

Arthroscopic 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 an arthroscopic shoulder stabilisation?

The shoulder is the most mobile joint of 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 combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region.

You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for you. For more information about having an anaesthetic please see our leaflet, **Having an anaesthetic**. If you do not have a copy, please ask us for one.

Arthroscopic shoulder stabilisation 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 side effects and risks/complications.

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)
- **bleeding**: rarely an issue as this is a 'keyhole' procedure
- **thrombosis/blood clot** (affects less than one out of every 100 patients treated)
- **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 less than five out of every 100 patients treated).

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.

How can I prepare for an arthroscopic shoulder stabilisation?

Please refer to the following leaflet which will provide information on how to prepare for your operation:

- **Surgical admissions lounges (SAL) and day surgery units (DSU) at Guy's and St Thomas' hospitals**

If you do not have a copy, please ask us for one or see our website at **www.guysandstthomas.nhs.uk** (type SAL in the search box).

Giving my consent (permission)

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

You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

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 proceed 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 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, anaesthetic and recovery time means you will be away from the ward for longer than this.

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. 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 ambulatory care in the Day Surgery Unit. 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 an orthopaedic physiotherapist who will teach you how to put on and take off your shoulder sling, and some basic exercises. He/she will also provide advice on general functional adaptations after your surgery, organise your outpatient 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 done. 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 outpatient appointment or you can contact your GP for advice and pain management.

Depending on the nature of your employment, you may be signed off from working from one 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?

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

Contact us

If you have any concerns about your operation, please contact the following (Mon to Fri, 9am to 5pm):

- **Mr Corbett's** and **Mr Richards'** secretary on **020 7188 4471**
- **Mr Povlsen's** secretary on **020 7188 4466**

Please contact your GP or attend your local A&E department if you have any urgent medical concerns outside of these hours.

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's

e: pals@gstt.nhs.uk

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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