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 to the procedure, as well as what you can expect when you come to hospital. If you have any further questions or 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. It can easily become unstable (no longer be held in place firmly) and dislocate after an accident or injury. Unfortunately, once it has dislocated and the surrounding shoulder structures are damaged, the shoulder joint becomes susceptible to further dislocations, occasionally after 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. Fluid (saline) is passed into the shoulder to allow the surgeon to look at the structures within it. The damaged structures are then repaired and tightened to restore the joint’s stability. This involves placing small anchors into the socket of the shoulder and stitching the torn tissue back to the bone. Usually three small 1cm cuts are needed.
What are the benefits of having an arthroscopic shoulder stabilisation?

Usually the main reasons for needing this surgery are to prevent further dislocations 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 anaesthesic and the surgery 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 having the surgery 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 1 out of every 100 patients treated)
- **Nerve injury** (affects less than 1 out of every 100 patients treated)
- **Bleeding** - rarely an issue, as this is a ‘keyhole’ procedure
- **Thrombosis/blood clot** (affects less than 1 out of every 100 patients treated)
- **Stiffness of the shoulder** (affects 1 to 2 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 5 out of every 100 patients treated).

Are there any alternatives to surgery?
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 the operation?
Please refer to our leaflet, **Surgical admissions lounges (SAL) and day surgery units (DSU) at Guy’s and St Thomas’ hospitals**, which provides information on how to prepare for your operation.

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).
Consent – asking for your consent

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.

If you would like more information about our consent process, please speak to a member of staff caring for you.

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 positioned sitting up. 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 itself will take about one hour. However, the anaesthetic and recovery times mean that the total time taken for the procedure will be 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 within 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?
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 either to the orthopaedic ward or to ambulatory care in the Day Surgery Unit. You may go home on the day of surgery or you may require an overnight stay on the ward. When you go home depends on your individual circumstances and the time of your procedure, and this 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, along with some basic exercises. He/she will also provide advice on general adaptations to help you manage your day-to-day tasks after your surgery, and they will organise your outpatient physiotherapy referral at your local hospital to start two weeks after your operation.

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 can remove the outer cream-coloured layer of your dressing two days after your operation. The plaster that is underneath this dressing should be left in place. If this is loose please cover it with an extra plaster that will be provided to you upon discharge.

Keep your wound dressing dry. Your wound will be checked and the stitches removed at your follow-up appointment.

It is essential that you continue to take your painkillers as advised after your surgery. Your pharmacist and nurse will discuss the management of your painkillers with you 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 work for 1 to 6 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?

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

Contact details

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, **t:** 020 7188 4471
- The clinical nurse specialist – call the hospital switchboard, **t:** 020 7188 7188 and ask for the bleep desk. Ask for bleep 2567 and wait for a response. This will connect you to the clinical nurse directly.

Please contact your GP or attend your local Emergency Department (A&E) 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