

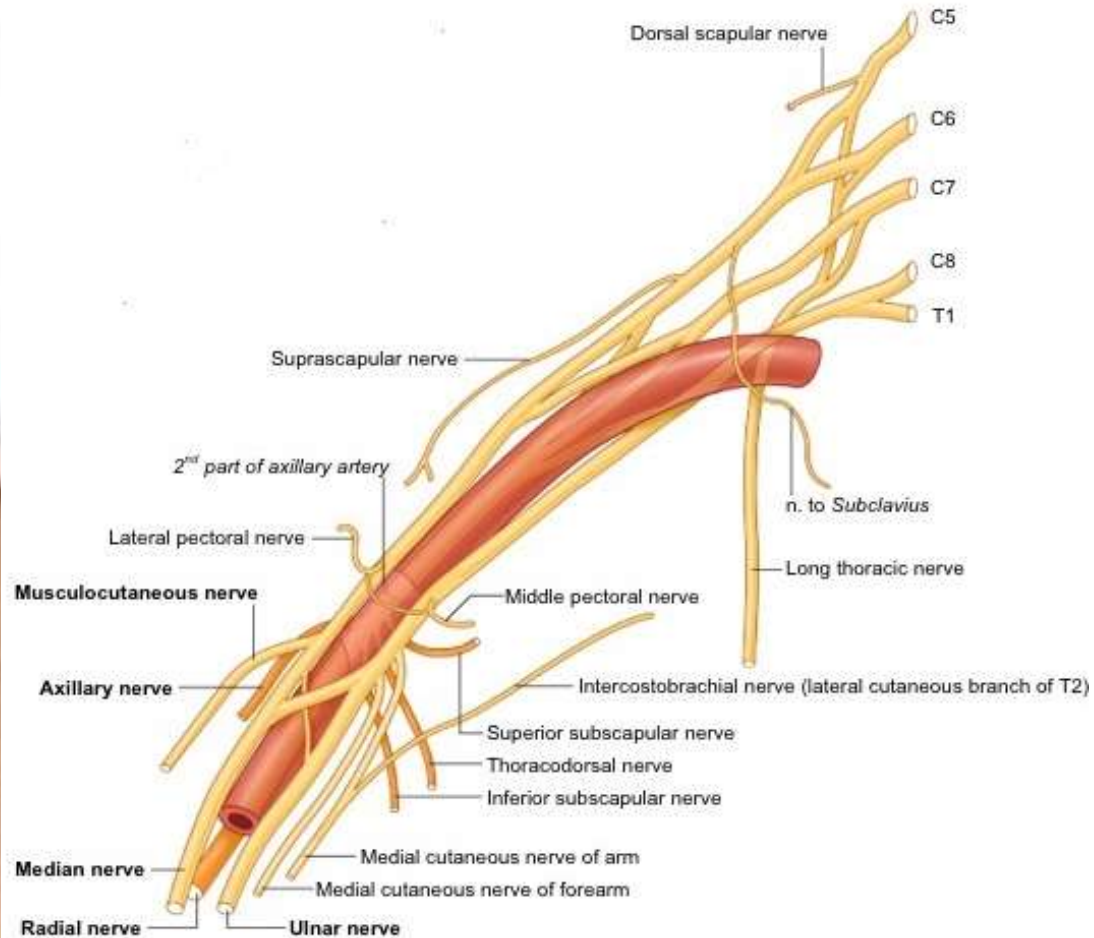
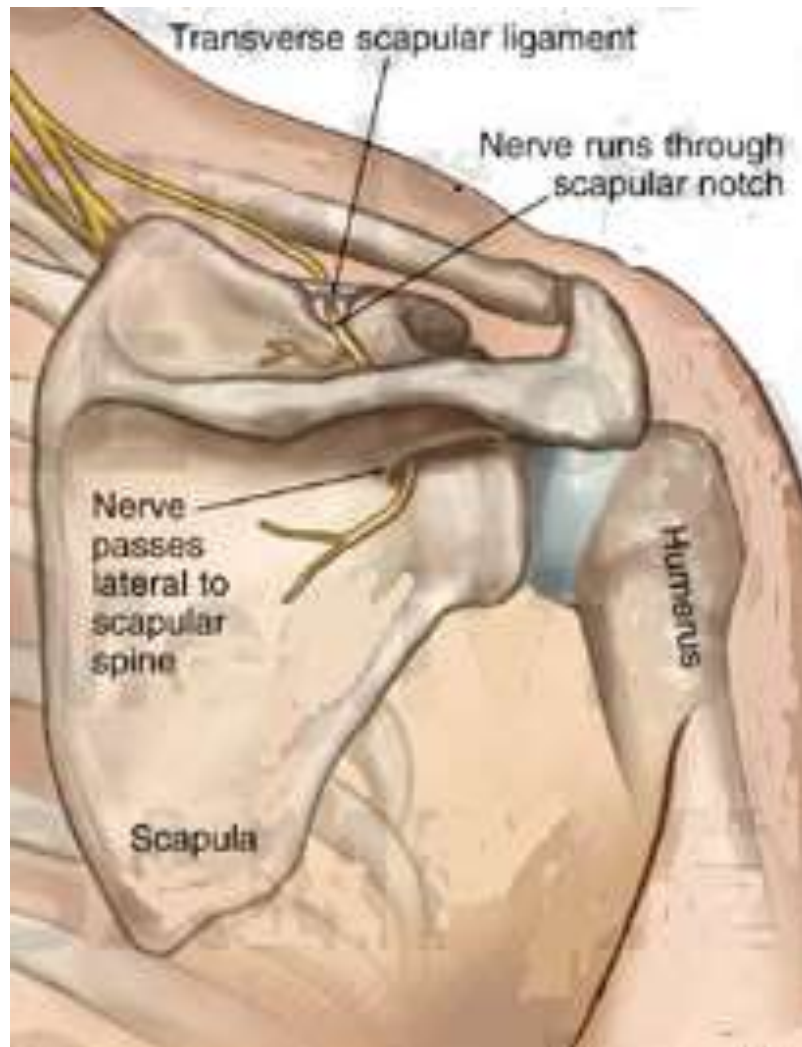
Arthroscopic Suprascapular nerve release, Technique & results

