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Patient Information for Arthroscopic Capsular Release of the Shoulder

Information for patients, relatives, and carers.

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This information sheet tells you about having arthroscopic capsular release surgery for a frozen shoulder at Airedale NHS Foundation Trust.

What is a frozen shoulder?

Frozen shoulder is a stiff and painful shoulder caused by inflammation, swelling and contraction of your shoulder lining (capsule). It is also known as adhesive capsulitis.

How does a frozen shoulder happen?

The cause of frozen shoulder is not known, but it is associated with diabetes, hypothyroid disease and Dupuytren's contracture of the hand. The condition usually affects people aged 30 to 60. It can also happen after an injury or surgery. A frozen shoulder often gets better without surgery but the process can take on average, 2 years.

- Pain predominant phase – pain can be severe and sleeping difficult
- Stiffness predominant phase – the joint becomes less painful but more stiff and difficult to move
- Resolving phase – movement gradually improves

What are the benefits of surgery?

You should have less pain and be able to use your shoulder better. It usually takes about 6 months to recover a good range of movement and for the pain to reduce.

Are there any alternatives to surgery?

Simple painkillers and anti-inflammatory painkillers such as ibuprofen can help control the pain but you may need stronger painkillers. A steroid injection into your shoulder joint can sometimes reduce pain and stiffness. Physiotherapy is often helpful in improving movement if the pain can be controlled. Hydrodistension (stretching of the capsule by a high-volume injection) has also been shown to help. These alternatives may still work even if you have severe pain and stiffness. It is possible to have a manipulation under anaesthesia

(MUA) instead of a capsular release operation. However, a capsular release operation allows your surgeon to see inside your shoulder joint, perform a controlled release of the capsule.

What will happen if I decide not to have the operation?

You can chose to take painkillers and work with the physiotherapy team. Your shoulder will often settle without surgery but it can take an average of 2 years to settle and regain your shoulder movement. Your surgeon has suggested an arthroscopic capsular release operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having. Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes 30 minutes to an hour. Your surgeon will make two small cuts, about half a centimetre long, one at the front and one at the back of your shoulder. They will insert a small telescope through one of the cuts so they can examine the joint. They will insert surgical instruments through the other cut to divide the tight, thickened capsule to improve the range of movement of your shoulder. Your surgeon may close the cuts with stitches or leave the cuts to heal.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health. Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice. You can reduce your risk of infection in a surgical wound by taking the following steps:

- In the week before the operation, do not shave or wax the area where a cut is likely to be made
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.
- Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover.
- When you come into hospital, practise hand washing and wear a face covering when asked

What complications can happen?

The healthcare team will try to reduce the risk of complications. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease. Some complications can be serious and can even cause

death. You should ask your doctor if there is anything you do not understand. Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. It is unusual to need a blood transfusion.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Chest infection. Your risk will be lower if you have stopped smoking.

Specific complications of this operation

- Infection in your shoulder joint (risk: less than 1 in 1,000). You will need antibiotics and sometimes another operation to clean out the joint.
- Continued stiff shoulder. This is rare, but the risk is higher if you have diabetes.
- Damage to nerves around your shoulder, leading to weakness, numbness or pain in your shoulder or arm (risk: less than 1 in 1,000). This usually gets better, but may be permanent.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Unsightly scarring of your skin. The wounds are small and tend to heal to neat scars.

How soon will I recover?

In hospital, after the operation, you will be transferred to the recovery area and then to the ward. A physiotherapist may give you exercises to help you to start moving your shoulder. Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed. You should be able to go home the same day.

You do not need to wear a sling. Aim to use your shoulder as much as possible. It usually takes about 6 months to get a good range of movement. It is important to carefully follow the instructions of your surgeon and physiotherapist. Regular exercise should help you to return to normal activities as soon as possible.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours.
- be near a telephone in case of an emergency.

- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy.
- do not sign legal documents or drink alcohol for at least 24 hours.

Physiotherapy Treatment

You will be referred to outpatient physiotherapy by the healthcare team. We aim to see people **before** their planned operation to provide education and advice about what to do after the operation. The physiotherapy team will contact you to arrange this appointment **before** your surgery.

