The Olympia Clinic

ARTHROSCOPIC OR OPEN SHOULDER STABILISATION

The aim of this leaflet is to help 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 a doctor or nurse caring for you.

What is a shoulder stabilisation procedure?

The shoulder is the most mobile joint of the body and it can become unstable and dislocate after a direct accident or injury.

Once it has dislocated, it can happen again.

Unfortunately, once the supporting shoulder structures are damaged, they can suffer further dislocation, sometimes with only relatively minor injury.

Each time the shoulder dislocates, damage is done to the bone and soft tissue around the shoulder joint. If there is no significant bone damage, an arthroscopic shoulder stabilisation (keyhole) operation can be performed. If however significant bone damage has occurred an Open (surgery with a scar) stabilisation is performed

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 or four small cuts are needed.

Fluid is passed into the shoulder to allow the surgeon to look at the everything within it.

Sometimes the damage within the shoulder is too great to undertake an arthroscopic (keyhole) procedure. This may be because there is too much bone loss or because a

previous operation has failed. Under these circumstances an **open shoulder stabilisation is performed.**

Usually the main reason for needing this surgery is to prevent further dislocations and stop any further damage to the tissues, structures and nerves. By restoring the stability of the shoulder you should notice a reduction in pain and be able to do more with your shoulder without fear of future dislocations.

What are the risks?

The risks of any operation relate to the anaesthesia and the procedure itself.

In most cases you will have a general anaesthetic combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the area

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

Open shoulder stabilisation surgery is commonly 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 risks/complications.

Complications include:

- **infection** (affects one or two out of every 100 patients treated): 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 injury** (affects one or two out of every 100 patients treated - this is rarely permanent and usually improves over a three to six month period)
- **bleeding:** you will lose some blood but rarely will you require a transfusion
- **stiffness of the shoulder** (affects one to two out of every 100 patients treated): this is rarely permanent and usually improves over a three to six month period
- **recurrent dislocations** (normally affects around five out of every 100 patients treated)
- **non healing of the bone block**: can occur, however the block may still function
- **thrombosis / blood clot** (affects less than one out of every 100 patients treated, but can in very rare occasions lead to death

During the Operation - A 10-15cm incision is made at the front of the shoulder and a piece of your coracoid bone (a bony prominence at the front of the shoulder) is moved to the front of the glenoid (the socket of your shoulder joint). It is then held in position with one or two screws. This replaces any bone loss, deepens the socket and also moves some tendons which act like a sling at the front of the shoulder.

The operation normally takes about 90 minutes. However, anaesthetic and recovery time means you will be away from the ward for longer than this.

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Complications include:

- **infection** (affects less than one out of every 100 patients treated)
- **nerve injury** (affects less than one out of every 100 patients treated - this is rarely permanent and usually improves over a three to six month period)
- **bleeding**: rarely an issue as this is a 'keyhole' procedure
- **thrombosis/blood clot** (affects less than one out of every 100 patients treated, but in very rare occasions can lead to death)
  Stiffness of the shoulder (affects one to two out of every 100 patients treated): this is rarely permanent and usually improves over a three to six month period)
- **re-dislocation** (affects around five to 10 out of every 100 patients treated).

During your surgery you are generally sat up in a beach chair type position. The surgeon then puts the arthroscope (camera) into your shoulder and watches the images on a screen. Fluid is passed into the shoulder to allow the surgeon to look at the structures within it. The surgery will take about 60 minutes. However, anaesthetic and recovery time means you will be away from the ward for longer than this.

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, and see if this helps the patients symptoms.

Another option is avoid activities that cause the shoulder to dislocate.

However, an operation may be essential to help repair the problems caused by the dislocation.

Giving consent (permission) for surgery

We want to involve you in decisions about your care. 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.

Will I have any pain?

Your arm may feel numb if we use a nerve block/local anaesthetic during your operation but this should wear off during the first 24 hours. Post-operative pain is normal and you will receive a combination of painkillers to help minimise this pain.

What happens after the operation?

You may go home on the day of surgery or require an overnight stay on the ward. When you go home depends on your individual circumstances and the time of your procedure, and will be discussed with you before your operation.

You may be seen by a physiotherapist who will teach you how to put on and take off your shoulder sling and some exercises. He/she will also organise your outpatient physiotherapy.

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 done. Moving your shoulder inappropriately during this healing phase will reduce the potential benefits of the surgery.

However it is important to move the arm in the gentle and limited way specified by the physio and surgeon, to ensure it does not become too stiff.

It is also important to keep the sling and the strap of the sling that goes behind your waist, on at night and at times where you feel your arm maybe moved by you or others into a position that has not been recommended by the physio or surgeon.

You should leave the dressing intact until your follow-up appointment, which will be about two weeks after your surgery. The big padded dressing will be reduced after a few days in the out-patient department.

It is essential that you continue to take painkillers as advised after your surgery

If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment or you can contact your GP.

Depending on the nature of your employment, you may be signed off from working from two to six weeks.

What should I do if I have a problem?

Please contact your GP 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?

Around Two weeks following your surgery, you will be asked to attend the outpatients department for a review, including removal of any stitches. Your dressings will be changed and reduced as appropriate.

FOR FURTHER INFORMATION PLEASE CONTACT YOUR SURGEON

- **Please ring 0203 – 6332288 or email admin@theolympiaclinic.com**

ALTERNATIVELY THE BELOW ARE USEFUL LINKS TO FIND OUT MORE

http://www.nhs.uk/conditions/Pages/hub.aspx

http://www.mayoclinic.org/tests-procedures/acl-reconstruction/basics/definition/prc-20012625

http://orthoinfo.aaos.org/topic.cfm?topic=A00549