Naderi M.N, MD

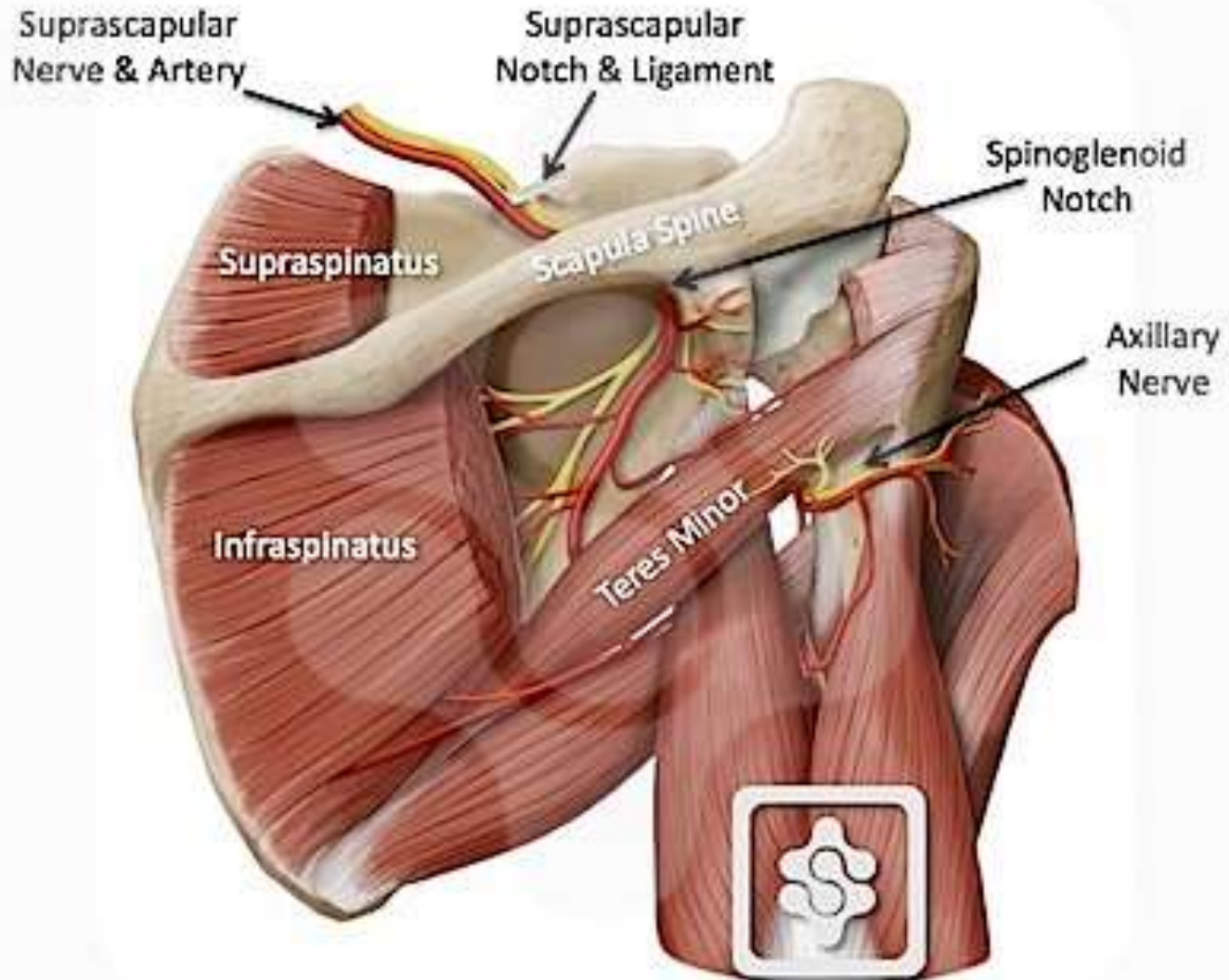
Kyhanshokoh H. , MD

Suprascapular nerve

formed by the roots of C5 and C6

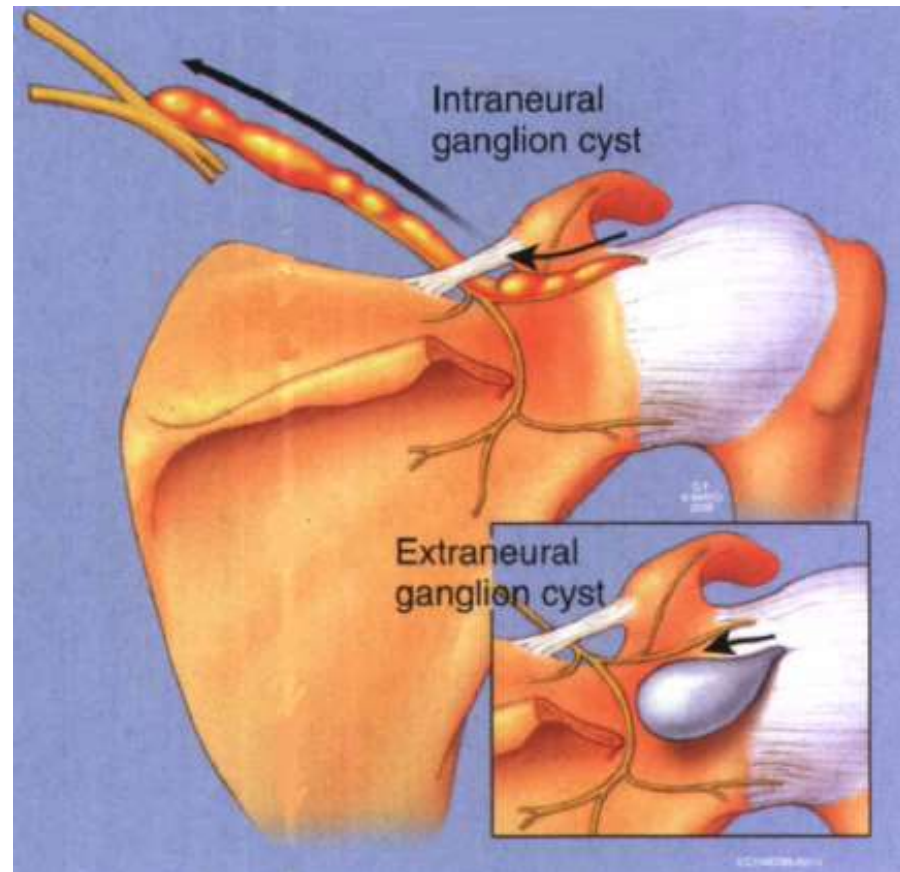


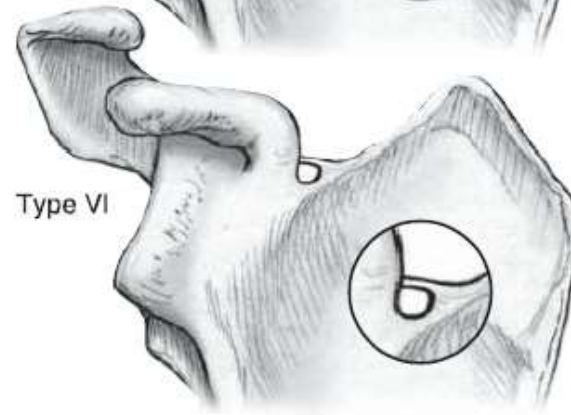
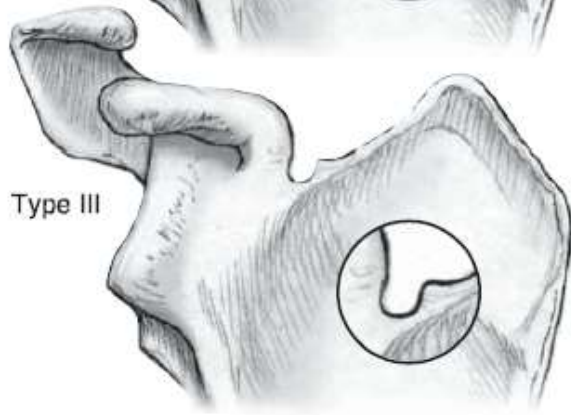
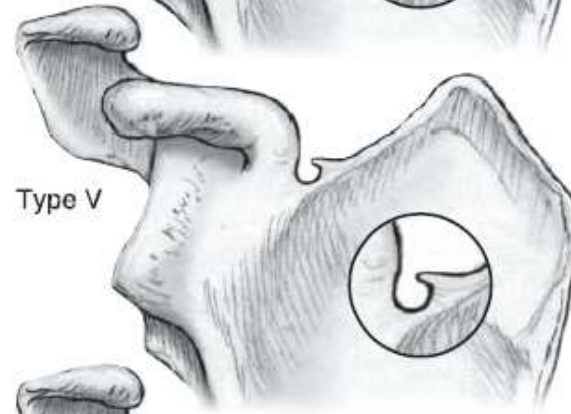
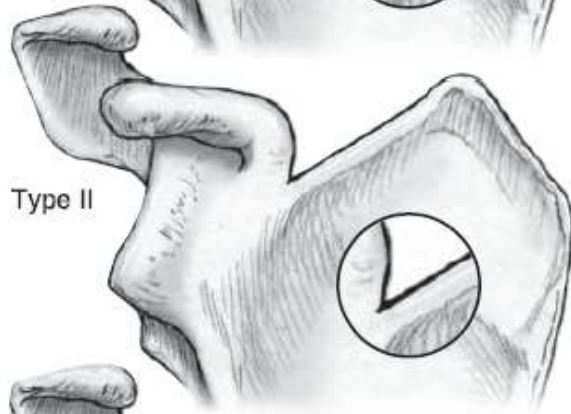
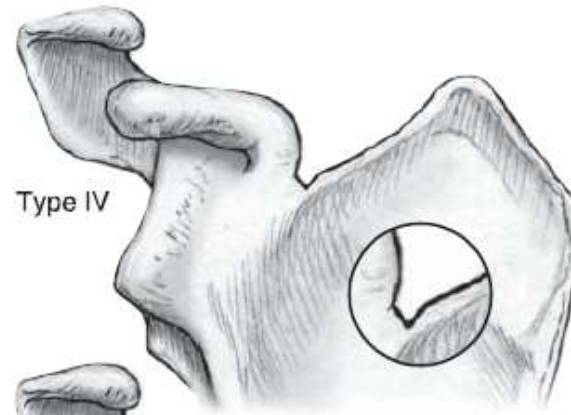
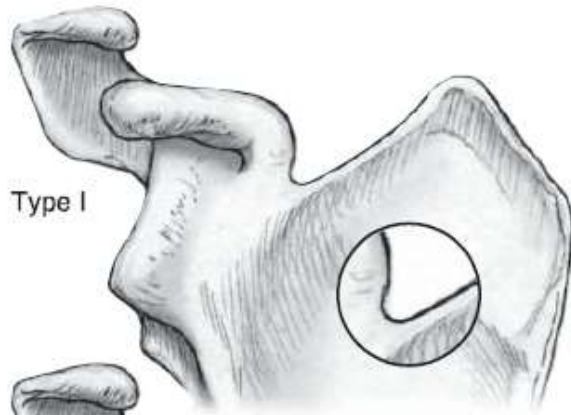
