

mi-eye 2[®] Shoulder Technique Guide

Patient Positioning

- 1) Position patient in your normal shoulder arthroscopy position, either lateral decubitus or beach chair (Figure A)

Portal Placement

- 2) Mark portal 1 cm inferior and 1cm medial from the posterior lateral edge of the acromion (Figure B)

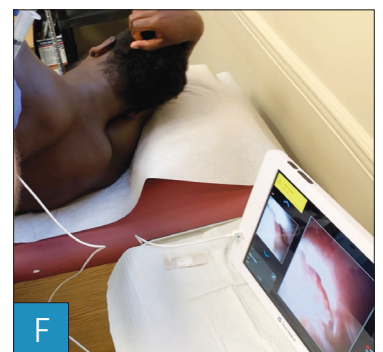
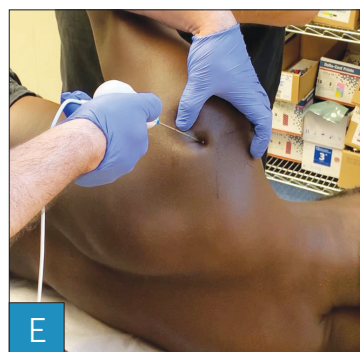
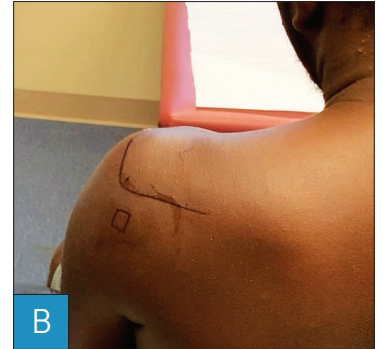
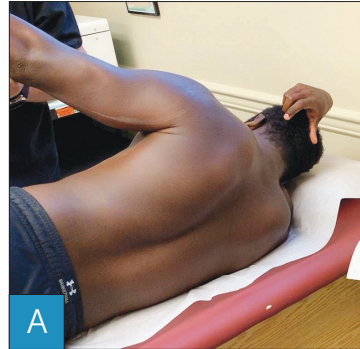
Recommended Numbing Protocol

- 3) Inject 20cc of local analgesic into the skin through to the capsule, aiming towards the coracoid. Inject 5cc tracking towards the glenohumeral joint and then inject the remainder 15cc once in the capsule. Wait 5-10 minutes for local analgesic to take effect (Figure C)

Tip: Ultrasound can be used to help insert the spinal needle into the joint

Inserting the mi-eye 2

- 4) Elevate the patient's arm to a 45 degree angle (Figure D)
- 5) Insert the mi-eye 2 into the glenohumeral joint aiming towards the coracoid (Figure E)
- 6) Slowly advance into the joint capsule, feel resistance of the capsule, and retract needle at this stage
- 7) Locate humeral head and start exam (Figure F)



Shoulder Technique Tips & Tricks

- If the patient suffers from trypanophobia (fear of needles) or hemophobia (fear of blood), position them so they are lying down and unable to see the procedure site
- Placing a towel roll under the patient's arm will help open up the shoulder joint by moving the humeral head
- If the glenohumeral joint is difficult to enter, insert approximately 10cc of saline into the joint to help distend
- If blood is present in the joint, it can be aspirated through the mi-eye 2 by connecting an empty syringe and lavaging the joint with saline
- Aim to insert mi-eye 2 into the joint to approximately 60mm (the second black marking on the needle)