Patient Information for Consent

Airedale NHS Foundation Trust

OS45 Shoulder Stabilisation Surgery

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The Preoperative Association

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What is shoulder instability?

The shoulder joint is made up of a ball (the head of the humerus) and a socket (the glenoid). It is a complex joint as the shoulder has a wide range of movement. The socket is shallow, with an inner lining of cartilage (the labrum). The ball is kept in place by soft tissues such as muscles and ligaments.

Shoulder instability happens when there is a problem with the labrum or the soft tissues, causing symptoms such as pain, dislocation and a feeling of looseness.

Your surgeon has suggested shoulder surgery.

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.

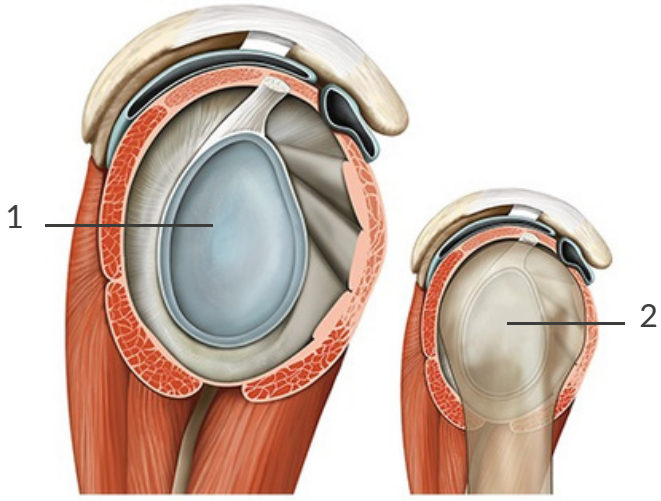
Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How does shoulder instability happen?

Shoulder instability usually happens as a result of trauma (where a physical force is applied directly to your shoulder). The most common injury is a labrum tear with stretched ligaments. Your shoulder can become dislocated (the head moves out of the socket) or partially slip (subluxation).

What are the benefits of surgery?

You should get less pain and fewer dislocations and your shoulder should not feel as loose. You may not get back the same strength and range of movement that you had before you damaged your shoulder.



The shoulder

1. Glenoid (the 'socket')
2. Humerus (the 'ball')

Are there any alternatives to surgery?

Most people can get back good function in their shoulder by changing their activities, and with the help of exercises and physiotherapy. It is usually helpful to not hold your arm above shoulder height.

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can also help.

A steroid and local-anaesthetic injection into your shoulder can sometimes reduce pain for several months but may cause side effects if repeated too often.

Your shoulder instability may get worse over time.

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

Your surgeon may recommend physiotherapy to help strengthen the muscles in your shoulder.

If your shoulder continues to be unstable, you may get further damage to your shoulder joint.

What does the operation involve?

You may need to have an ultrasound scan and MRI scan of your shoulder to find out the type of damage to your rotator cuff (the muscles and

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tendons around the shoulder joint). The results of the scan will help your surgeon to plan the operation.

An unstable shoulder is usually treated by an arthroscopy (keyhole surgery) which involves making only small cuts and using a small telescope to see inside your shoulder. If you have bone damage, you may need open surgery, which involves a larger cut.

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.

The operation is usually performed under a general anaesthetic but 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 45 minutes to two hours.

