

# Patient Information for Consent

Amir Salama

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## OS26 Arthroscopy of the 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.

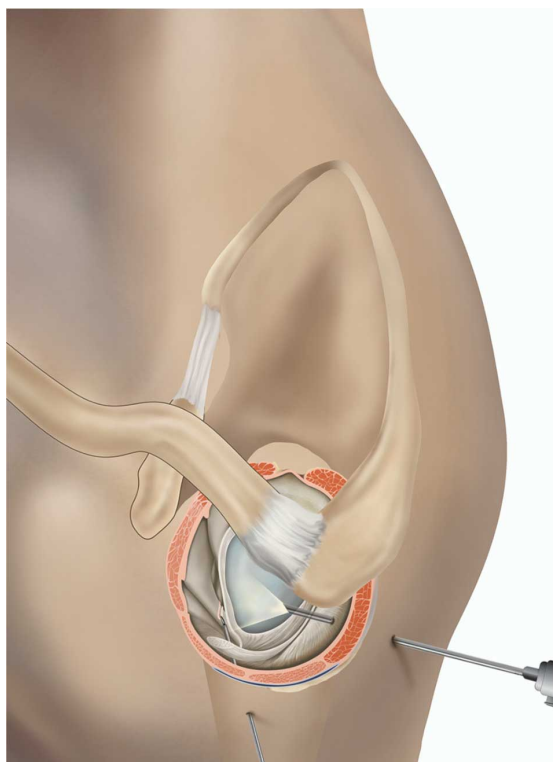
Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that,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

An arthroscopy (keyhole surgery) is performed to diagnose and treat problems in your shoulder joint. It involves examining the inside of the joint using a telescope inserted through small cuts on your skin. Your surgeon should be able to treat some problems using special surgical instruments, without making a larger cut.



An arthroscopy of the shoulder

Your surgeon has recommended an arthroscopy of your shoulder. 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.

## What are the benefits of surgery?

The aim is to confirm exactly what the problem is and for many people the problem can be treated at the same time. The benefit of keyhole surgery is less pain afterwards and, for some people, a quicker recovery.

## Are there any alternatives to surgery?

Problems inside a joint can often be diagnosed using tests such as CT scans and MRI scans. However, they do not show early damage to the surface of joints, damage to small ligaments or how bad any damage is, and you may then need an arthroscopy to treat the problem.

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

Your surgeon may not be able to decide on the best treatment for you.

Some problems settle on their own or if you change your activities.

## What does the operation involve?

Remove any rings from your hand before you come into hospital. 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. The operation is usually performed under a general anaesthetic but sometimes a nerve block is used, where local anaesthetics and other painkillers are injected near the major nerves to your arm. 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 about 40 minutes.

Your surgeon will use a small frame to support your arm. They will inject fluid into the joint, which helps them to perform the operation.

Your surgeon will usually make about two to four small cuts, about half a centimetre long, around the joint. 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 cuts if they need to treat any problems with the joint.

Your surgeon can check and clean any damaged areas in your shoulder. They may also be able to repair any small tears in the muscles or tendons.

Your surgeon will close any cuts with stitches or adhesive plasters.

## 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.

## 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, although arthroscopy scars are usually small and neat.

## Specific complications of this operation

- Bleeding into the joint (risk: less than 1 in 100). This can cause swelling and pain.
- Infection in your shoulder joint (risk: less than 1 in 100). You will need antibiotics and sometimes another operation to clean out the joint.
- Severe pain, stiffness and loss of use of your arm and hand (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your arm and hand can take months or years to improve.
- Damage to nerves around the joint, leading to weakness, numbness or pain (risk: less than 1 in 100). 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.

Your surgeon or the physiotherapist will tell you how long you need to keep your arm supported.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

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.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower. Any stitches are usually removed after 1 to 2 weeks.

The physiotherapist may give you exercises and advice to help you to recover from the operation. Follow any instructions carefully to improve the chance of getting strength and movement back in your joint.

The healthcare team will tell you when you can return to normal activities. Do not play contact sports or lift anything heavy until they have told you that it is safe. It can take up to 3 months to get back to normal activities.

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. If your surgeon repaired a tear in one of your shoulder muscles, do not drive for at least 2 months.

### The future

Most people have a major improvement but it takes time for pain to lessen and movement to increase. Symptoms often come back with time. You may need another operation.

If your surgeon performed the arthroscopy to get precise details of the problem with your joint, the healthcare team will arrange for you to come back to the clinic. Your surgeon will be able to tell you if you are likely to get further problems with your shoulder or need more surgery in the future.

### Summary

An arthroscopy of your shoulder allows your surgeon to diagnose and treat problems affecting the joint, without the need for a large cut on your skin. This may reduce the amount of pain you feel and speed up your recovery.

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

Reviewer: Lennard Funk (MSc, FRCS)

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