Artery accompany the Nerve



Suprascapular nerve entrapment

- **Mostly at suprascapular notch**
 - compression by transverse scapular lig.
 - narrow notch or a calcified lig. → ↑ risk
- **Lipomas and ganglion cysts**
 - compressing the inf. branch of nerve
 - at the spinoglenoid notch
 - Diagnosis by MRI
- **Compression may by Spinoglenoid lig.**

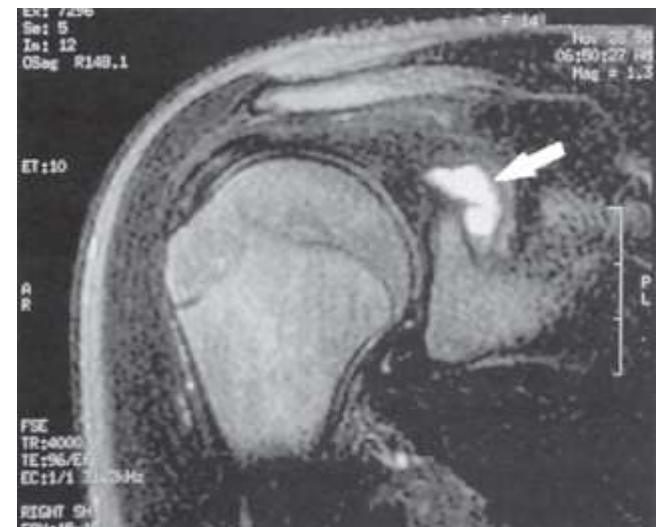
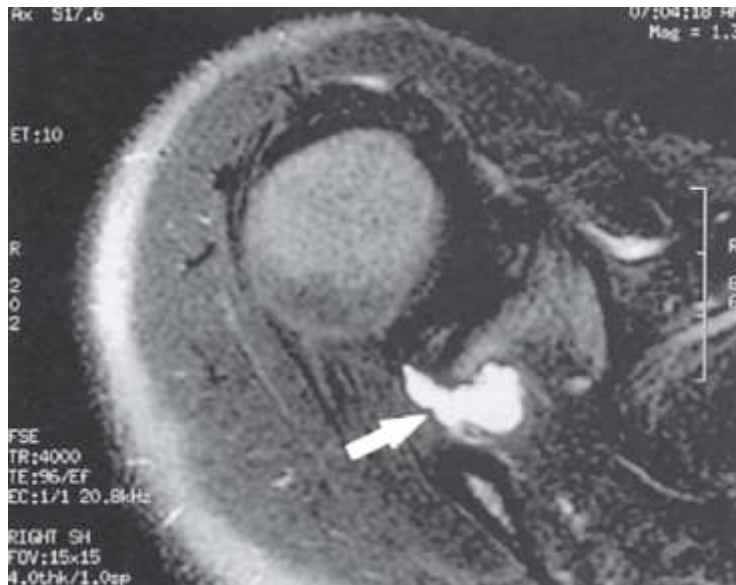




