

Arthroscopic shoulder stabilisation – surgery

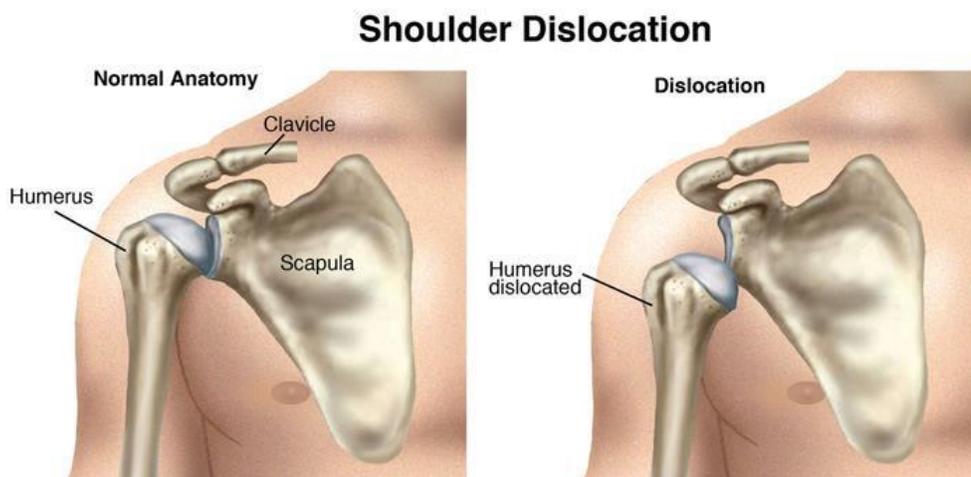
Information for patients

The aim of this leaflet is to 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.

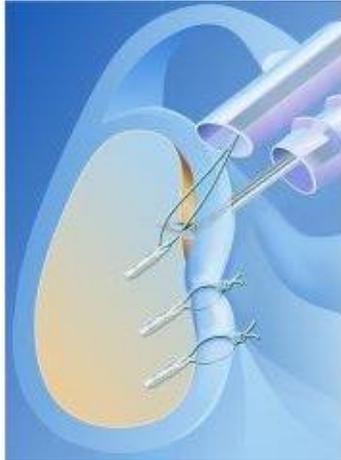
If you have any questions and concerns, please speak to the doctor or nurse caring for you.

What is an arthroscopic shoulder stabilisation?

The shoulder is the most mobile joint in 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.



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 (which will put you to sleep) combined with local anaesthetic, which may be injected in and around the shoulder, or around the nerves that supply the region. This combination of anaesthetics is used to numb the sensation to the area and to prevent you from feeling pain and discomfort during the surgery.

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 routinely 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 – this is rarely an issue as arthroscopic shoulder stabilisation 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 trialled 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. Before carrying out any procedure, staff will explain the procedure to you, along with the 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 the operation?

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 surgeon then introduces the camera into your shoulder through a small incision in the back of the 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, you will be away from the ward for longer than this as we will need to monitor you after the surgery while you recover and the anaesthesia wears off.

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 also provide advice on general functional adaptations after your surgery and organise your out-patient physiotherapy referral at your local hospital.

What do I need to do after I go home?

Your arm will be resting in a shoulder sling for two to three weeks. This is essential to minimise any movement at your shoulder joint and protect the repair work that has been carried out. 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 out-patient appointment or you can contact your GP for advice on pain management.

Depending on the nature of your employment, you may be signed off from working from one to six weeks. Please ensure you ask for a medical certificate before you are discharged.

What should I do if I have a problem?

Please contact your GP or attend your nearest A&E if 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 out-patients 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 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

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

www.sportsortho.co.uk