



CALCIFIC TENDINITIS

A calcium deposit accumulates in one of the tendons of the shoulder. The cause is unknown and not related to injury, diet or osteoporosis. The most common patient is a female 40-50 year of age, but other age groups and males can also be affected. The calcium deposit is a paste-like material in the tendon.

The symptoms

The pain can be constant and nagging and is felt in the shoulder and outside of the upper arm, at times down the arm to the hand-aggravated by elevation of the arm. Some patients experience attack of excruciating pain, which then abate to a lower level after a few days.

The calcium in the tendon can be absorbed spontaneously and this process is usually accompanied by severe pain.

The outcome

In the long term most of these deposits will be absorbed, but this can take anything from months to years. Although this is a painful condition, it does not damaged the shoulder in any way and conservative management (non-operative) is in order if the patient can live with the pain.

Cortisone Removal

Can alleviate the pain, but does not absorb the calcium.

Surgical Removal

The operation becomes indicated when the patient suffers over a long period and the quality of life is affected in other words she cannot live with the condition.

Arthroscopy (key hole surgery) is done. A small incision is made in the tendon and the calcium removed. Care is taken to ensure that the calcium has been completely removed at the end of the procedure by doing an X ray in theatre.

The Anaesthetic

General anaesthesia or local anaesthesia block- this can be discussed with the Anaesthetist.



KUCHING SPECIALIST HOSPITAL

(A Member of KPJ Healthcare Berhad)

After The Operation.

The calcium can be removed totally, usually resulting in a cure, however, in a number of patients total pain relief can take up to 3 months. The reason is that the calcium leaves a defect in the tendon after removal (if large, we will repair it arthroscopically but this is rare) This defect takes time to heal but the eventual outcome is good in all cases.

In a number of patients(30%) , frozen shoulder may develop after the procedure- this mean that the shoulder becomes painful and stiff. The implication is merely that it retards full recovery.

The reason for the frozen shoulder is largely unknown, but patients with calcific tendinitis are the same group that is prone to frozen shoulder middle aged ladies.

Post – Operative activities.

Full motion and activities will be permitted within pain limits. The physiotherapist will demonstrated the exercises. A shoulder sling is optional, only to alleviate discomfort.

In the exceptional cases where the defect had to be repaired, it will take longer.

Return To Work And Sport

Within a few days depending on the discomfort.