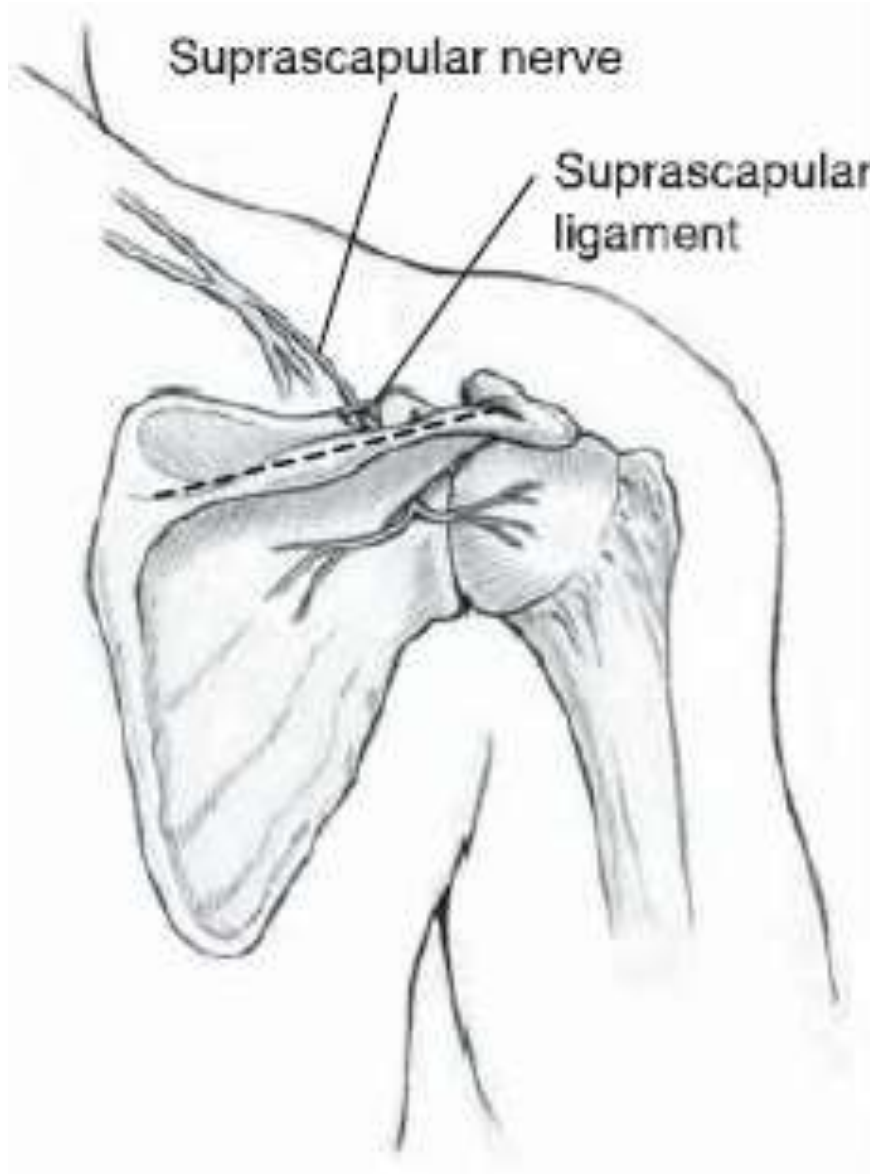
Classification of suprascapular notch morphology as described by Rengachary et al

