

## Arthroscopic capsular release (release of a frozen shoulder)

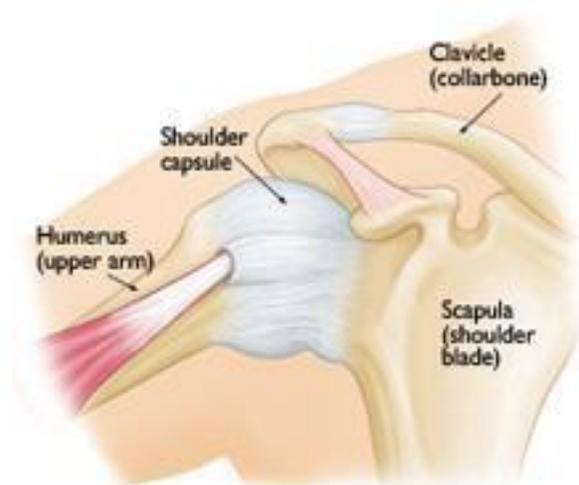
### Information for patients

The aim of this leaflet is to answer some of the questions you may have about having a release of a frozen shoulder by arthroscopy (a type of keyhole surgery). 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 the doctor or nurse caring for you.

### What is an arthroscopic capsular release?

Shoulder pain and restricted movement of the shoulder are common symptoms. There are many different causes, one of which is the condition called a frozen shoulder.

In this condition, the lining of the shoulder joint (known as the capsule) becomes inflamed and sticks to itself and the tendons around it. It is also known as 'adhesive capsulitis'. The most common symptoms are a gradual worsening of pain and restricted movement of the shoulder. The pain may also affect and disturb your sleep.



**Fig 1. Normal shoulder capsule**



**Fig 2. Inflamed capsule in frozen shoulder**

There are three phases of a frozen shoulder:

- **Phase 1 – freezing of the shoulder**

This is the initial inflammation phase associated with a gradual increase in stiffness of the shoulder. Patients experience increased shoulder pain during the day and at night. It is also associated with pain in the neck.

- **Phase 2 – frozen shoulder**

Known as the plateau phase, this is when the pain begins to ease but the stiffness in the shoulder remains.

- **Phase 3 – thawing of the shoulder**

This is the recovery phase – the stiffness in the shoulder begins to ease.

This process can take up to 18 months to 2 years.

The aim of arthroscopic capsular release is to improve the range of movement of the shoulder (the stiffness) and to reduce the pain. The treatment is offered to help speed up the thawing phase.

Arthroscopic surgery is a minimally invasive procedure where surgery is performed via a 'keyhole' approach through two or three small incisions using a piece of equipment which is a bit like a thin telescope (an arthroscope).

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

While most patients recover from a frozen shoulder without the need for surgical intervention, surgery is offered to help 'unstick' the lining of the joint. This helps to speed up the recovery phase and release the stiffness.

## **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 (which will put you to sleep) combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region. This combination of anaesthesia is used to numb the sensation to the area and to reduce the pain and discomfort during and immediately after the surgery.

You will be able to discuss this with the anaesthetist before your surgery and he/she will identify the best method for you.

Arthroscopic capsular release is routinely performed and is generally a very 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 significant measures are taken to avoid it, for example you will be given antibiotics to try to guard against it
- nerve injury – the risk of this is very rare, but if damage occurs further treatment or surgery may be needed
- bleeding – this is rarely an issue as arthroscopic capsular release is a ‘keyhole’ procedure
- thrombosis/blood clot – this is rarely an issue in shoulder surgery
- Symptoms of stiffness may return – this is unusual but it may become necessary to repeat the operation if the stiffness is troublesome.

#### **Are there any alternatives?**

In most cases physiotherapy and a steroid injection into the joint may be attempted first to see if this can reduce the pain.

Living with the condition and modifying your lifestyle (the way in which you use your arm for daily activities) is also an option.

Surgery is the next stage of treatment once these non-surgical options have been tried.

## **Giving my consent (permission)**

We want to involve you in decisions about your care and treatment. Before carrying out any procedure, staff will explain the procedure to you, along with associated risks, benefits and alternatives. If you have any questions about your care, or any concerns, please do not hesitate to ask for more information.

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 an arthroscopic capsular release?**

On your day of admission you will be seen by a doctor from the surgical team 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 be taken to the operating theatre to undergo the operation.

During your surgery you are generally sat up in a beach chair type position. The operation is done via keyhole surgery (arthroscopy). The surgeon introduces a camera into your shoulder through a small incision and watches the images on a TV screen. Photos are generally taken of the findings.

The inflamed and 'stuck' capsule is then released through a second incision, using a small accurate cutting instrument to divide it.

A steroid injection may be given into the joint as part of the procedure, and the wound may be closed using stitches.

## **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 after the operation. 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.

When you go home depends on your individual circumstances and the time of your procedure – you may be able to go home on the day of surgery or may need to stay overnight on the ward. This will be discussed with you before your operation.

You may be seen by an orthopaedic physiotherapist who will teach you some basic exercises and how to put on and take off your shoulder sling. He/she will provide advice on general adaptations you will need to make after your surgery and, if needed, will also organise an out-patient physiotherapy referral for you at your local hospital.

## **What do I need to do after I go home?**

It is important to continue to use your arm after your operation to prevent any stiffness or weakness developing. Your arm will be in a sling for one to two days after your operation, but we recommend that you return to full normal activity as soon as discomfort allows. There is no danger in doing this.

Two weeks following surgery you should aim to move your arm well above shoulder height. You should regain the majority of your range of movement after three weeks.

You should leave the dressing intact until your follow-up appointment, which will be about 10 days 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.

## What should I do if I have a problem?

Please contact your GP or attend your nearest A&E department if you experience any of the following:

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

## Will I have a follow-up appointment?

You will be asked to attend the out-patient department for a review about a week to 10 days after your surgery. We will check your wound and, if appropriate, will change your dressing and/or remove your stitches.

## Contact details

If you have any concerns about your operation or want to talk to us again, we would be happy to see you. Please contact the following (Monday-Friday, 9am-5pm):

- Medical Secretary to Verona Beckles: Carla McLoughlin
- Tel: 0207 496 3563
- Email: [beckles.admin@sportsortho.co.uk](mailto:beckles.admin@sportsortho.co.uk)

Please contact your GP or attend your local A&E department if you have any urgent medical concerns outside of these hours.



London Sports Orthopaedics  
31 Old Broad Street  
(by Tower 42)  
London  
EC2N 1HT

Tel: 020 7496 3597

Fax: 020 7496 3596

[london@sportsortho.co.uk](mailto:london@sportsortho.co.uk)

[www.sportsortho.co.uk](http://www.sportsortho.co.uk)