

ARTHROSCOPIC SHOULDER STABILISATION

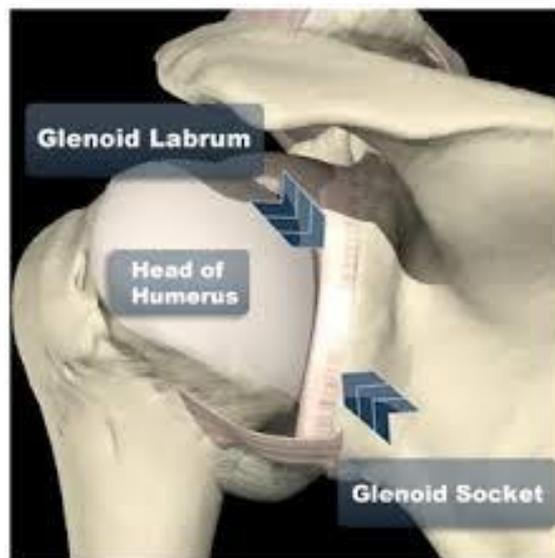
The aim of this leaflet is to give you some advice and understanding on arthroscopic shoulder stabilisation surgery.

About arthroscopic shoulder stabilisation

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 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.

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 inside.



What are the reasons for doing this?

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 dislocations respond 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 particularly activity modification may be sufficient for some.

Surgical options

Arthroscopic (keyhole) labral repair – aims to repair the damaged labrum using suture anchors.

Arthroscopic plication – used in atraumatic instability (no trauma/injury) to tighten the loose structures in the shoulder and make it more stable.

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

Usually the primary reason for needing this surgery is to prevent further dislocation and stop any further damage to soft tissues, structures and nerves.

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%.

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. Prevention is by physical means of stockings and pumps in theatre and early mobilisation after surgery (walking). 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.

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). The only restriction to movement after surgery is discomfort.

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 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, 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

After the operation

Your arm will be supported in a sling to protect the repaired structures. It is essential that you wear the sling day and night for a period of 3 weeks, your surgeon and physiotherapist will advise you on this. Sometimes you may require a longer or shorter period in the sling; you will be advised if this is the case.

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 within 24 hours. Pain after the operation is normal and you will receive a combination of painkillers to help limit this. It is important that you control your pain to allow you to do your exercises; this will help to prevent your shoulder from becoming stiff.

Because of the minimally invasive (keyhole) nature of this surgery some people experience very little pain after the operation, allowing for greater use of the arm than is recommended. Even if there is minimal pain it is essential to protect the surgical repair and follow your surgeons and physiotherapists instructions.

What are my precautions regarding movements and positions after surgery? What positions are allowed and what should I avoid?

- Do not actively move your arm away from your body for three weeks following surgery (you will be informed by your physiotherapist as to exactly how long). In addition, do not lift any object even if you are just bending your elbow.
- When lying on your back we recommend you put a towel roll under your elbow to support arm.
- Many patients find that lying on an incline in bed is more comfortable than lying flat, so you can try propping yourself up on some pillows. Some patients find sleeping in a recliner more comfortable during the first few weeks after surgery.
- To start with after surgery you should not reach behind your back with your operated arm.

May I use my operated arm for dressing, bathing, driving and other normal daily activities?

- Driving: 6-8 weeks post op if comfortable, safe and good ROM and strength. You must notify insurance company.
- You may use your wrist, hand, and elbow for daily activities. This includes eating and shaving, as long as you do not move your operated arm away from your body and it does not increase your pain.
- Do not use your arm to push up/off the bed or chair for six weeks after your surgery.
- When showering, you may wash under the involved arm pit by bending forward to let the involved arm hang freely and reaching under with the opposite arm.
- Do not actively move your arm away from your body until instructed to do so.

When will I begin physiotherapy and how often will I need to go?

You should begin physiotherapy in the week following your surgery and will typically have one appointment per week, though this can vary. It is essential that you begin your therapy within this timeframe and if you do not have an appointment booked please contact us as soon as possible (phone 01423 553472). It is essential for the success of your surgery that you comply with your physiotherapy exercises.

When can I return to sport?

- Return to sports and recreational activities are specific to the particular activity, but generally it is no sooner than four to six months.
- Always seek permission from your surgeon and therapist prior to starting any sports related activity.

Milestones

- Dressings removed 7-10 days post op
- Sling for 3 weeks (unless otherwise stated in op notes)
- Driving: approximately 6-8 weeks
- Swimming: Breaststroke 6 weeks Freestyle 3 months
- Golf: 3-6 months guided by surgeon
- Lifting: Light lifting 3 weeks Heavy lifting 3 months
- Work: sedentary 3-4 weeks manual: guided by surgeon
- Contact Sport E.g. 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

Exercises

You can begin to exercise the arm with the following exercises as soon as the anaesthetic block has worn off.

