Deltopectoral Approach to the Shoulder

Lennard Funk
Manchester
Utility Approach
Suitable for:

1. Arthroplasty
2. Anterior Stabilisation procedures
3. Proximal Humeral Fractures
4. Glenoid Fractures
5. Combined procedures
Not Suitable for:

1. Rotator Cuff Surgery
2. Posterior Stabilisations
3. AC Joint
Advantages

• Potential for extension
• Exposure
• Little bleeding (betw. Muscle planes)
• Internervous plane
Disadvantages

• Difficulty exposing glenoid
• Access to greater tuberosity & Cuff
Preparation
Instruments

• Retractors
  – Norfolk-Norwich
  – Richards
  – Gelpi
  – Kolbel

• Humeral Head Retractors
  – Fukuda
  – Skid
Position

Head & Neck Secured

Knees bent 30 degrees

Scapula Wedge

Arm free
Incision
Cephalic vein

Coracoid is the ‘lighthouse’ to the shoulder
Subdeltoid & Subpectoral Spaces

thoracoacromial artery
Clavipectoral Fascia
Axillary & Musculocutaneous Nerves
Subscapularis
Anterior Capsule
Extensions

• Inferior:
  – pec major release
  – Medial deltoid from clavicle superiorly

• Superior:
  – Detach Deltoid from acromion
  – Clavicle osteotomy

• Medial
  – Conjoined tendon release
Pec major & Conjoined Tendon Releases
Clavicle Osteotomy
Clavicular Osteotomy
THANK YOU

Images courtesy of:
- Operative Shoulder Surgery – Copeland
- Primal Pictures
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www.shoulderdoc.co.uk
Fig. 4.3.1-5: Deltoidal approach:

a) The skin incision starts from the coracoid process and runs slightly convex towards the medial side, as far as the insertion of the deltoid muscle on the lateral humeral shaft. 1) Axillary nerve, 2) coracoid process, 3) acromion, 4) lateral end of clavicle.

b) Retraction of the deltoid muscle to the lateral side looking for the humeral head. 5) Cephalic vein, 6) deltoid muscle, 7) pectoralis muscle, 8) anterior circumflex humeral artery, 9) long head of the biceps muscle, 10) subscapularis muscle.