keeps you safe.

On the day

You will arrive at the hospital in the morning for your admission. Your surgeon will confirm your details and answer any final questions you have. You will then meet the anaesthetist, who explains the plan for your comfort. This operation is done under general anaesthetic combined with a regional nerve block. You will be fully asleep for the operation, and the block (an injection that numbs the nerves supplying the arm before you wake up) provides pain relief for the first 12 to 24 hours after surgery. The anaesthetist will meet you before the operation and talk you through both parts.

You will be taken to the operating theatre while you are still awake. The team will prepare you for the procedure. You will not feel or remember anything during the surgery itself. After the operation, you will wake up in the recovery area. Nurses will monitor your pain levels and ensure you are stable. You will stay there until the anaesthetic wears off and you are ready to go home or to a ward.

What the operation involves

Comprehensive Arthroscopic Management (CAM) is a systematic approach used to treat early wear-and-tear arthritis in your shoulder joint. Your surgeon performs this procedure using arthroscopy, which means using small keyhole incisions rather than a large open cut. This allows your surgeon to see inside the joint clearly while keeping the damage to your skin and muscles minimal.

During the operation, your surgeon will carefully clean out the joint. This process, known as debridement, involves removing damaged tissue and debris that can cause pain and stiffness. If needed, your surgeon may also perform glenoid resurfacing. This means smoothing or reshaping the socket part of your shoulder joint to improve how it moves with the ball of the upper arm bone. Your surgeon may also release tight tissues around the joint to help restore your range of motion.

The goal is to preserve your natural joint structure. This approach is specifically recommended for patients who have more than 2 mm of joint space remaining and whose shoulder bones are still aligned without significant deformity. It serves as a joint-preserving alternative to joint replacement, which is typically reserved for cases with more severe bone damage or incongruity.

After the procedure is complete, your surgeon will close the small incisions. The exact method of closure depends on your specific case, but it typically involves sutures or glue to help the skin heal properly. You will

then have a dressing applied to protect the area. This procedure is designed to reduce pain and improve function, offering a predictable short-term option for younger, active patients with advanced shoulder arthritis.

After the operation

You will wake up in the recovery ward. Your surgeon will manage your pain and check your wound. You will wear a sling and have a dressing on your shoulder. You can move your fingers and elbow gently. Most patients stay one night in hospital after this operation, though some are able to go home the same day. Someone must stay with you for the first 24 hours to help you. Do not drive for at least six weeks after any shoulder operation. This rule applies regardless of which arm was operated on. You must be out of the sling before driving. Your surgeon will clear you at your six-week review. For more details, see Driving after upper-limb surgery.

Recovery

You will likely feel some pain and swelling in the first few days after your surgery. This is normal. Your shoulder may feel stiff or sore as it begins to heal. Your surgeon will provide medication to help manage this discomfort. Applying ice packs can also reduce swelling and ease the ache. Rest your arm as much as possible during this early phase.

You will wear a sling to protect your shoulder while it heals. Your physiotherapist will teach you gentle exercises to keep your joint moving. These movements are small and controlled. Do not lift heavy objects or reach overhead. Simple tasks like eating or brushing your teeth may require practice. You can usually sleep on your back with a pillow supporting your arm. This position helps keep the shoulder stable and comfortable.

As the swelling settles, you will gradually increase your activity. Your physiotherapist will guide you through more challenging exercises as your strength returns. You will know you are ready for the next step when your surgeon clears you. For example, you can return to driving only once your surgeon gives the okay. This typically happens at your six-week review. Do not drive while wearing a sling. Your timeline may differ; your surgeon and physio will guide you based on your specific progress.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

If you have wear-and-tear arthritis in the shoulder joint, arthroscopic treatment usually helps with movement and comfort. Serious issues are rare. However, this approach is not always recommended for routine use because strong proof of its long-term benefit is lacking. Your surgeon will weigh these factors carefully before proceeding.

For shoulder instability, results vary depending on the specific technique used. Each method has its own profile. It is important to discuss which option fits your shoulder best. Your surgeon will analyze the details to determine if arthroscopy is the right choice for stabilizing your joint.

If you have a large tear in the rotator cuff tendons, debridement (cleaning up damaged tissue) may be considered. The long-term effects of this procedure are not yet fully understood. More evaluation is needed to know how it affects you years down the line. Keep this uncertainty in mind as you plan your care.

In very rare cases, a severe infection in the shoulder joint can lead to post-infectious arthritis. This means permanent joint damage occurs after the infection, even if you undergo repeated surgeries to treat it. This is an inevitable consequence of such a serious infection. If you suspect a severe infection, seek immediate medical attention.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing wound redness or discharge, or sudden severe pain. Go to emergency if you notice calf swelling or shortness of breath. Call immediately if you lose sensation or cannot move your limb. Do not drive for at least six weeks after surgery. Your surgeon will clear you for driving at your six-week review.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

COMPLICATIONS & CONSENT

Comprehensive Arthroscopic Management (CAM)

Complication rates from published literature

Pooled from 15 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
progression to arthroplasty	**13.0-42.4%**	Failure of CAM to prevent disease progression, often requiring conversion to total shoulder arthroplasty (TSA) or hemiarthroplasty.
stiffness	**2.3%**	Postoperative stiffness requiring surgical intervention or manipulation.
nerve injury	**15.6%**	Transient axillary nerve paresis reported in biological resurfacing cohorts; iatrogenic damage noted in case series.
infection	—	Minimal complications reported in systematic reviews; post-infectious arthritis is a risk in septic arthritis cases.
reoperation	**7.0%**	Includes revision arthroscopies, biceps tenodesis, or other non-arthroplasty interventions.
foreign body reaction	**15.6%**	Reaction to biological material used in glenoid resurfacing procedures.
unsatisfactory outcome	**12.1%**	Due to inadequate pain relief or limited range of motion in specific cohorts.
capsulitis	**11.1%**	Inflammatory response following capsular release procedures.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME _____ SIGNATURE _____ DATE _____

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au