Diagnosis

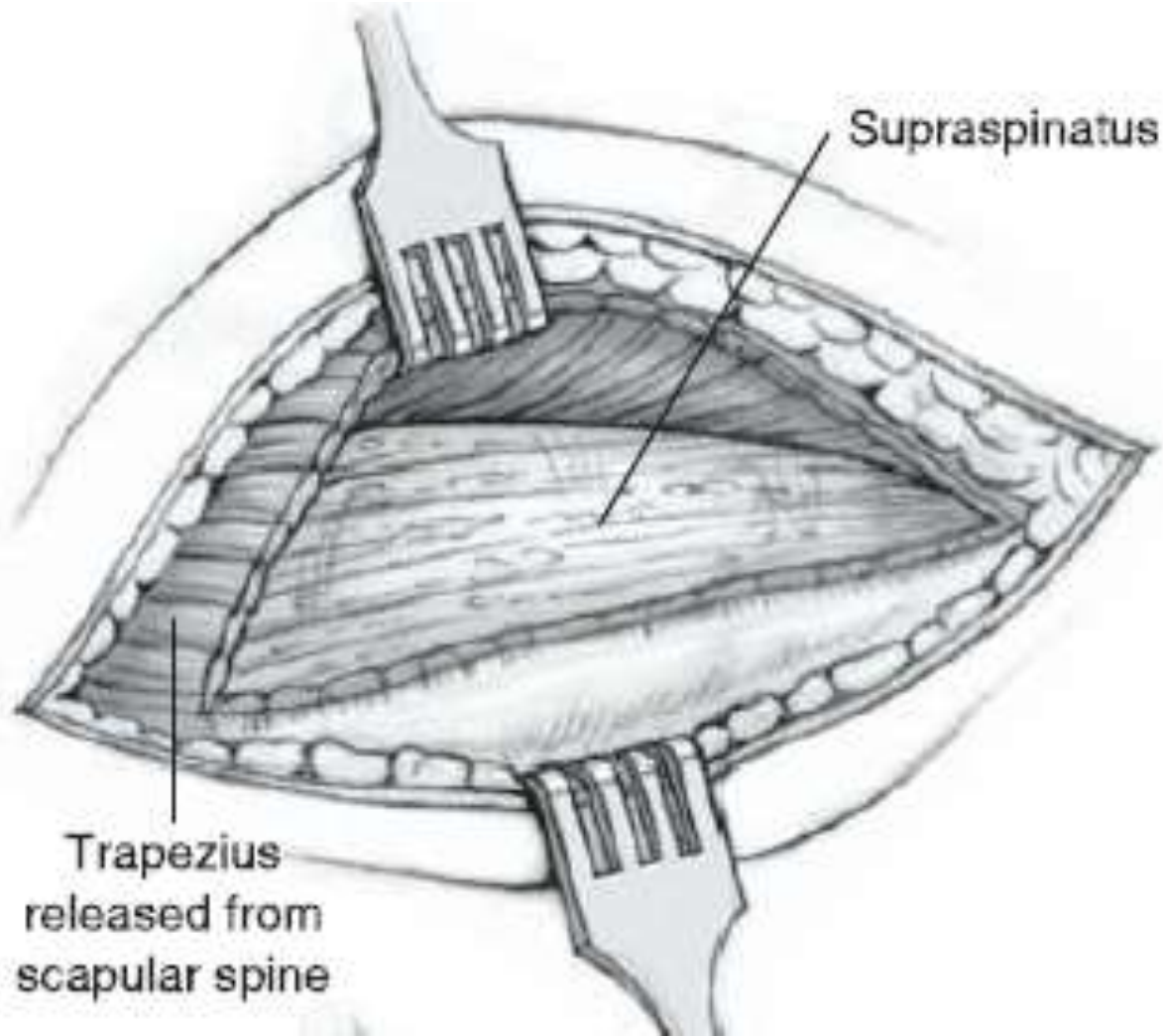
- Physical exam
- MRI
- EMG



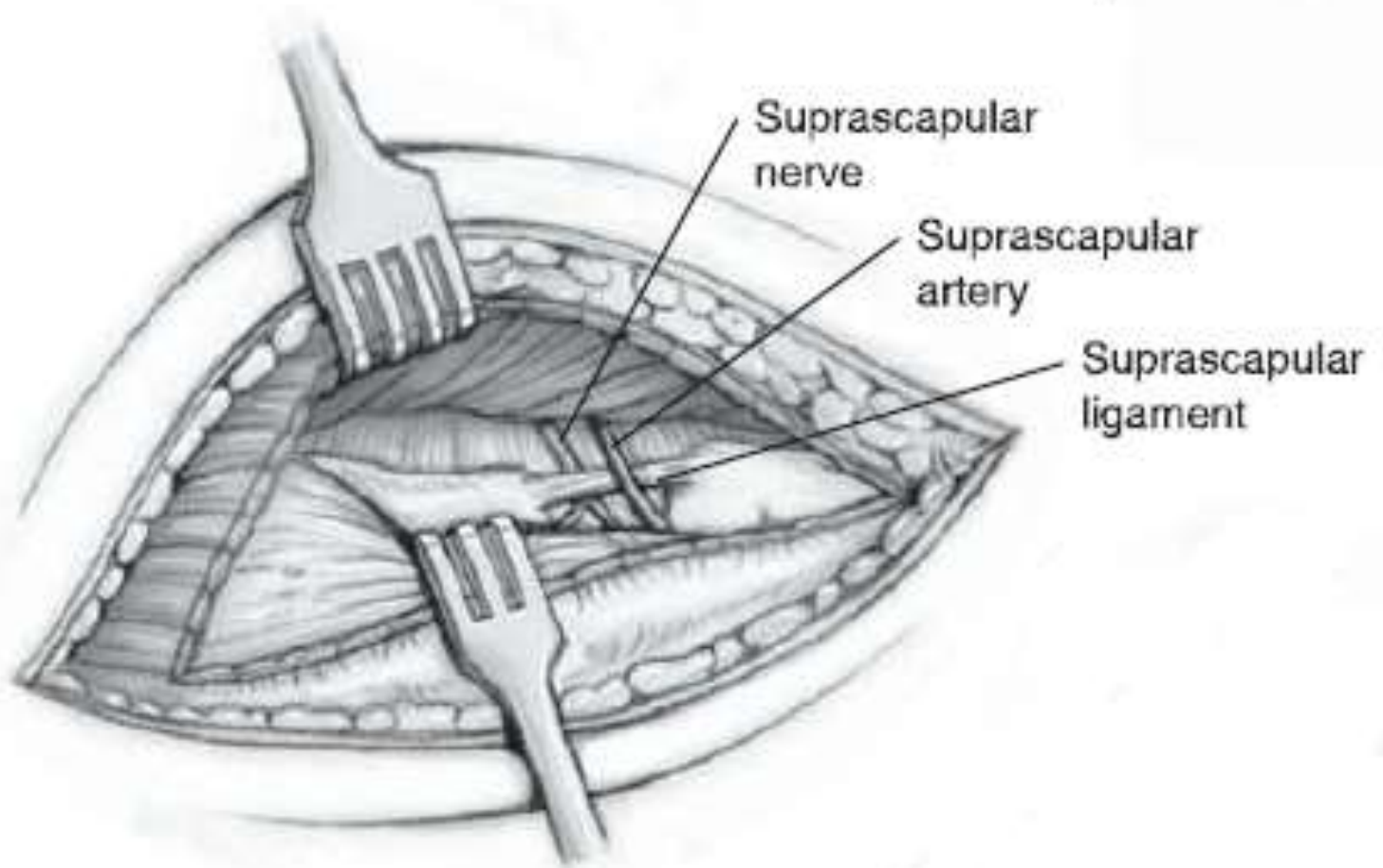
Open surgical approach for nerve release



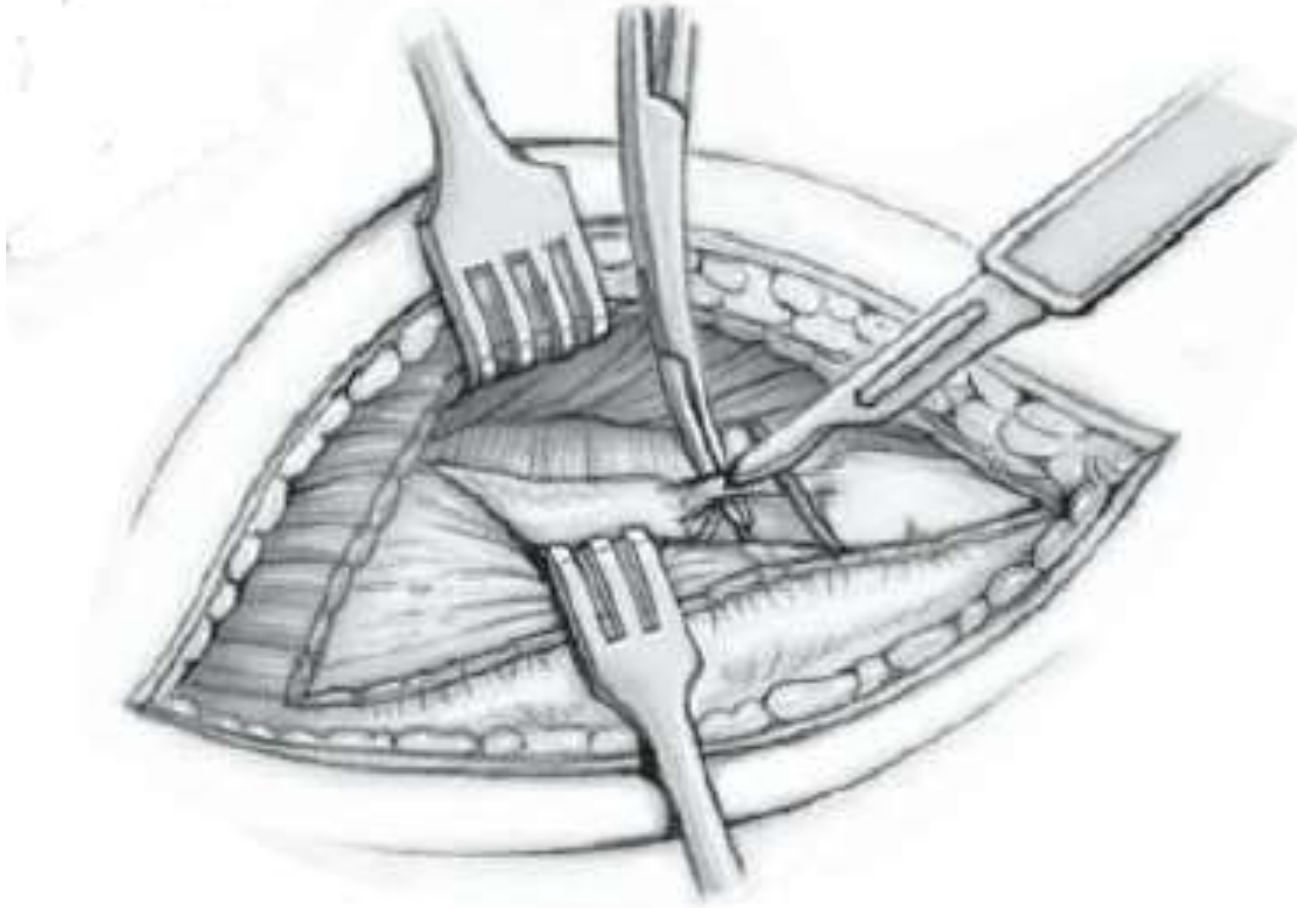
Open surgical approach for nerve release



