

Arthroscopic Capsular Release of the Shoulder

The procedure

A shoulder may become stiff on its own (frozen shoulder) or after an injury or surgery. A stiff or frozen shoulder can be very painful and limit the amount your shoulder moves.

The capsule is the lining of the shoulder joint. Normally it moves freely to allow shoulder movement, but if it becomes thickened and scarred movements are painful and reduced.

The procedure aims to improve the range of shoulder movement you have. Assessment of your shoulder is performed when you are asleep. A camera is placed into the shoulder and a keyhole (arthroscopic) release of the thickened capsule (lining) is performed. This reduces the risk of injury to the structures in and around the shoulder, and also allows assessment of the rest of the shoulder joint.

What are the reasons for doing this?

A painful stiff shoulder can affect your day-to-day activities, ability to work and even your sleep. Over time the stiffness will go but this can take up to 2 years, or even longer in some cases. Surgery should be considered if other treatments have failed and there has been little or no improvement after 4-6 months.

Are there any alternatives?

- Steroid injections into the shoulder
- Taking regular pain killers and/or anti-inflammatory tablets
- Seeking advice from a shoulder physiotherapist
- A distension (joint stretching) injection performed under X-ray or USS control

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 is normally cured with physiotherapy.

Nerve injury – there is a very small risk to nerves around the shoulder. The risk is less than 1%.

Re-stiffening – can occur but the physiotherapists should help you reduce the risk



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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 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).

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.



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Plan ahead for discharge home

If you think you may have any difficulties, please discuss these at your pre-operative assessment appointment.

The procedure is performed as a day case and you will be in a collar and cuff sling for a few days (as comfort allows). You are encouraged to keep moving your arm to maintain the movement in the shoulder.

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

Normally there are no stitches, your wounds should be covered until dry, but you can shower with waterproof dressings within a few days of surgery.

Contact your the Hospital (or GP) 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

Physiotherapy

Total rehabilitation time can be up to six months, but usually shoulder movements are greatly improved within weeks and pain improves quickly.

You will see a physiotherapist on the ward before your operation and physiotherapy will start ideally within a few days 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.

