

Comprehensive Arthroscopic Management (CAM)



Comprehensive Arthroscopic Management preserves the native joint — a joint-sparing option for younger, active patients with advanced shoulder arthritis.

Kieran Hirpara 4.0

At-a-glance recovery. Pooled from 15 published studies — your own pace will vary.

LIGHT DUTIES	MOST EVERYDAY ACTIVITIES	FINAL OUTCOME PLATEAU
desk work, driving, daily tasks	manual work, sport, gym	pain and strength
1-3 months	6-12 months	120 months
Patients typically experience significant pain reduction and functional improvement within the first 1 to 3 months.	Sustained improvement in patient-reported outcomes and satisfaction is observed by 6 to 12 months postoperatively.	Survivorship and avoidance of arthroplasty are sustained at a minimum 10-year (120-month) follow-up in suitable candidates.

Why this operation has been suggested

Your surgeon likely suggested Comprehensive Arthroscopic Management (CAM) because you are a younger, active patient with advanced wear-and-tear arthritis in your shoulder. This procedure is a joint-preserving alternative to joint replacement for people who still have enough space between their bones and no major bone deformity. It is typically offered after non-surgical treatments have not provided enough relief from your symptoms.

This approach aims to reduce pain and improve your shoulder function while avoiding the need for a full joint replacement. For the right candidates, it offers excellent long-term results, with a 76.9% survivorship rate at five years and sustained benefits for up to ten years. In many cases, this treatment improves clinical outcomes in 68% of patients with advanced arthritis, giving you a predictable path to better movement and less discomfort.

Before the operation

You will need to fast before your surgery and stop certain medications as your surgeon advises. Arrange for someone to drive you home and wear comfortable clothing. You may need X-rays, an MRI, blood tests, or an anaesthetic review. These checks help your surgeon see your joint space and ensure you are safe for the procedure. Your surgeon will explain exactly what is needed for your specific case.

On the day

You will arrive at the hospital and check in with your surgeon's team. Your anaesthetist will meet you before the operation and talk you through both parts. This operation is done under general anaesthetic combined with a regional nerve block. You will be fully asleep for the operation, and the block – an injection that numbs the nerves supplying the arm before you wake up – provides pain relief for the first 12 to 24 hours after surgery. You will then go to the operating theatre. Afterward, you will wake up in recovery feeling sleepy but comfortable.

What the operation involves

Your surgeon will use small keyhole cuts to look inside your shoulder joint. This approach is called arthroscopy. It allows your surgeon to see the wear-and-tear arthritis and cartilage defects clearly without making a large incision.

Inside the joint, your surgeon will perform a systematic cleanup. This includes removing damaged tissue and smoothing the bone surfaces. For some patients, your surgeon may also resurface the socket of the shoulder joint. This step is known as glenoid resurfacing. The goal is to clear away the rough parts that cause pain and stiffness. Your surgeon will not remove the entire joint or replace it with metal and plastic parts, which is a different procedure called arthroplasty.

The operation focuses on preserving your natural joint. It is designed for patients who have enough space between the bones and no major shape changes in the shoulder. If your joint space is too small or the bone shape is abnormal, your surgeon may suggest a different treatment instead. After the work is done, your surgeon will close the small cuts with simple stitches or glue.

After the operation

You will wake up in the recovery ward. Your team will manage your pain and apply a sling to protect your shoulder. You will go home the same day if you feel ready. Someone must stay with you for the first 24 hours. Do not drive for at least six weeks after any shoulder operation, even if it was your left arm. You must wait until your surgeon clears you, typically at the six-week review. See our guide on [Driving after upper-limb surgery](#) for more details.

Recovery

In the first few days, you will likely feel soreness and swelling around your shoulder. This is normal. Your surgeon may suggest ice packs and pain relief to help you rest. You will wear a sling to protect the joint while it heals. Try sleeping in a reclined position or propped up with pillows to stay comfortable.

As the swelling settles, your physiotherapist will guide you through gentle exercises. These movements help restore motion without straining the repair. You will learn how to perform daily tasks like eating or dressing while keeping the sling on. Avoid lifting heavy objects or reaching behind your back until your surgeon says it is safe.

Driving is not allowed while you are in a sling. For this surgeon, you must wait at least six weeks before considering driving, regardless of which arm was operated on. You can only drive once your surgeon clears you at your six-week review. Please review the full guide on [Driving after upper-limb surgery](#) for more details.

Your recovery journey is unique. Some days may feel easier than others, and your timeline may differ from someone else's. Your surgeon and physiotherapist will guide you every step of the way to ensure a safe return to your normal life.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

If you have wear-and-tear arthritis in your shoulder, the procedure usually helps you move better with very few problems. However, some people find that simply cleaning out the joint does not have strong proof of helping everyone who needs it.

If you had surgery to stabilize your shoulder, results can vary. Some techniques work better than others, and your surgeon will explain which approach fits your specific case best.

For those with a large tear in the tendon that lifts your arm, we do not yet fully know what happens years after cleaning out the joint. You might notice changes over time that need further checking.

In rare cases, an infection can lead to permanent wear-and-tear arthritis even after a long period of infection and repeated surgeries. If you feel a deep, throbbing pain that does not ease with simple painkillers, or see redness spreading from the wound, call your clinic immediately. Sudden swelling or a hot, tender joint also needs urgent attention at the emergency department.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness, or discharge from your wound. Go to emergency if you feel sudden severe pain, calf swelling, or shortness of breath. Contact us immediately if you lose sensation or cannot

CQ HAND + UPPER LIMB

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move your arm. Do not drive for at least six weeks after your shoulder operation. You may drive only once your surgeon clears you, typically at the six-week review.

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Complication rates from published literature

Pooled from 15 published studies. These are population-level rates, not your individual risk – your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
progression to arthroplasty	20.0-42.4%	Rate varies by patient selection; higher in patients with joint space <2mm, Walch B2/C glenoid, or age >50.
stiffness requiring intervention	2.3%	Requires surgical intervention such as revision CAM or manipulation.
revision surgery	2.3%	Includes revision CAM procedures or biceps tenodesis for continued symptoms.
transient axillary nerve paresis	15.6%	Observed in studies involving biological resurfacing or specific CAM components.
foreign-body reaction	15.6%	Associated with biological resurfacing materials used in glenoid procedures.
post-infectious arthritis	21.0-38.0%	Inevitable consequence following septic arthritis of the shoulder joint in specific cohorts.
unsatisfactory pain relief	12.1%	Reported as a primary reason for unsatisfactory outcome in massive rotator cuff tear cohorts.
radiofrequency capsular shrinkage	12.5%	Specific complication noted in glenoid resurfacing procedures.
proud glenoid anchors	12.5%	Mechanical complication associated with anchor placement in resurfacing.
iatrogenic axillary nerve damage	—	Listed as a potential risk in comprehensive arthroscopic management procedures.
fluid extravasation	—	Risk associated with fluid dynamics in arthroscopic shoulder surgery.

COMPLICATION	REPORTED RATE	NOTES
incomplete humeral osteoplasty	—	Technical failure noted in CAM procedure descriptions.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT – PRINT NAME

SIGNATURE

DATE