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Patient Information for Shoulder Hydrodilatation

Information for patients, relatives, and carers.

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This information sheet tells you about having a hydrodilatation for frozen shoulder at Airedale NHS Foundation Trust. It is intended for patients who have decided to have the procedure after discussing the options, benefits, and possible risks with their Doctor, MSK clinician, physiotherapist or surgeon. This guide was developed to help answer any questions you may have about your procedure and recovery afterwards. It is a general guide and there may be alterations in your management made by your surgeon or therapist. These alterations should take priority.

What is Hydrodilatation for?

This procedure is used for people who have a stiff shoulder and have difficulty moving their arm in its normal way. Most people will have been diagnosed with adhesive capsulitis, otherwise known as a ‘frozen shoulder’. In this condition, the capsule of the shoulder joint becomes tight and inflamed. A hydrodilatation may be offered to primarily help reduce the pain, and regain the movement that has been lost, by expanding the tissue that has become tight. The aim of this procedure is, by reducing pain, to increase your movement and function so that you can return to normal activities.

What is involved?

Hydrodilatation involves stretching the capsule of the joint by injecting a mixture of sterile saline, local anaesthetic and steroid. The Radiologist performs the procedure in the X-ray department using X-ray guidance to ensure the injection is accurately placed. You will be asked to lie on your back with your arm extended out to the side. The skin will be cleaned, and local anaesthetic will be given to numb the area. A fine needle will be introduced onto the surface of the shoulder joint under X-ray guidance and a small volume of Xray dye (iodine contrast) will be injected to ensure safe positioning. Saline, steroid and further local anaesthetic will then be given via the same needle.

What should I do prior to the procedure?

If you use any, please take your normal pain relief medicine prior to your procedure. On the day of your procedure, please inform the nurse or doctor of any allergies you may have.

Risks of procedure.

It is a safe procedure. There is a very small risk of infection, as with any joint injection. If your shoulder becomes swollen, painful and reddened, or you feel unwell and feverish, then you must attend your nearest hospital Emergency Department to ensure you have not developed an infection.

There is a small risk of bleeding. You must inform the X-ray department immediately if you are taking blood thinning medications e.g. Warfarin, Dabigatran, Apixaban, Rivaroxaban or Tinzaparin. Diabetics should carefully monitor their blood sugars for the first 48 hours after the procedure as blood sugar levels and insulin requirement may rise due to the steroid.

Allergic reactions are very rare, but there is a risk of severe allergic reaction or anaphylaxis to the iodine contrast.

There is also a risk that the injection may not work (in about 30%).

What is the success rate?

Nationally there is a reported success rate of over 70% in improving the movement of the shoulder and over 90% in improving pain. Some people may get immediate relief, but for others it can take several weeks to achieve the full benefit. It is important to stress that improvement will only be achieved if accompanied by the exercises following the procedure. Appropriate exercises are in this leaflet.

What happens after the procedure?

Some people have moderate discomfort, which can last for thirty minutes after the procedure. You may get some bruising where you had the injection, and the numbness of the skin will last for several

hours. You will stay in the x-ray department for 15-30 minutes before you are discharged home. Most people will feel completely back to normal after 24 hours and are usually back to work the next day. Please bring along someone to drive you home after the procedure as we advise that you don't drive or operate heavy machinery for the rest of the day following the procedure, as you may not be insured. If you are worried about anything to do with the procedure you can telephone the Radiology Department.

What happens next?

You will receive a telephone call approximately 4-6 weeks after the procedure from a member of the physiotherapy team, to find out how your shoulder feels.

What if it fails?

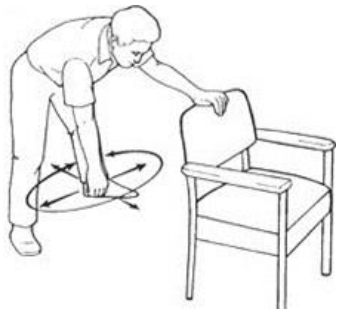
If your shoulder does not improve there are other treatment options including a keyhole surgical release (arthroscopic capsular release) or MUA (manipulation under anaesthetic). You will need to discuss these options with the service or clinician who referred you for the hydrodistension.

Exercises

Following the procedure, you need to complete the following exercises, starting as soon as possible after the procedure and continuing with them at home. You should complete the following exercises often, at least 2 to 3 times per day initially. These exercises can be a little uncomfortable so you may wish to do them after you have taken some pain relief medication. It is essential to continue with the exercises until your physiotherapy telephone appointment to maximise the improvement in your movement.

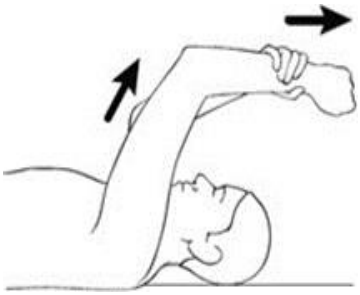
Exercise 1: Pendulum exercise

Lean forwards with your good arm supporting you on a table. Let your operated arm hang down and relax. Swing your arm forwards and backwards 10 times, side to side 10 times and in a circle 10 times. This can be repeated more if comfortable. Gradually increase the size of the swing/circle.



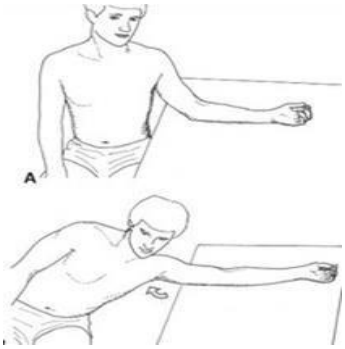
Exercise 2: Assisted flexion

Lying on your back, support your operated arm with your other arm and lift it over your head. Try not to arch your back. Hold for 5 seconds. Repeat this five times as far as is comfortable.



Exercise 3: Assisted abduction

Sit in a chair and rest your injured arm on a table. Start by leaning sideways towards the table as you slide your arm outward as shown. Then, return to starting position and repeat. Repeat this 10 times as far as is comfortable. You may push into mild discomfort and stiffness.

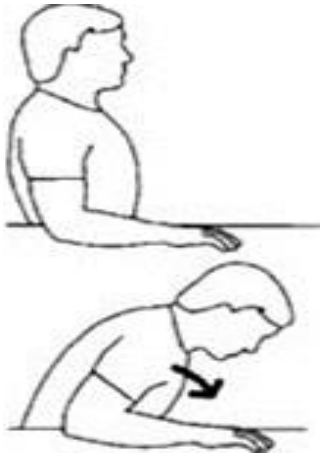


Exercise 4: Capsule stretch

While sitting or standing, take the hand of your operated arm across your body towards the opposite shoulder. Give gentle assistance from your other arm. Hold this stretch for 30 seconds and repeat three times.

Exercise 5: External rotation

While sitting, rest your forearm on a table and lean forward until a stretch is felt. Hold this stretch for 30 seconds and repeat three times.



For more information

Airedale General Hospital	01535 293656
Bingley Hospital	01274 322034
Ilkley Coronation Hospital	01943 885150
Skipton General Hospital	01756 701726
Settle Health Centre	01729 892985

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For further information on how to use this service please visit the www.relayuk.bt.com

If you require this leaflet in other languages or formats, please telephone the Patient Advice and Liaison Service (PALS) on 01535 294019.

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