

Shoulder manipulation under anaesthetic and Arthroscopic Capsular Release



Physiotherapy Department

This booklet is designed to help prepare you both mentally and physically before you come into hospital for your shoulder surgery.

Please read this booklet carefully and ask your pre-assessment nurse or physiotherapist if you are unsure about any information or instructions.

Remember once you have had your operation it is up to you, with guidance from your physiotherapist, to follow the advice and carry out the exercises regularly in order to achieve the optimum results.

About your shoulder

The shoulder is designed to give a large amount of movement. Most shoulder movements are at the ball and socket joint.

The ball at the top of your arm bone (humerus) fits into the shallow socket (glenoid) which is part of the shoulder blade (scapula). There is a loose bag or 'capsule' which surrounds the joint. This is supported by ligaments and muscles.

Why does the shoulder requires manipulation under anaesthetic or arthroscopic capsular release?

Your shoulder has become inflamed and tight. Often this is due to a 'frozen shoulder'. This process can start without apparent cause. Sometimes, the pain and tightness follows a minor accident/injury, or after an operation. Other times, it is associated with diabetes. It can be a problem for 12 to 24 months, sometimes even longer.

Other people have a stiff shoulder because of an earlier major injury. In this case the inflammation is less of a problem but the tightness of the capsule due to scarring is preventing good movement.

The aim of the manipulation under anaesthetic operation is to try and increase the range of movement in your shoulder. The tight capsule will be torn by forceful but careful and controlled stretching of the arm while you are asleep.

The operation may also include keyhole surgery or 'arthroscopy'. In this case 2 or 3 small incisions (5mm) will be made around your shoulder in order for the arthroscope (small telescope) to be passed into the joint.

The scarring and tight capsule will be carefully released from the inside in order to improve your shoulder movements (arthroscopic capsular release).

What is the expected outcome?

The eventual end result should be a shoulder with reduced pain and increased range of movement.

What are the risks?

Complications are rare but as with all surgery they do exist.

They include:

- Anaesthetic complications such as sickness and nausea
- Infection
- Failure of the operation to improve the pain or movement in your shoulder
- Nerve and blood vessels damage
- Fracture of the upper arm bone

What are the alternatives?

The alternative solutions for the shoulder stiffness include:

- Waiting for the stiffness to get better naturally. If you are suffering from a frozen shoulder then the stiffness will get better naturally over the course of 18 months to 2 years even if you have no treatment whatsoever. If you are diabetic then the stiffness may take much longer to go away and indeed may never disappear entirely.
- If your shoulder is stiff as a result of a major injury then there may be some natural improvement for up to 18 months. After that you may choose to simply put up with the stiffness.
- Physiotherapy, stretching exercises and swimming can all help but only once pain is no longer a major issue.

Your stay in hospital

You usually go home the same day as your operation. You will need somebody to escort you home. You may find loose fitting clothes more suitable to wear initially.

After the operation

You will not require a sling after the operation as the purpose of the procedure is to regain movement and therefore we don't want to immobilise the shoulder.

You will be seen by a physiotherapist on the ward who will teach you the exercises below. They are designed to try and maintain any increased movement that was gained at surgery. You need to continue with these at home, straight away.

Ice

- Use ice packs to help reduce pain and post operative swelling.
- Wrap 1 large pack of frozen peas or an ice pack in a tea towel and place over the shoulder.
Leave for 15–20 minutes. Repeat 3–4 times a day.
- Replace the ice pack in the freezer to use only on the shoulder again.

Do not use ice if you have circulatory or sensation deficits.

Exercises

It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. However, if you experience intense and lasting pain reduce the exercises by doing them less forcefully or less often. If this does not help, discuss the problem with the physiotherapist.

Aim to complete the exercises opposite 3-4 times a day.

Gradually increase the number of repetitions you do. Aim for the repetitions that your therapist advises, the numbers stated here are rough guidelines.

1. Pendulum

- Remove sling.
- Lean forwards, supporting yourself with your non operated arm, let your operated arm hang down.
- Try to bend at the waist so that your arm can hang forwards with your elbow straight as far as is comfortable.
- Gently circle your arm from the shoulder keeping your thumb pointing forwards for 1 minute.



2. Active/assisted elevation

- Lying on your back, lift your operated arm with your other arm towards your head
- You are aiming over the next few days to get your arm up above your head.

Repeat 10 times.



3. Active/assisted lateral rotation

- Lying on your back with your operated arm by your side and elbow bent to 90° use a stick in both hands to push the operated arm outwards.

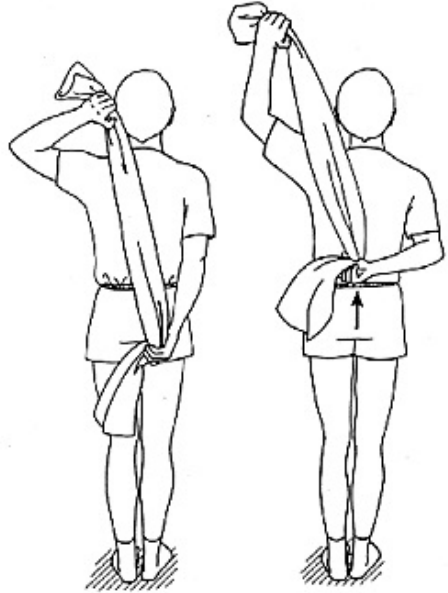
Repeat 10 times.



4. Active medial rotation (hand behind back)

- In standing or sitting, hold a towel with your good arm and place the towel over your good shoulder and across your back. Take hold of the bottom of the towel with your operated arm.
- Using your good arm, pull the towel towards the ceiling.
- Feel your operated arm move up your back. Hold 10 seconds and relax.

Repeat 10 times.



What happens after I leave hospital?

Outpatient physiotherapy will be arranged to start as soon as possible. They will progress your exercises and see you again as required.

You will need to get into the habit of doing regular daily exercises at home for several weeks. They will enable you to gain maximum benefit from your operation.

If you have only had a manipulation under anaesthetic there will be no wounds. If you have had an arthroscopic capsular release there will not be any stitches but there will be dressings over the wounds. Keep the wounds dry until they are healed, which is normally within 5-7 days. You can shower/wash and use ice packs but protect the wound with cling film or a plastic bag.

An appointment will also be made for you to be seen by the surgeon's team in clinic to check how you are progressing. Please discuss any queries or worries you have at this time. Further appointments will be made after this as necessary.

Driving

You can normally drive within a couple of days to a week after the operation. You must feel comfortable and be able to safely drive before you resume. You are advised to check with your insurance company before you begin driving again.

Work and sport

This will depend on the type of work you do. If you have a desk-type job you will probably be off work for a few days. However, if you are involved in lifting or manual work you may not be able to do these for 2 weeks. Please discuss any queries with the physiotherapist or hospital doctor.

Your ability to start back to sporting activity will be dependent on the range of movement and strength that you have in your shoulder following the operation. Nothing is forbidden. Please discuss activities that you are interested in with your physiotherapist or consultant. Start with short sessions, involving little effort and gradually increase.

If you have any further questions

Once you have returned home if you have any further questions or concerns please telephone the ward. They will do their best to help you or direct you.

This booklet is intended as a guide and a reminder. All points will be covered by your physiotherapist during your stay in hospital and your outpatient physiotherapist when you start your treatment. Each patient's individual needs vary and so you will be guided through your rehabilitation.

Reference source(s):

www.guildfordupperlimb.co.uk

Contact details

For further information, please do not hesitate to contact the Physiotherapy Department

Telephone: 01483 464153

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–4.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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