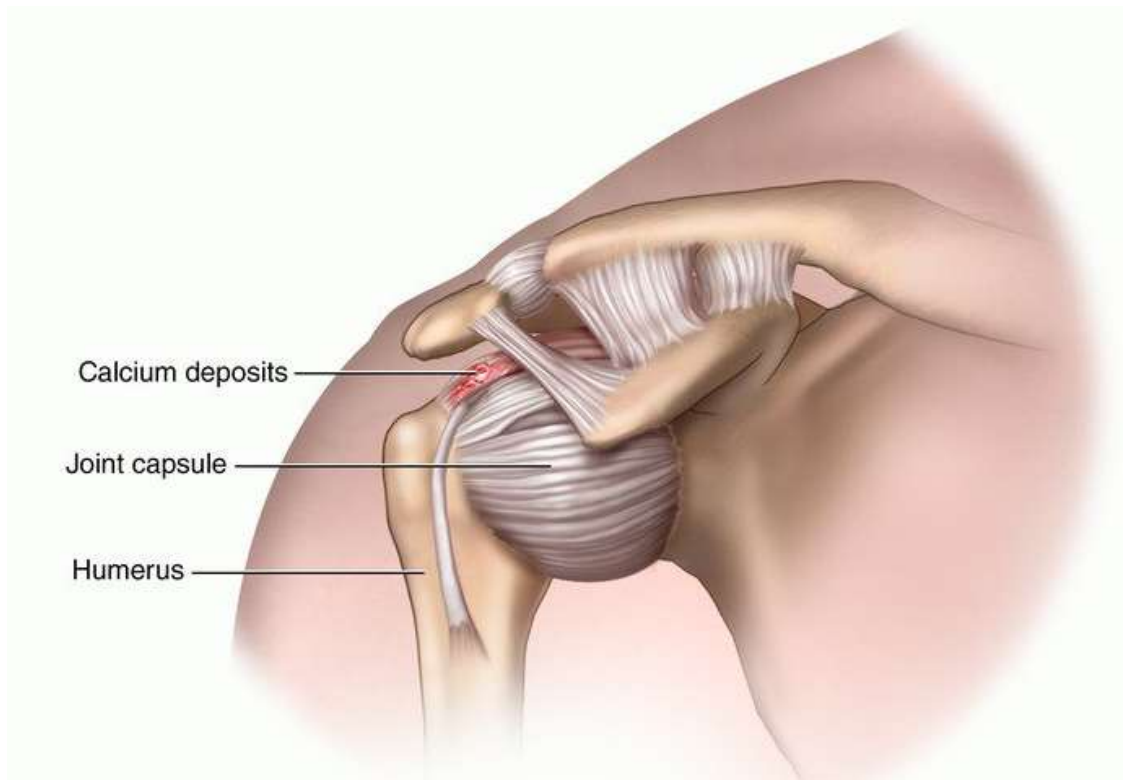


Calcific Tendonitis

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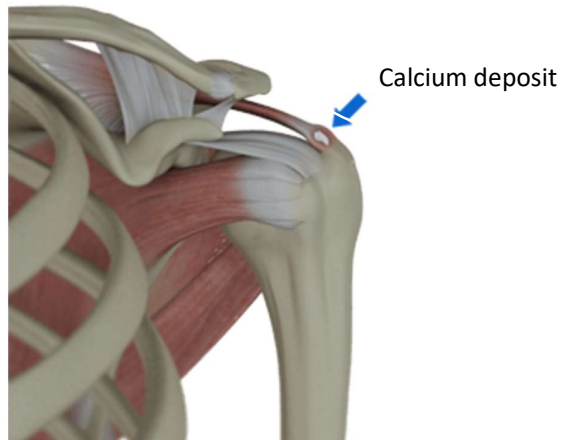
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Anatomy/Description

The rotator cuff are the structures within the shoulder that provides support and stabilization for flexibility and movement. The rotator cuff refers to four muscles; supraspinatus, infraspinatus, teres minor and the subscapularis. There are also four tendons that correspond with each muscle.

Calcific tendonitis in the shoulder refers to the condition where calcium deposits form within the tendons of the rotator cuff, particularly the supraspinatus tendon.

There are two different types of calcific tendonitis, and each results in the tissues around the deposits becoming inflamed and painful. The condition typically affects people over the age of 40.



What Causes a Calcific Tendonitis?

Calcific tendonitis is fairly commonly seen in tissues with some degree of injury, though the cause is not known. The calcium deposits in the tendon cause the tendon to become inflamed, as well as the surrounding tissue. The pressure caused by the build-up reduces the space between the acromion and the rotator cuff which causes impingement, this is a pinching of the tendons between the bony surfaces.