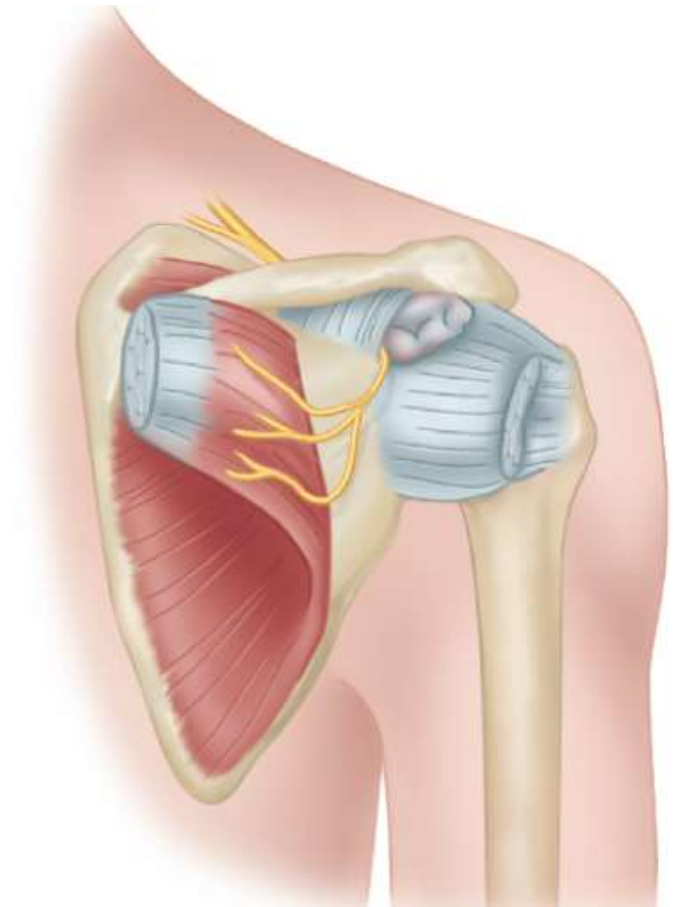
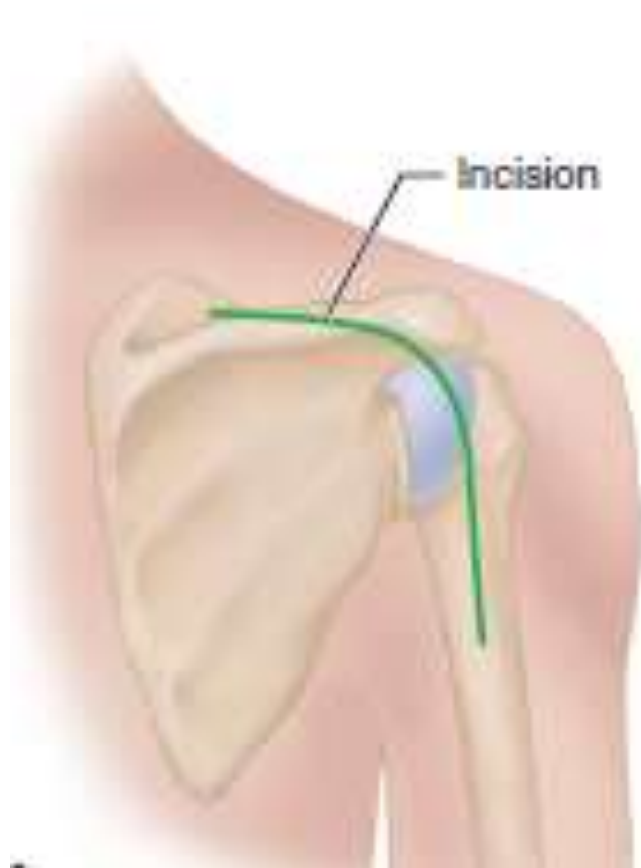
Open surgical approach for nerve release



Open surgical approach for nerve release



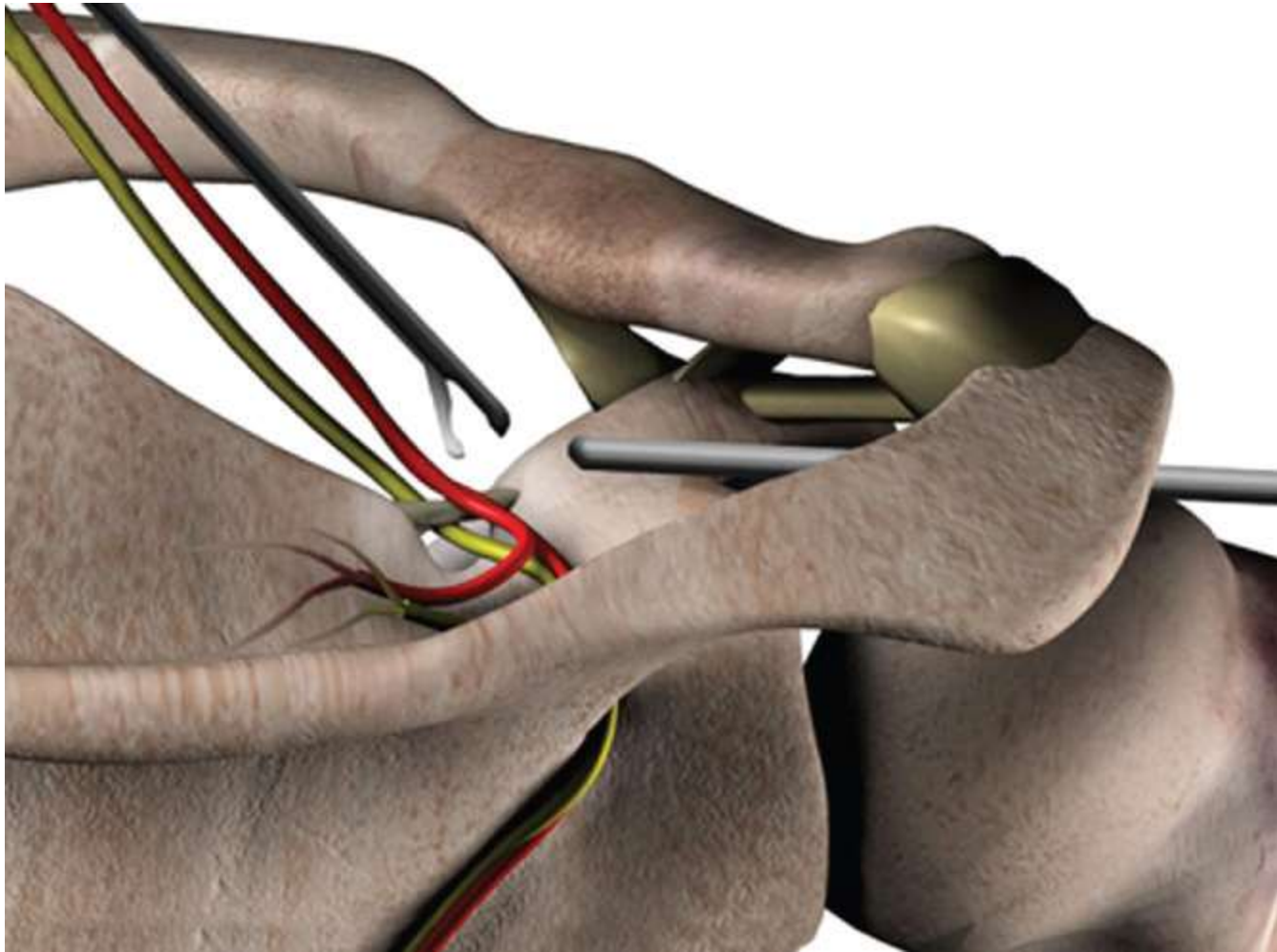
Open surgical approach for nerve release (In spinoglenoid notch)