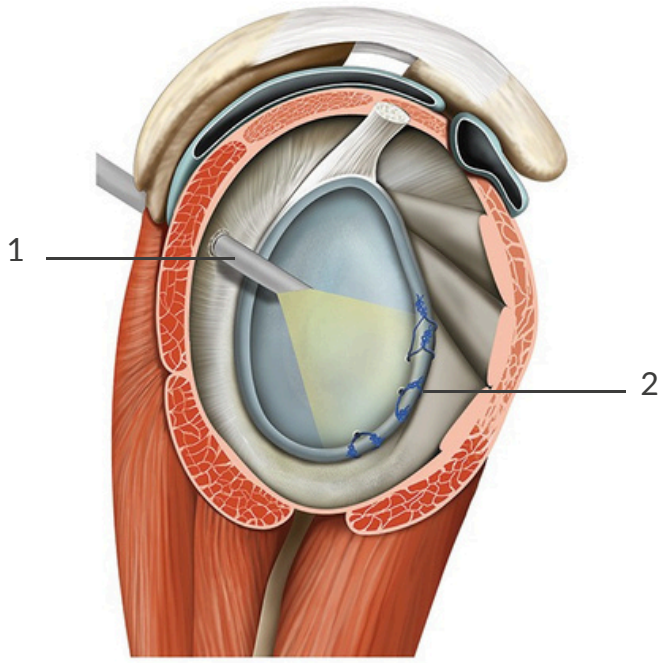
Keyhole surgery

If possible your surgeon will use keyhole surgery as this is associated with less pain, less scarring and a faster return to normal activities.

Your surgeon will make three or four small cuts at the front and back of your shoulder and on the side of your upper arm.

They will insert surgical instruments through the cuts along with a telescope so they can see inside your shoulder and perform the operation.

Your surgeon will use the instruments to remove any scar tissue, release the damaged tissue and repair the torn labrum and ligaments back into the right position.



1. Telescope
2. Stitches

Open surgery

Your surgeon may use open surgery to repair damaged bone or tears that cannot be repaired using keyhole surgery. They will make a single cut on the front of your shoulder. Your surgeon will usually rebuild the glenoid bone using bone taken from another part of your shoulder or your hip.

Your surgeon will close any cuts with stitches or clips.

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 several weeks or more before the operation may reduce your risk

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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) (risk:1 in 100). 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 and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Bleeding into your shoulder (risk:1in100). This causes swelling and pain. You may need a further arthroscopy to wash out your shoulder.
- Restricted shoulder movement (frozen shoulder) (risk: 1 in 50). Treatment for a frozen shoulder may involve physiotherapy, medication and injections.
- Infection in your shoulder (risk:less than 1 in 100). You will need antibiotics and sometimes an operation to clean out your shoulder.
- Blood clot (thrombosis) in the axillary vein, which is just under your shoulder joint (risk: less than 1 in 100). You will get a swollen arm and will need further treatment.

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- Severe pain, stiffness and loss of use of your arm and hand (complex regional pain syndrome - CRPS). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your arm and hand can take months or years to improve. Sometimes there is permanent pain and stiffness.
- Damage to nerves around your shoulder, leading to weakness, numbness or pain in your shoulder or arm (risk: less than 1 in 100). This usually gets better but may be permanent.
- The shoulder continuing to be unstable or to dislocate (risk: 5 to 10 in 100). This is more likely for people who play sports.

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 risk is higher if you have open surgery because the cut is larger and is at the front of your shoulder. It usually heals to a neat scar.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

If you had keyhole surgery, you will need to keep your arm in a sling.

You should be able to go home the same day.

However, your doctor may recommend that you stay a little longer.

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 sign legal documents or drink alcohol for at least 24 hours.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower. Any stitches or clips are usually removed after 1 to 2 weeks.

The physiotherapist may give you exercises and advice to help you to recover from the operation. Follow any instructions carefully to improve the chance of getting strength and movement back in your shoulder.

The healthcare team will tell you when you can return to normal activities. Do not play contact sports or lift anything heavy until they have advised you that it is safe.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

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 and with the healthcare team.

The future

8 in 10 people have a major improvement but it takes time for pain to lessen and movement to increase.

Your shoulder is a complex joint and often symptoms come back with time. You may need another operation.

Summary

An unstable shoulder can cause pain, a feeling of looseness in your shoulder joint and dislocation. An operation can help to reduce any pain and allow you to use your shoulder.

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Surgery is usually safe and effective but complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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