YORKSHIRE SHOULDER CLINIC

LEEDS | YORK | HARROGATE | ELLAND

Arthroscopic Stabilisation of the Shoulder

The procedure

The shoulder allows a large range of motion, this is at the expense of stability of the joint, and as such the shoulder is the most likely large joint in the body to dislocate.

Most shoulders dislocate forwards and/or downwards, and most commonly following trauma or injury. When this happens, a structure at the front of the shoulder (the labrum) can be damaged (known as a Bankart lesion) and there is a high risk of recurrent shoulder dislocation. If the shoulder dislocates backwards the labrum can be damaged at the back of the joint (reverse Bankart lesion).

Below the age of 30 there is a high chance of requiring surgery, though in middle-aged people activity modification may be enough. In middle aged and more elderly people dislocation is associated with rotator cuff tears (tendons around the shoulder) that may require repair.

Arthroscopic (keyhole) stabilisation of the shoulder is repair of the damaged labrum using bone anchors with stitches attached (suture anchors). This restores the anatomy and therefore the stability of the joint.

Are there any alternatives?

Non-traumatic (no injury) shoulder dislocation responds well to physiotherapy in most cases, but in young people following trauma (injury and damage) there is a high risk of recurrent dislocation due to the damaged labrum. Physiotherapy and activity modification may be sufficient for some.

What are the risks?

Risks of the operation are:
Wound infection - rare and usually involves the skin. Occasionally a deep infection can occur, the risk is less than 1%.
Stiffness – shoulders can become stiff after shoulder surgery. Around 5% of patients develop stiffness that normally resolves with physiotherapy.
Nerve injury – there is a very small risk to nerves around the shoulder. The risk is less than 1%.
Recurrence – the risk of further dislocation is around 3-5%.

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Risks of the anaesthetic:

Your anaesthetist will talk to you about this.

There is some information about anaesthetics below and there is additional patient information from the Royal College of Anaesthetists available.

What anaesthetic will be used?

You will meet the anaesthetist before your operation and will have a chance to ask any questions you might have about your anaesthetic.
Most patients will have a general anaesthetic and possibly a supplementary nerve “block” (regional anaesthetic) that provides pain relief in the immediate post-operative period. The block numbs your arm and you will not be able to move the arm until the block wears off (usually 12-18 hours). Your arm will be in a sling.
It is important to take some painkillers before the block wears off, generally before you go to bed the day you have had surgery, to reduce the risk of developing pain.

Jewellery

All jewellery needs to be removed from the arm that is to be operated on before surgery.

Blood clot prevention

Risk of blood clot in the arm (deep vein thrombosis or DVT) is rare following shoulder surgery. Leg DVT prevention is by physical means of stockings and pumps in theatre and early mobilisation after surgery (walking), to keep blood flowing in the legs. Keeping well hydrated after surgery is also advised (drinking water).

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Consent

You will be asked to give your consent to this treatment following further discussion with medical or nursing staff. It is important that you understand what is involved and you will have an opportunity then to ask any questions that you might have. A sample of the consent form may be provided for you to read so that you are familiar with the form. Please do not sign this sample – it is for your information only.

Plan ahead for discharge home

The procedure is performed as a day case and you will be in a shoulder sling for around 3 weeks after surgery; this will be removed for physiotherapy and hygiene purposes only.

You will need someone at home for at least the first night after surgery.

All stiches are usually dissolvable, your wounds should be covered until dry, but you can shower with waterproof dressings within a few days of surgery.

Contact your GP or the Hospital if

- You have severe pain
- You develop a fever
- Your wound appears red and lumpy or starts to leak fluid
- You develop arm/ leg pain and swelling, difficulty walking, or if your arm/leg becomes warmer than usual, or reddish / purplish in colour.
- You develop unexplained shortness of breath, chest pain and / or coughing up blood

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Physiotherapy

Total rehabilitation time can be up to nine months.

You will see a physiotherapist on the ward before your operation and physiotherapy will start within a week of surgery (when you see the therapist).

Your physiotherapist will explain what you can and can't do with your arm and shoulder and will show you how to do the exercises you need. Your exercise plan may be different to other patients who have had similar operations. This is because each operation is slightly different and so the exercises needed are also different.

Your physiotherapist will have instructions for your exercises.

Milestones

Return to work	Sedentary job:	as tolerated
	Manual job:	3 months
Driving	4-6 weeks	
Swimming	Breaststroke:	6 weeks
	Freestyle:	12 weeks
Golf	3 Months	
Lifting	Light lifting can begin at 3 weeks. Avoid lifting heavy items for 3 months.	
Contact Sport	E.g. Rugby, horse riding, football, martial arts, racket sports and rock climbing: 3-6 months	

Further Information

If you require further information or advice please contact the ward you have been on

Ward phone number ……..……..