

Arthroscopic Release of Frozen Shoulder

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly your healthcare team will have the most up-to-date information.

What is frozen shoulder?

Frozen shoulder is a stiff and painful shoulder caused by inflammation, swelling and contraction of your shoulder lining (capsule). It is also known as adhesive capsulitis.



A frozen shoulder

Your surgeon has recommended an arthroscopic capsular release operation. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does frozen shoulder happen?

Frozen shoulder is associated with diabetes, hypothyroid disease and Dupuytren's contracture of the hand. The condition usually affects people aged 30 to 60.

It can also happen after an injury or surgery.

A frozen shoulder often gets better without surgery but the process can take up to 4 years.

- Freezing phase – The capsular lining of your shoulder joint tends to become swollen and inflamed. This is often so painful that sleeping is impossible and simple painkillers such as paracetamol do not help.

- Frozen phase – The joint becomes less painful but stiff and difficult to move.

- Thawing phase – Movement gradually improves.

What are the benefits of surgery?

You should have less pain and be able to use your shoulder better. It usually takes about 6 months to recover a good range of movement and for the pain to reduce.

Are there any alternatives to surgery?

Simple painkillers and anti-inflammatory painkillers such as ibuprofen can help control the pain but you will usually need stronger painkillers. A steroid injection into your shoulder joint can sometimes reduce pain and stiffness. Physiotherapy is often helpful in improving movement if the pain can be controlled. Arthrographic hydrodilatation (stretching of the capsule by a high-pressure injection) has been shown to help. All these measures are not that effective if you have severe pain and stiffness.

It is possible to have a manipulation under anaesthesia (MUA) instead of a capsular release operation. However, a capsular release operation allows your surgeon to see inside your shoulder joint, perform a controlled release of the capsule and remove diseased tissue.

What will happen if I decide not to have the operation?

You will usually need strong painkillers and physiotherapy. Your shoulder will often settle without surgery but it can take up to 4 years to be free of pain and to regain your shoulder movement.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes 30 minutes to an hour. Your surgeon will make two small cuts, about half a centimetre long, one at the front and one at the back of your shoulder. They will insert a small telescope through one of the cuts so they can examine the joint. They will insert surgical instruments through the other cut to divide the tight, thickened capsule to improve the range of movement of your shoulder.

Your surgeon may close the cuts with stitches or leave the cuts to heal.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

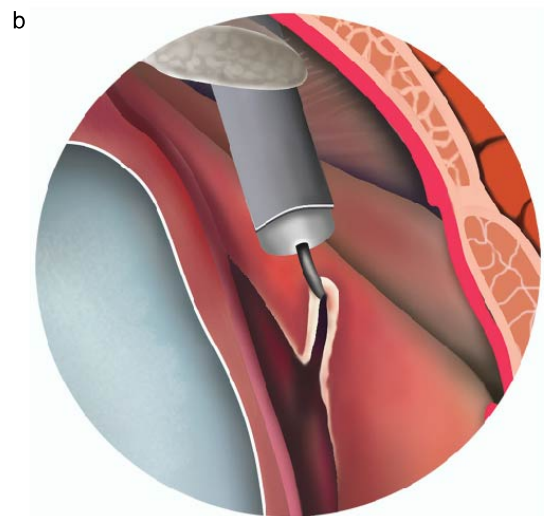
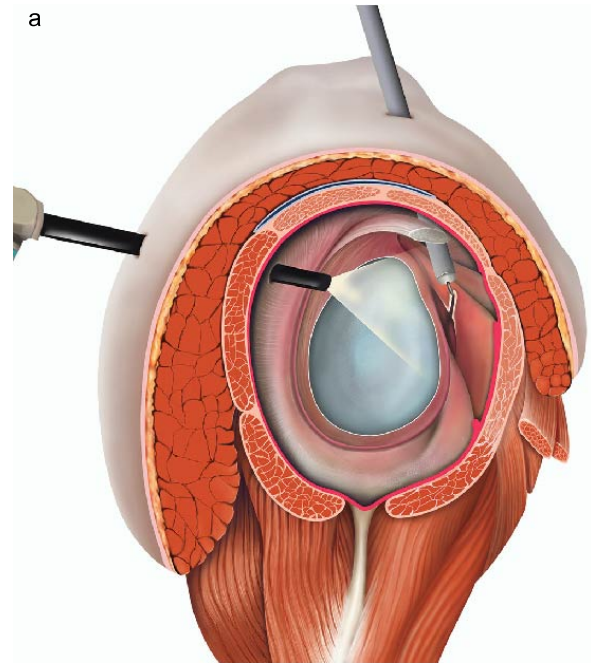
If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.



a An arthroscopic release
b The view from the telescope

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation. It is unusual to need a blood transfusion.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Unsightly scarring of your skin. The wounds are small and tend to heal to neat scars.

Specific complications of this operation

- Infection in your shoulder joint (risk: less than 1 in 1,000). You will need antibiotics and sometimes another operation to clean out the joint.
- Continued stiff shoulder. This is rare but the risk is higher if you have diabetes.
- Damage to nerves around your shoulder, leading to weakness, numbness or pain in your shoulder or arm (risk: less than 1 in 1,000). This usually gets better but may be permanent.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. The physiotherapist will give you exercises to help you to start moving your shoulder.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed.

You should be able to go home the same day. If you had severe frozen shoulder, your surgeon may recommend that you stay in hospital for more physiotherapy.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

You do not need to wear a sling and aim to use your shoulder as much as possible. It usually takes about 6 months to get a good range of movement. It is important to carefully follow the instructions of your surgeon and physiotherapist.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

Most people make a good recovery, have less pain and can use their shoulder better. It is important to continue to do the exercises recommended by the physiotherapist to improve the movement and strength of your shoulder.

Summary

Frozen shoulder can cause severe pain and stiffness. An arthroscopic capsular release should reduce your pain and help you to move your shoulder more easily. Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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