Superior Capsular Reconstruction

Arthroscopic Superior Capsular Reconstruction is a surgical technique used to improve function and pain in a patient with an “irreparable” rotator cuff tear. In such patients there is significant pain and restricted range of motion in the shoulder. The rotator cuff is deemed “irreparable” due to the quality of the tissue and its inability to hold sutures, in order to repair it back to its bony attachment on the humerus. This is commonly seen on large tears, as well in patients that have had previous rotator cuff surgeries that have not worked. The quality of this tissue is comparable to wet tissue paper, tearing easily, and deemed “irreparable.”

The rotator cuff consists of a group of 4 muscles that originate on the scapula, or shoulder blade, and attach as a broad ‘cuff’ attachment surrounding the humeral head (or ball of the ball and socket joint). The primary role of the rotator cuff is to provide stability to the ball and socket joint of the shoulder, in order for rotation and motion to occur. This is due to the dynamic nature of the rotator cuff, compressing the ball (humeral head) into the socket (glenoid), allowing for stability and effortless, pain free shoulder motion. When there is a tear, superior migration of the ball, out of the socket occurs, leading to pain, diminished motion and impingement onto the acromion (the bony structure superior to the ball and socket).

Arthroscopic superior capsular reconstruction is a procedure designed to reconstruct the superior capsule of the shoulder in order to prevent the upward migration of the ball out of the socket, which occurs in the face of large, “irreparable” rotator cuff tears. It provides superior stability to the shoulder, in order to improve pain, range of motion, and function. Recent studies have shown promising results for this procedure in patients with chronic, large rotator cuff tears, even when they have had poor results with previous attempts at rotator cuff repair.

Sam Dubrow, MD was the first Orthopaedic Surgeon in Nebraska and Iowa to perform this surgery, and is currently the only one doing it in the metro Omaha region. He has also lectured and instructed other orthopedic surgeons from across the country on this procedure, and has assisted other surgeons in learning the technique.