the LONDON SHOULDER PARTNERSHIP

Patient Information

MANIPULATION UNDER ANAESTHETIC

SHOULDER ARTHROSCOPY
&
CAPSULAR RELEASE FOR FROZEN SHOULDER

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This information booklet has been produced to help you obtain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at the orthopaedic clinic. Individual variations requiring specific instructions not mentioned here may be required.

If your wound changes appearance, weeps fluid or pus, or you feel unwell with a high temperature, during office hours please contact our PA. Alternatively contact the hospital where you had your operation in the first instance.

Who to contact if you are worried or require further information.
Main switchboard: 0203 318 5775
Mr Tennent's PA: 07702 641031
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What happens in Frozen shoulder

Frozen shoulder (adhesive capsulitis) is a disorder characterized by pain and loss of motion or stiffness in the shoulder. It affects about two percent of the general population. It is more common in women between the ages of 40 years to 70 years old. The causes of frozen shoulder are not fully understood. The process involves thickening and contracture of the capsule surrounding the shoulder joint. A doctor can diagnose frozen shoulder based on the history of the patient's symptoms and physical examination. X-rays or MRI (magnetic resonance imaging) studies are sometimes used to rule out other causes of shoulder stiffness and pain, such as rotator cuff tear.

Frozen shoulder is described as having three stages:

- **Stage one:** In the "freezing" stage, which may last from 6 weeks to 6 months, the patient develops a slow onset of pain. As the pain worsens, the shoulder loses motion.
- **Stage two:** The "frozen" stage is marked by a slow improvement in pain, but the stiffness remains. This stage generally lasts up to a year.
- **Stage three:** The final stage is the "thawing", during which shoulder motion slowly returns toward normal. This generally lasts 6 to 12 months.

Treatment Options

Frozen shoulder will generally get better on its own. However, this takes some time, occasionally up to two to three years.

Treatment is aimed at pain control and restoration of motion. The first goal is pain control. This can be achieved with anti-inflammatory medications. These include pills taken by mouth, such as ibuprofen as well as injections, such as corticosteroids. To restore motion, physiotherapy is usually started. This may be under the direct supervision of a therapist or via a home program. Once the patient has entered “stage 2” there is no proven benefit to physiotherapy.

Surgical intervention is considered when there is no improvement in pain or shoulder motion after an appropriate course of physiotherapy. When more invasive measures are considered, the patient must always consider that most individuals will get better if given sufficient time and that surgery always has risk involved.

Surgical intervention is aimed at stretching or releasing the contracted joint capsule of the shoulder. The most common methods include manipulation under anesthesia and shoulder arthroscopy, used together in combination to obtain maximum results.:

- Manipulation under anesthesia involves putting the patient to sleep and "manipulating" or forcing the shoulder to move. This process causes the capsule to stretch or tear.

- With shoulder arthroscopy, the surgeon makes several small incisions around the shoulder. A small camera and instruments are inserted through the incisions. They are used to cut through the tight portions of the joint capsule.

Most patients have very good results with these procedures. After surgery, **immediate** physiotherapy is **essential** to maintain the motion that was achieved with surgery and is usually continued for 3 months or more.

Purpose of the operation
To improve the range of motion of the shoulder.

The procedure
The operation requires a general anaesthetic
An injection into the side of the neck called a scalene block is usually done to help with postoperative pain. This has risks associated with it which the anaesthetist will explain to you.
The arm will be manipulated to try to obtain the full range of motion. Usually there is some residual stiffness and this is then treated by arthroscopy.
2 incisions will be made in the shoulder, one at the back and one at the front. Each is less than 1cm long. All remaining tight tissue will be divided.
The incisions will be closed with paper stitches “Steristrips” with a small dressing over the top. A nappy (Pampers, Huggies) will be applied over the top to soak up excess fluid from the surgery (arthroscopy uses a lot of water to irrigate the joint during the procedure).
A sling will be applied before you wake up. This is purely to support the arm for the first few hours after surgery and should be removed as soon as possible.

As result of the scalene block the arm will be numb and “dead” for up to six hours after surgery. This is entirely normal and most people go home with the arm still numb as it makes travel easier. As soon as you feel any pain you should start the painkillers you have been prescribed.

Risks

All surgical procedures have some element of risk attached. The risks outlined below are the most common or most significant that have been reported.

Continued stiffness: 1%

Although a full range of motion will be obtained during the procedure some patients experience a relapse and develop a frozen shoulder again.

Infection: less than 0.1%

If an infection does occur it is usually superficial in the wounds and is easily treated with antibiotics

Rarely the infection can be deep inside the joint and this requires surgery to wash the joint out.

Nerve damage: less than 0.1%

The axillary nerve runs close to the bottom of the joint and, if damaged causes weakness of the deltoid muscle and difficulty in raising the arm.

Fracture: less than 1%

Considerable forces can be applied during the manipulation and it is possible to break the arm. This is rare and avoidable if care is taken.

What is going to happen?

The day of surgery

You will be asked not to eat or drink anything for 6 hours prior to surgery.

You will be admitted to the hospital a couple of hours before the operation and the nurse will ensure that you are fit and prepared. The surgeon will go over the operation again with you and ask you to sign a consent form (see “risks”). The arm to be operated on will then be marked with an indelible marker.

The anaethetist will then come and discuss the anaesthetic.

When it is time for surgery you will be taken on the trolley round to the operating theatre.

After the surgery you will be taken to a recovery ward where the nurses will observe you while you wake up from the anaesthetic. Once you are fully awake you will be taken back to the ward. As soon as you feel comfortable you may go home. You will need to have an adult with you at home as you will still be slightly under the effect of the anesthetic even if you feel fine.

Physiotherapy will be arranged to start 1-2 days post-operatively. It is essential that you do the exercises several times a day or the shoulder will become stiff gain.

1st Postop week

Leave the dressings alone

You may shower but do not soak the dressings Start physiotherapy and home exercises. You will be seen in the clinic at 1 week and given further advice.

Frequently asked Questions

Will it be more painful?

The shoulder is usually more painful for a short while after surgery. Before the operation you will be given an injection into the side of the neck to num the nerves and you will be given painkillers to be continued at home. It is important to take enough painkillers to enable you to do the exercises.

When can I shower?

Immediately after the surgery

When will I be seen in clinic after the operation?

You will be seen at 2 and 8 weeks post surgery. Later appointments will be determined by your progress

When can I drive?

As soon as you feel comfortable. This is usually 4-6 weeks

When can I return to sports?

Most people are able to return to light sports at about 4 weeks. More intense activity (contact sports, weightlifting) may take 6 weeks or more

When can I return to work?

Is the job physical?

Does the job require the operated arm?

Do I drive to get to work?

As a general rule if you can get to work you can resume a sedentary job within the week. Physical jobs will require at least 6-8 weeks.

How will I know if the operation has worked?

Although you will wake up from the surgery with a full range of motion the shoulder often stiffens a bit over the first couple of weeks. It is quite common for the shoulder to return to its pre-operative state by 2 weeks. Do not be alarmed because the motion will return if you continue to do the exercises.

It often takes 3 months or more before all of the motion returns.

Will I regain a full range of motion?

At the end of therapy most patients have 95% of their motion back

Will the frozen shoulder come back?

It is very rare for the condition to return unless there are pre-disposing causes such as diabetes.