Types of Tendonitis

1. Degenerative Calcification: This type is generally assumed to be the result of wear and tear as the blood flow to the tendons of the cuff decreases as we age, causing the tendon to become weak. Following overuse of the shoulder, the fibers and tendons can begin to fray and tear, during the healing process is when calcium deposits are formed.
2. Reactive Calcification: This type is not related to degeneration, though this type is generally thought of as occurring within three stages;
 - Pre-calcific stage: Changes to the tendon occurs that make it susceptible to calcium deposits, usually painless
 - Calcific and resorptive stage: Calcium deposits in the tendon are formed and the calcium crystals are released into the surrounding tissues such as the bursa, causing inflammation and pain
 - Post-calcific stage: The tendon is remodeled in the healing process and replaced with new tissue, usually painless

Symptoms

- Weakness and discomfort
- Pain (In reactive tendonitis, the pain is felt most during the resorptive phase)
- Immobility in severe tendonitis
- Interference with sleep
- Stiffness

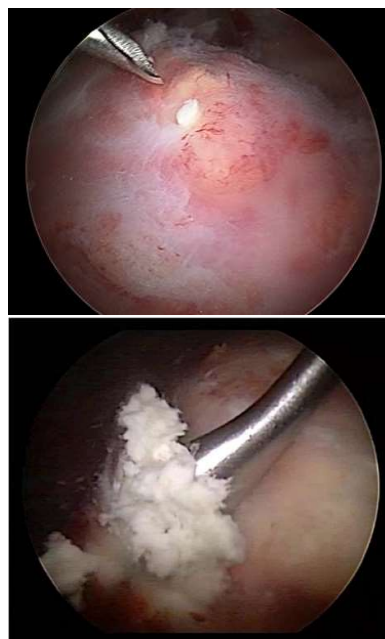
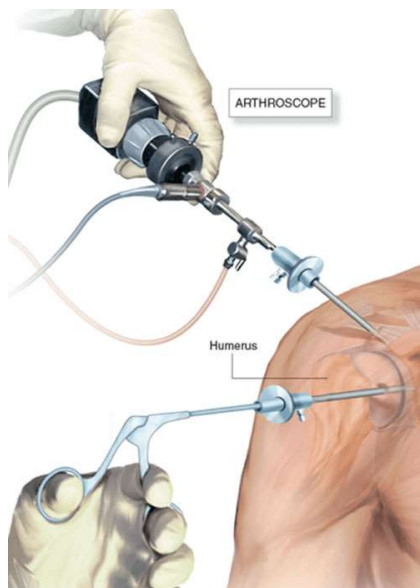
Surgical Treatment

There are treatment options that you should consider before surgery such as;

- Anti-inflammatory medication and/or cortisone injections: to reduce swelling and inflammation
- Lavage: This is where the affected site is rinsed out with saline using two large needles, it is less invasive and aims to loosen and dissolve the calcium deposits
- Physiotherapy: Aims to reduce pain and inflammation
- Shockwave therapy: A special machine pulses waves of energy onto the affected site in an attempt to break down the calcium deposits so the body can absorb them more easily

However if the pain continues and the stiffness persists, surgery may be indicated. Dr Dao performs the procedure arthroscopically. This means that it is done via key-hole surgery, a few small incisions are made and a tiny arthroscopic camera and specially designed instruments are inserted into the rotator cuff. Dr Dao uses the small instruments to carefully debride the tendon of all calcium deposits. Occasionally, if the debridement results in a large hole in the rotator cuff tendon, a repair of the tendon may be necessary. This will result in a lengthier period of rehabilitation.

The wounds will be closed with skin stitches and small adhesive dressings. An ice pack is often applied in recovery to help defuse swelling and ease pain. Your arm will be placed in a sling or shoulder immobilizer.



Recovery and Follow Up After Surgery

After surgery you will begin a gentle exercise routine to promote movement and prevent stiffness in the shoulder. Depending on whether a repair of the tendon was required, you will be required to wear a shoulder sling for approximately two to six weeks. If the tendon needs to be repaired, the rehabilitation will take much longer as the tendon healing takes at least 3 months followed by extensive physiotherapy for stretches and strengthening exercises. You will see Dr Dao about two weeks after your surgery and he will remove your stiches and assess your progress, and further instructions about the sling and exercises will be given at that stage. You will then see Dr Dao again after six weeks. It is important to remember that healing takes time and to be patient with yourself.

Frequently Asked Questions.

Q: Will the tendonitis heal by itself?

A. Some cases of calcific tendonitis do resolve spontaneously. The acutely painful phase usually lasts for approximately 72 hours, once this period of absorption is over the condition is often a lot more tolerable. The symptoms can take anywhere between 12-18 months to fully resolve. However, symptoms can return anytime the calcium crystals leak out from the main deposit in the tendon.

Q: Will I need surgery to repair the tendonitis?

A. Not everyone requires surgery. Some people find that their shoulders improve gradually and others find their symptoms worsen and the process is drawn out, or it becomes a recurrent problem. For these people surgery may be more beneficial.

Q. Is there any risks associated with the surgery?

A. All surgery has risks. Dr. Dao will discuss this with you, including anaesthetic risks, the risk of wound infection or deeper infection which may require further surgery, slow healing, the risk of bleeding and stiffness in the shoulder. There is also a risk of the damage to nerves and blood vessels close to the surgical area.

Q. Will the pain and discomfort in my shoulder resolve?

A. After surgery you will be prescribed medication to help with the pain in the short term. The pain in your shoulder will slowly begin to decrease as healing takes place.

Q. What do I do if there is severe pain, discharge, increased swelling, worsening flexibility, inability to move the shoulder or any urgent concerns regarding the surgery?

A. During business hours, please contact the rooms on 8078 0633 or outside business hours please attend your local emergency department.