Arthroscopic release



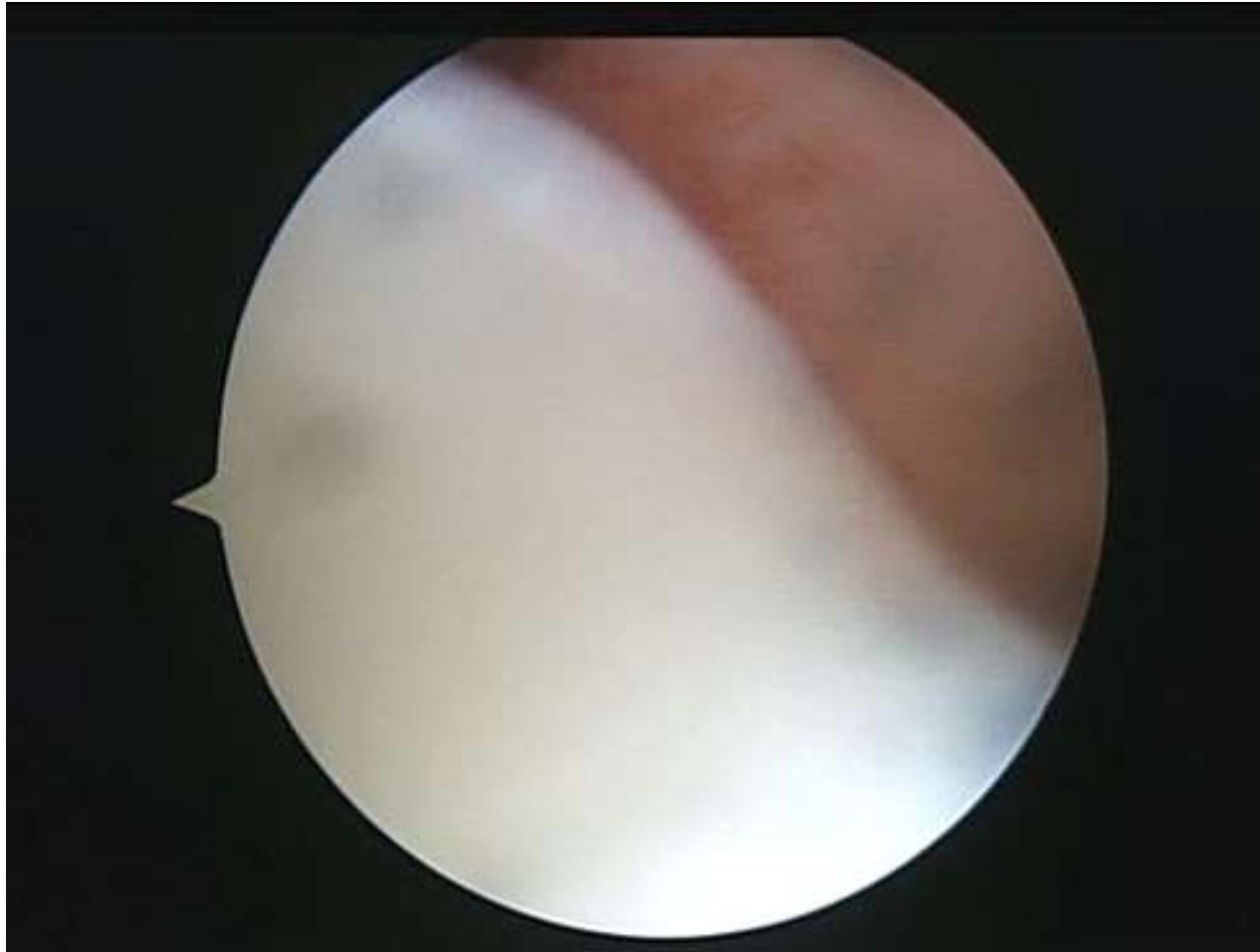
Arthroscopic release



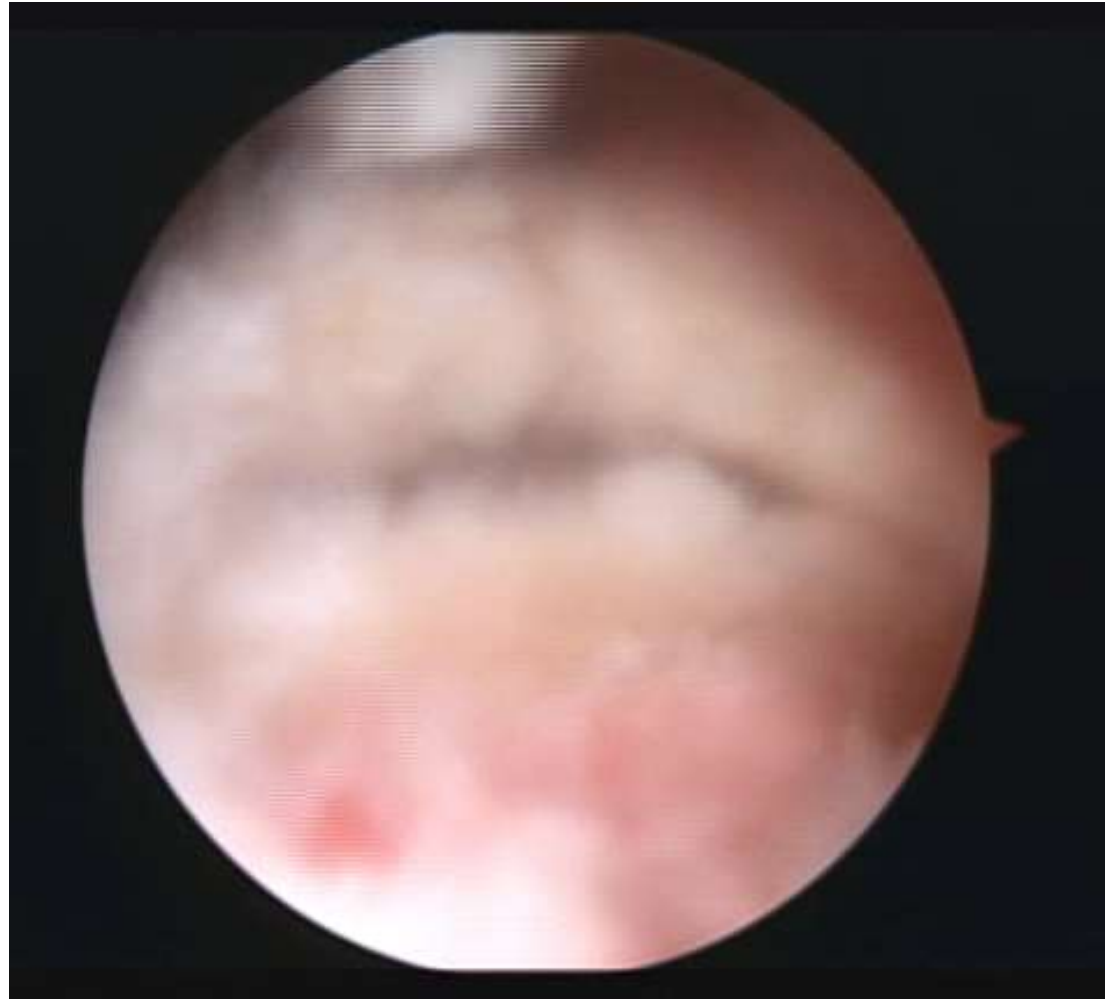
Our experience

- **6 cases**
 - one case N. entrapment in spinoglenoid notch (by a cyst)
 - 3 cases N. entrapment in suprascapular notch
 - 2 cases massive cuff repair accompanied by N. release in suprascapular notch

