Diagnostic shoulder arthroscopy
The aim of this leaflet is to help answer some of the questions you may have about having a diagnostic shoulder arthroscopy. 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 a diagnostic shoulder arthroscopy?**
Shoulder pain is a common problem. It can be caused by a number of underlying issues and arthroscopy is a useful tool to help diagnose the cause of the pain.

In diagnostic shoulder arthroscopy, a camera (arthroscope) is inserted into the shoulder to look at the bony and soft tissue structures and try to determine the problem. Very small (1cm) cuts are made to put the arthroscope into the shoulder joint. Fluid (saline) is passed into the shoulder to allow the surgeon to look at the structures within it.

**What are the benefits of having a diagnostic shoulder arthroscopy?**
Usually the aim of this surgery is to help diagnose the condition causing your shoulder pain. Following the procedure, a further operation may be required if a problem with the structure of the shoulder is identified.
**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, please see our leaflet, *Having an anaesthetic*. If you do not have a copy, please ask us for one.

Diagnostic shoulder arthroscopy 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 clots** (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.

**Are there any alternatives to surgery?**
Before surgery is recommended, many shoulder conditions are managed with a course of physiotherapy and/or steroid injections into the joint. However, not all problems respond to such treatment. Prior to an arthroscopy, other investigations are also likely to have been performed, including x-rays, ultrasound scans and MRI scans. Unfortunately, these do not always provide us with the information required to diagnose a problem.

**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 will provide 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](http://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 positioned sitting up. The surgeon then introduces the camera into your shoulder and watches the images on a TV screen. Photos are generally taken of the findings. The arthroscopy itself takes about 15 to 30 minutes. However, anaesthetic and recovery times mean that the procedure as a whole takes 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 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 operation?
After 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 ambulatory care in the Day Surgery Unit or, if you have other medical conditions, you may be admitted to one of the orthopaedic wards. You will go home on the day of surgery, unless you have any other significant medical problems which need to be addressed. 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.

Before you leave hospital, you may be seen by an orthopaedic physiotherapist who will teach you some basic exercises and advise you on how to regain full use of your shoulder. They will also organise your outpatient physiotherapy referral at your local hospital, if this is indicated.

What do I need to do after I go home?
It is important to continue to use your arm after your operation to prevent any stiffness or weakness from developing. You will only require a sling for 24 hours.

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 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 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 a short period of time.

**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 site of the wound
- fever (temperature higher than 37.5°C)

**Will I have a follow-up appointment?**
Two weeks after your surgery, you will be asked to attend the outpatients department 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

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch:
t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

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