

ASES Score 68.19 86.92 77.73. Average Penn Shoulder Score 69.58 85.92 78.08.

Conclusion: Arthroscopic repair of massive rotator cuff tears yields sustained improvement. Complete coverage yielded slightly superior outcomes but partial repairs were still deemed satisfactory.

Does Patient Education Prior to Arthroscopic Rotator Cuff Repair Decrease Narcotic Consumption? A Randomized Prospective Study

SS-50

May 19, 2017, 1:50 PM

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Introduction: We sought to determine, through a randomized prospective study design, if patient education on proper use of narcotic medication would decrease narcotic consumption in the post-operative period after arthroscopic rotator cuff repair (ARCR).

Methods: Patients undergoing primary ARCR were prospectively enrolled in a randomized fashion, to receive either formal education on proper use of narcotics versus no education. The education group received instruction on the proper use of opioids, dosage, side effects, dependence, and addiction while the control group received education regarding the surgery. To determine risk of opioid abuse of the patient, the physician completed a validated Opioid Risk Tool (ORT). Patients filled out questionnaires at their 2- and 6- week follow up querying VAS pain score, refills, and total number of narcotic pills remaining. Standard statistical comparison was performed with t test calculations.

Results: 67 patients completed 6-week follow-up and there were no statistically significant differences in age, sex, BMI, ORT score, preoperative and postoperatively VAS score between the study and control groups. Patients who received pre-operative education on average consumed 26 pills compared to 35 in the control group. More than 20 pills were consumed by only 48% of the study group compared to 76% in the control group ($p = 0.01$).

Conclusion: Patient education is associated with a significant decrease in the number of patients consuming more than 20 narcotic pills in the acute post-operative period. The increased frequency of patients in the control group that consumed a high number of narcotics suggests preoperative education was beneficial. This is the first study to document that preoperative education can help reduce the number of patients consuming high levels of post-operative narcotics. Future recruitment and study

analysis will help determine if this effect is long-lasting and can help reduce the incidence of drug dependence and addiction among this patient population.

Arthroscopic Rotator Cuff Repair with and without Suprascapular Nerve Decompression in Massive Rotator Cuff Tears

SS-51

May 19, 2017, 1:55 PM

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Introduction: The purpose of this study was to compare clinical outcomes of the arthroscopic rotator cuff repair (ARCR) with or without arthroscopic suprascapular nerve (SSN) decompression in massive rotator cuff tears.

Methods: A retrospective study was conducted on 132 consecutive patients who were treated with ARCR for massive rotator cuff tears. A total of 71 patients (mean 66.2 yo; male 45, female 26) were treated with SSN decompression (group 1), and 61 patients (mean 66.9 yo; male 39, female 22) were treated without SSN decompression (group 2). The clinical and functional outcomes were evaluated using the University of California, Los Angeles (UCLA) score, active range of motion (flexion and external rotation) and a visual analog scale (VAS) for pain. Magnetic resonance imaging (MRI) was used to analyze the integrity of tendons at 12-month follow-up in 89 of 132 patients (67.4%). Patients were followed up for a mean of 20.1 months.

Results: Clinical outcome measures significantly improved in both group postoperatively, however, there was no significant difference at final follow-up (table). The UCLA score were 30.1 in group 1 and 30.3 points in group 2 ($p = 0.82$); those for the VAS score were 18.3 mm and 11.9 mm, respectively ($p = 0.05007$); those for the active flexion angle were 147° and 148° , respectively ($p = 0.71$); and those for the external rotation angle were 45.2° and 43.0° , respectively ($p = 0.53$). Retear (shown as Sugaya type 4 or type 5) was observed in 29.5% (14 of 45 patient) in group 1 and 31.1% (14 of 45 patient) in group 2 (odds ratio, 0.93 [95% confidence interval, 0.38 to 2.3]); $p = 0.87$).

Conclusion: Functional outcomes and healing rate did not significantly differ between groups with or without the SSN decompression treated with ARCR for massive rotator cuff tears.

Epidemiology of Ulnar Collateral Ligament Reconstruction in Major and Minor League Baseball Pitchers: Comprehensive Report of 1,313 Cases

SS-52

May 19, 2017, 2:25 PM

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Introduction: The purpose of this work was to provide an epidemiologic report on every UCL reconstruction ever