

Arthroscopic capsular release

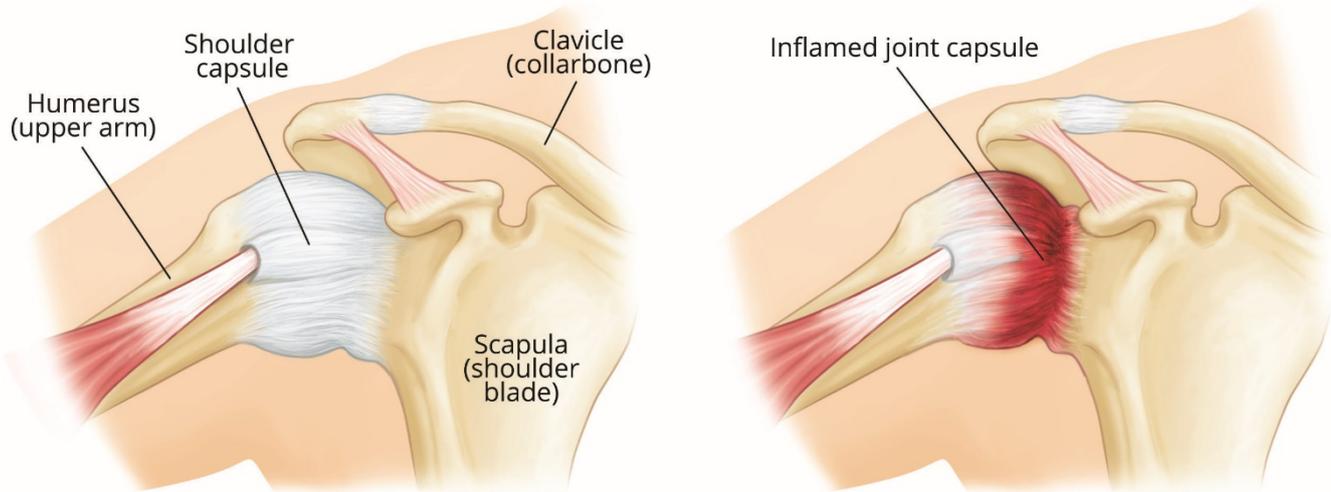
The aim of this leaflet is to help answer some of the questions you may have about having an arthroscopic capsular release. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

If you have any questions or concerns, please speak to a doctor or nurse caring for you.

What is an arthroscopic capsular release?

Your shoulder is a ball and socket-type joint made up of two main parts: the humerus (arm bone, which is the ball) and glenoid (socket). Your shoulder joint is a mobile joint and is dependent on muscles, ligaments (including the joint capsule) and a rim of cartilage (called the labrum) to stabilize it during movement.

Frozen shoulder (also known as adhesive capsulitis) is a painful condition in which you develop a stiff shoulder due to a tight and inflamed capsule. It may be caused due to no reason but also following an injury or previous operation. This condition goes through three stages- starting with pain, then stiffness and finally a stage of resolution as the pain eases and the movement starts to return. This process may take 12 to 24 months or even longer to resolve. Some patients may require surgery to restore movement of the shoulder.



Arthroscopic capsular release is a keyhole surgery which involves the release of the tight capsule seen in frozen shoulder. During this procedure, the arthroscope (camera) is inserted into the shoulder and fluid (saline) is passed into the shoulder to allow the surgeon to look within the shoulder joint. The surgeon then uses small instruments to release the capsule where it has tightened up the most and therefore releasing it.

What are benefits – why should I have an arthroscopic capsular release?

Usually the primary reason for this surgery is to increase shoulder movement and decrease pain.

What are the risks?

In general, the risks of any operation relate to the anaesthesia and the procedure itself. In most cases you will have a general anaesthetic combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region. You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for you.

Arthroscopic capsular release is commonly performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of the procedure outweigh any

disadvantages. However, to make an informed decision and give your consent, you need to be aware of the possible side effects and risks/complications.

Complications include:

- **infection** (affects less than one out of every 100 patients treated)
- **nerve injury** (affects less than one out of every 100 patients treated)
- **bleeding**: rarely an issue as this is a 'keyhole' procedure
- **thrombosis/blood clot** (affects less than one out of every 100 patients)
- **re-stiffening**: can occur but your physiotherapist will provide you with the appropriate rehabilitation/ exercise protocol to minimise the risk of recurrence.

Are there any alternatives?

Alternative treatment options for this condition include physiotherapy, ultrasound guided hydrodistention (*stretching the capsule of the joint and reducing the inflammation within it by injecting a mixture of sterile saline, local anaesthetic and steroid*) and manipulation under anaesthesia (*joint will be forcefully stretched in outward, upward and twisting movements to try and regain maximum movement of the shoulder joint*).

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. A member of shoulder team will explain the risks and benefits of the procedure.

What happens during the capsular release?

On your day of admission, you will be seen by your consultant who will mark the site of the surgery and ask you to sign the consent form. The

anaesthetist will also review your fitness for surgery and finalise the planned anaesthetic regime. You will then proceed to the operating theatre to undergo the operation.

During your surgery you are generally sat up in a beach chair type position. The surgeon then introduces the arthroscope (camera) into your shoulder and watches the images on a TV screen. Photos are generally taken of the findings.

This surgery involves looking inside the shoulder joint and assessing the joint capsule via the arthroscope (camera) and then using small instruments to release the capsule where it has tightened the most.

Will I feel any pain?

Your arm will feel numb because of the nerve block/local anaesthetic used during your operation but this should wear off during the first 24 hours. Post-operative pain is normal and you will receive a combination of painkillers to help minimise this pain.

What happens after the procedure?

Following the operation, you will be taken to the recovery department. This is where you are monitored for the initial post-operative period. You will then be transferred to the orthopaedic ward or the ward of the Day Surgery Unit. You usually go home on the day of surgery or may require an overnight stay on the ward. When you go home depends on your individual circumstances and the time of your procedure and will be discussed with you before your operation.

You will be seen by an orthopaedic physiotherapist who will teach you how to put on and take off your sling, and some basic exercises to begin stretching your shoulder immediately whilst you are still in hospital. He/she will also provide advice on general functional adaptations after your surgery and organise your outpatient physiotherapy follow up.

What do I need to do after I go home?

Your arm will be resting in a sling for approximately 24 hours after surgery. This is for comfort only and is not there to stop you moving your arm. You need to move your arm as soon as possible to get the most out of your shoulder after the operation. It is quite normal to experience aching, discomfort after your exercises but be guided by your level of discomfort.

You should leave the dressing intact for two weeks after your surgery. You will need to organise an appointment with your consultant for a wound check and trimming of the sutures. It is essential that you continue to take painkillers as advised after your surgery. Your pharmacist and nurse will discuss with you the management of your painkillers before you go home.

Depending on the nature of your employment, you may be signed off from working from two to six weeks.

What should I do if I have a problem?

Please contact your consultant's secretary, your GP or attend A&E if you have any urgent medical concerns or experience any of the following:

- Increasing pain
- Increasing redness, swelling or oozing around the wound site
- Fever (temperature higher than 37.5°C).

Will I have a follow-up appointment?

Two to six weeks following your surgery, you will be asked to attend the outpatients department for a review to assess your progress.

Contact details

If you have any concerns about your operation, please contact your consultant's secretary.