

Arthroscopic Shoulder Stabilisation

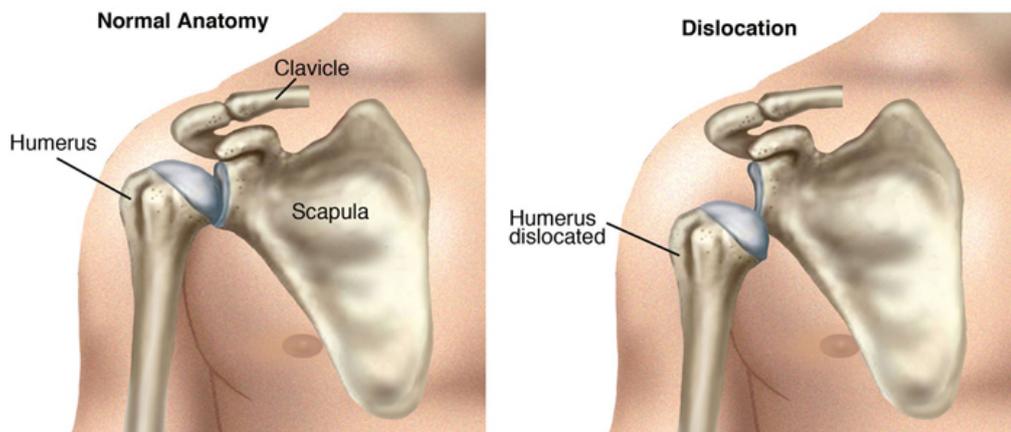
The aim of this leaflet is to help answer some of the questions you may have about having an arthroscopic shoulder stabilisation. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

If you have any questions and concerns, please speak to your doctor.

What is an arthroscopic shoulder stabilisation?

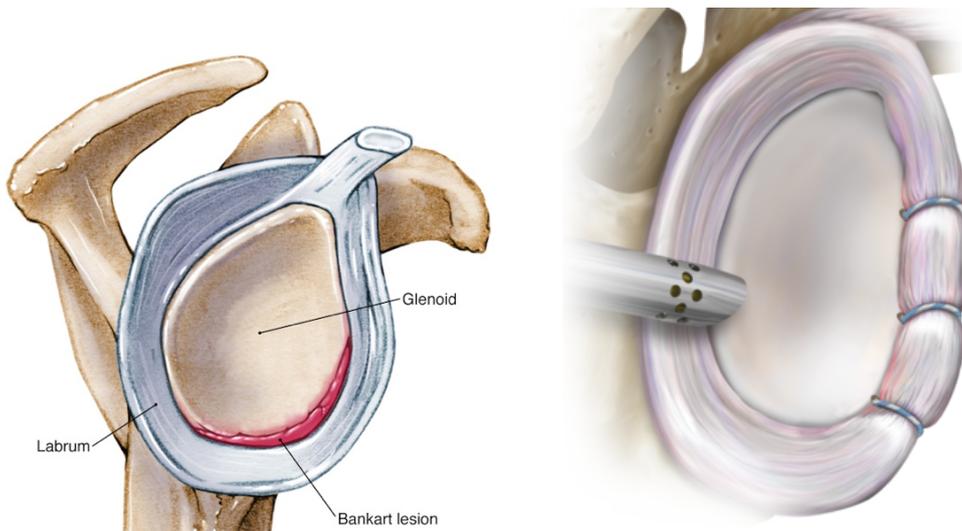
The shoulder is the most mobile joint of the body and it can easily become unstable and dislocate after a direct accident or injury. Once it has dislocated, it can easily happen again. Unfortunately, once the surrounding shoulder structures are damaged, they become susceptible to further dislocation, occasionally with only relatively minor injury.

Shoulder Dislocation



During an arthroscopic shoulder stabilisation, an arthroscope (camera) is inserted into the shoulder to allow the shoulder joint and surrounding

structures to be seen. The damaged structures are repaired and tightened to restore the joint's stability. This involves placing small anchors into the socket of the shoulder and suturing (sewing) the torn tissue back to the bone. Usually three small 1cm cuts are needed. Fluid (saline) is passed into the shoulder to allow the surgeon to look at the structures within it.



What are the benefits – why should I have an arthroscopic shoulder stabilisation?

Usually the primary reason for needing this surgery is to prevent further dislocation and stop any further damage to the soft tissues, structures and nerves. By restoring the stability of your shoulder you should be able to do more with it without fear of future dislocation.

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 shoulder stabilisation 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:** this is a very serious complication and therefore significant measures are taken to avoid it, for example you will be given antibiotics to try to guard against it.
- **Nerve/vessel injury**
- **bleeding:** rarely an issue as this is a 'keyhole' procedure
- **thrombosis/blood clot**
- **Stiffness of the shoulder:** this is rarely permanent and usually improves over a three to six month period)
- **Re-dislocation** (ball coming out of the socket)
- **Hardware failure:** mechanical failure of the implants (ie. anchors)

Are there any alternatives?

Surgery is a good treatment option for this condition, but in some cases a course of physiotherapy may be trialed first to help strengthen the shoulder. Ultimately an operation may be essential to help repair the structural faults caused by the dislocation.

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.

What happens during the operation?

On your day of admission, you will be seen by your orthopaedic 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 camera into your shoulder and watches the images on a TV screen. Fluid (saline) is passed into the shoulder to allow the surgeon to look at the structures within it. Photos are generally taken of the findings. The surgery will take about 60 minutes. However, anaesthetic and recovery time means you will be away from the ward for longer than this.

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 either be transferred to the orthopaedic ward or the Day Surgery Unit. You may go home on the day of surgery or 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 shoulder sling, and some basic exercises. He/she will also provide advice on general functional adaptations after your surgery organise your outpatient physiotherapy follow up.

What do I need to do after I go home?

Your arm will be resting in a shoulder sling for two to six weeks. This is essential to minimise any movement at your shoulder joint and protect the repair work that has been done. Moving your shoulder inappropriately during this healing phase will reduce the potential benefits of the surgery.

You should leave the dressing intact until your follow-up appointment, which will be about two weeks after your surgery. 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. If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment or you can contact your consultant for advice and pain management.

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, or attend your local A&E department out of hours, if you have any urgent medical concerns or you 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 weeks following your surgery, you will be asked to attend the outpatients department for a review, wound check and removal of stitches. Your dressings will be changed and reduced as appropriate.

Contact details

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