32 y. female with shoulder pain more 6 month,
EMG → suprascapular nerve entrapment

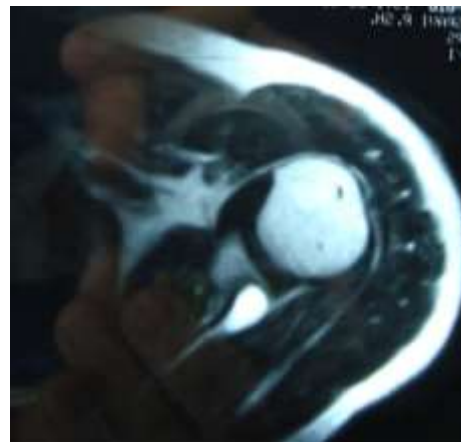
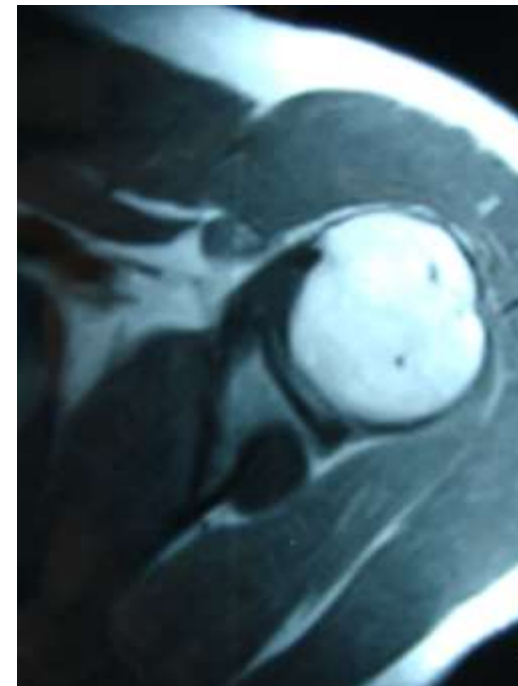
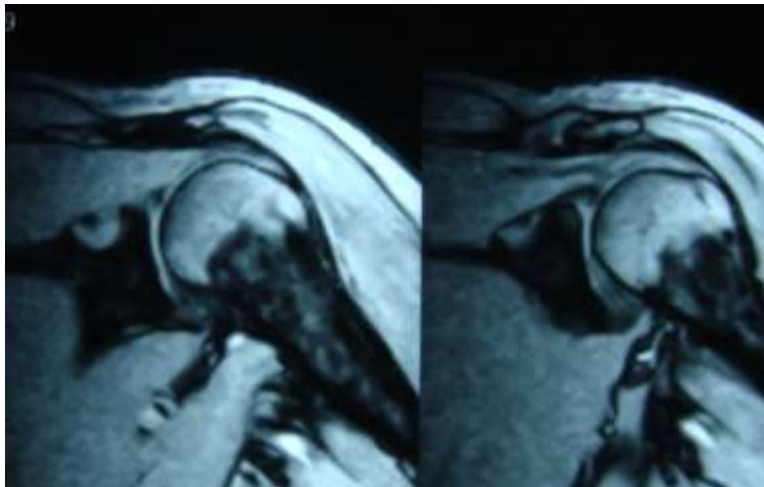


70 y. female with cuff tear



- **41 y. male with shoulder pain,**

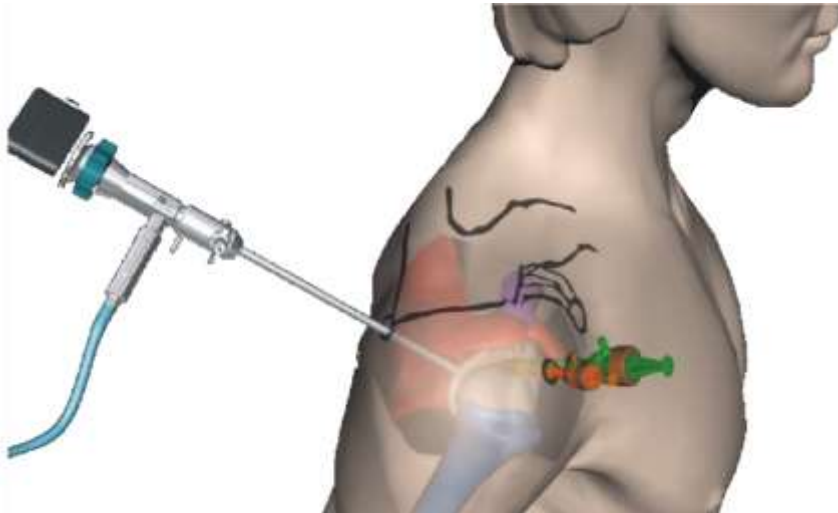
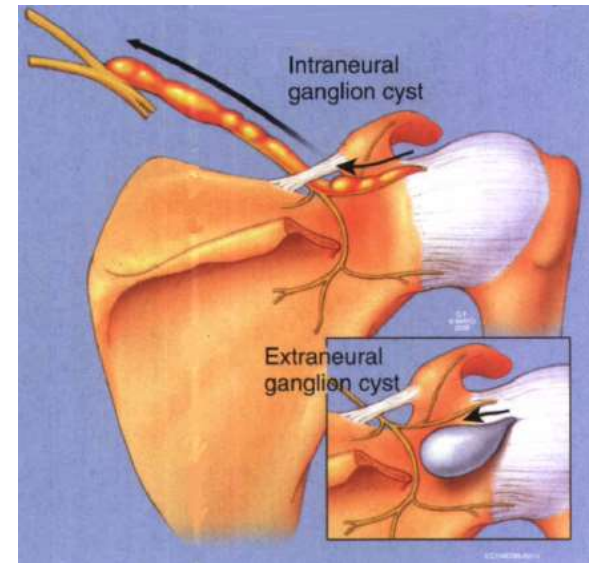
- Minimal Infraspinatus atrophy
- ROM full
- Weakness in Ext. rotation
- MRI : cyst in spinoglenoid notch





Summary

- Uncommon diagnosis
- EMG can help in suspensions cases
- Arthroscopic release is an alternative to open



Thank you for attention