

Open shoulder stabilisation

The aim of this leaflet is to help answer some of the questions you may have about having an open 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 or concerns, please speak to a doctor or nurse caring for you.

What is an open 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.

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.

What are benefits – why should I have an open shoulder stabilisation?

Usually the primary reason for needing this surgery is to prevent further dislocations and stop any further damage to the soft tissues, structures and nerves. By restoring the functional 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?

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.

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 side effects and risks/complications.

Complications include:

- **infection** (affects one 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 out of every 100 patients treated)
- **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** (affects five out of every 100 patients treated)
- **non-union 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).

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 open 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 under general anaesthetic and possibly a nerve block injection to numb the arm.

A 10cm 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 part of your shoulder joint). It is then held in position with a screw. 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.

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.

Icing the shoulder may help to reduce any pain and minimise any swelling. We would advise you to wrap a bag of frozen peas in a damp tea towel and apply directly to your shoulder. You can do this for 10 to 15 minutes, three times a day as required.

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 be transferred to the orthopaedic ward where you will stay overnight.

You may be seen by an orthopaedic physiotherapist who will teach you how to put on and take off your Donjoy sling, as well as some basic exercises. He/she will also provide advice on general functional adaptations after your surgery and 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 Donjoy sling for five to six 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 minimise the potential benefits of the

surgery. You should not remove your sling, even for washing.

You should leave the dressing intact until your follow-up appointment, 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 12 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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