Once you have been given a date for your operation please telephone your physiotherapist to book a follow-up appointment. This physiotherapy appointment should happen within 1 week of having your surgery.

Physiotherapy can take place at any of the following locations.

Airedale General Hospital	01535 293656
Oaks Resource Centre Keighley	01535 295631
Bingley Hospital	01274 322034
Ilkley Coronation Hospital	01943 885150
Skipton General Hospital	01756 701726
Settle Health Centre	01729 892985

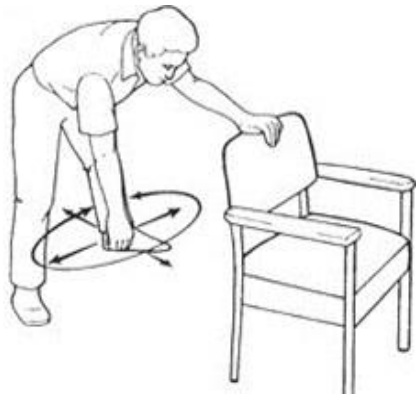
If you do not have post-op physiotherapy arranged please contact the physiotherapy department on 01535 293656.

If you are struggling to arrange physiotherapy please contact the surgical team on 01535 292116.

Exercises

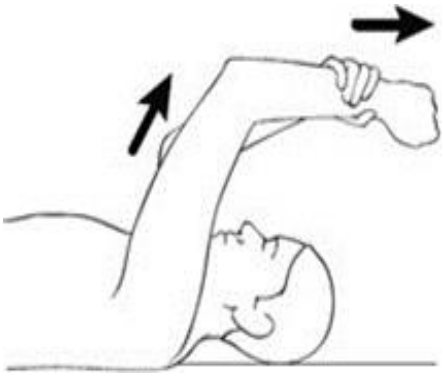
You can start the following exercises as soon as possible after the procedure and continuing with them at home. You should complete the following exercises often, at least 2 to 3 times per day initially. These exercises can be a little uncomfortable so you may wish to do them after you have taken some pain relief medication.

Exercise 1: Pendulum exercise



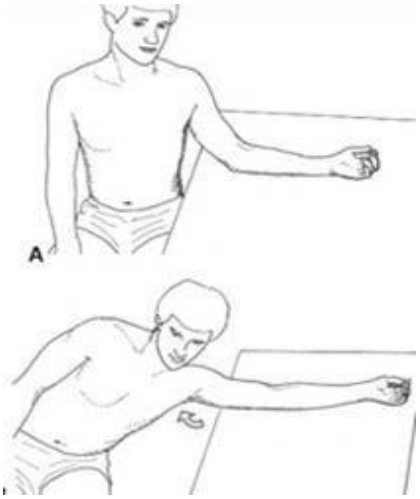
Lean forwards with your good arm supporting you on a table. Let your operated arm hang down and relax. Swing your arm forwards and backwards 10 times, side to side 10 times and in a circle 10 times. This can be repeated more if comfortable. Gradually increase the size of the swing/circle.

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

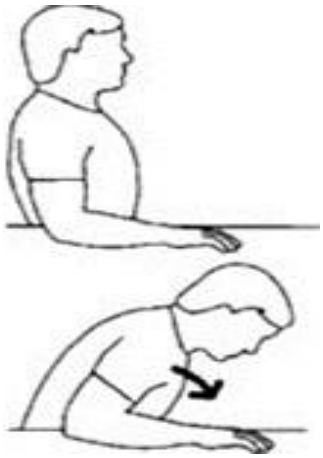


Sit in a chair and rest your injured arm on a table. Start by leaning sideways towards the table as you slide your arm outward as shown. Then, return to starting position and repeat. Repeat this 10 times as far as is comfortable. You may push into mild discomfort and stiffness.

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.

The future

Most people make a good recovery, have less pain and can use their shoulder better. It is important to continue to do the exercises recommended by the physiotherapist to improve the movement and strength of your shoulder.

Acknowledgements

Content adapted from the EIDO Healthcare resource

If you are deaf or have a hearing or speech impairment, the Relay UK Service can be used to contact us, through the Relay UK App. Dial **18001** on the app, followed by the contact number on your letter / of the hospital.

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.