1. Neck Rolling



- Stand/Sit with arms relaxed
- Make Backward Circles with your shoulders
- Relax and Repeat
- Repetition: 10 Frequency: 4 times a day

2. Table Slide Flexion



- Start sitting or standing with hands supported on table top
- Slowly slide arms in front in a comfortable range
- DO NOT push into resistance
- Use a towel under hands to reduce friction
- Repetition: 10 Frequency: 4 times a day



- Resting Elbow at 20 degrees abduction away from side. Hold a stick in your hands and push operated hand outwards.
- Only move as far as post-operative restrictions allow
- DO NOT push into resistance
- Repetition: 10 Frequency: 4 times a day

4. Assisted Movement - Shoulder Flexion



- Lie on your back with knees bent and hold stick firmly
- Using good arm to help operated arm, lift arms towards vertical as in picture
- DO NOT push into resistance
- Maintain the position and relax for 5 seconds
- Repetition: 10 Frequency: 4 times a day

5. Assisted Movement - Shoulder Abduction



- Start sitting or standing with operated arm supported on table
- Slowly Slide arm out to the side in a comfortable range
- DO NOT push into resistance
- Slowly return to the start position and repeat
- Repetition: 10 Frequency: 4 times a day

6. Elbow Movement - Flexion



- Sit on a chair with your arm straight along the side
- Bend your elbow keeping the palm of your hand facing upwards
- Use your other hand to support your elbow.
- Repetition: 4 Frequency: 4 times a day

7. Neck Movement - Rotation



- Stand or sit tall
- Slowly turn your head to bring chin over your shoulder and look over your shoulder
- Return to start position and repeat on other side
- Repetition: 4 Frequency: 4 times a day

8. Neck Movement – Flexion



- Stand or sit tall
- Slowly bend chin to chest to look down at floor
- Return to start position and repeat
- Repetition: 4 Frequency: 4 times a day

9. Finger Flexion

- Clench a tight fist then straighten fingers
- Repetition: 20 Frequency: 4 times a day

These exercises are intended as a guide; if you have any difficulties please contact your physiotherapist. Regular exercise is the best way to optimise the outcome of your operation, however, only perform exercises that you have been instructed to do.

Living with a shoulder sling



NOTE: It is essential that you regularly loosen or release the sling to exercise and move your elbow, wrist and hand to prevent stiffness of these joints. This should be done at least 4 times per day.

1. GETTING WASHED: For the first **3 weeks** you may need assistance to wash your **un-operated** arm, as you will not be able to use your **operated** arm for this. It may be possible to use either a cubicle shower, or an overbath shower. Please remember to keep the surgical wounds dry and protected whilst washing. Waterproof dressings may be provided by the hospital to wear when you are washing, alternatively these can be bought from a chemist.

To dry yourself, it may be easier to put a towelling bathrobe on, which will help to dry your un-operated arm.

2. GETTING DRESSED: You will find it easier to wear front opening clothes. Always dress your operated arm first. Sit on the edge of a chair or stand with your arm 'hanging' by your side. Slide your **operated** arm into the garment first using your **un-operated** arm. Do not assist with your operated arm, just let it hang loose. Once this arm is fully in the sleeve bring the garment around your back and put the other arm in. Any fasteners must be fastened only with your un-operated arm. Once you have dressed your upper body, place your arm back in the sling.



By 6 weeks after your operation you be able to have returned to dressing 'normally'.

3. FEEDING: For the first 3 weeks after your operation, you will feed yourself with your un-operated hand only. After this time you may return to feeding yourself 'normally' using both hands.



4. TRANSFERRING: This means getting in and out of your chair, bed and bath and getting on and off your toilet. For the first 6 weeks you must only push up from the bed, chair, toilet and bath using your un-operated arm. After 6 weeks you may return to using both arms as pain allows.

5. SLEEPING: For the first 3-6 weeks your sling should be kept on while you are in bed. You may find it more comfortable to sleep on your back initially, with a pillow under your operated arm for support. You may also find it more comfortable to sleep in a semi-sitting position.



6. KITCHEN ACTIVITIES: This includes making meals, snacks and drinks for yourself. For the first 3- 6 weeks you must use your un-operated arm for kitchen activities. After this time you may return to using both arms. **AVOID LIFTING ANYTHING HEAVY FOR 3 MONTHS.** At 6 weeks after surgery you may lift light items.



7. HOUSEWORK: Light housework may resume after 6 weeks. More strenuous housework should be avoided until 3 months after your operation.

8. STAIRS: When climbing/descending the stairs, hold the banister with your un-operated arm. This may mean that a second banister is required. After 6 weeks you may hold the banister with either arm.

NB ALL THE ABOVE ARE GUIDELINES ONLY. IF YOU HAVE ANY CONCERNS OR ADDITIONAL QUERIES PLEASE CONTACT A MEMBER OF THE SHOULDER TEAM.

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.