

# SUSSEX SHOULDER & ELBOW

04

## Arthroscopic or Open Shoulder Stabilisation

### What happens before surgery?

Once a decision has been made to proceed to surgery staff at the hospital where you are going to have your procedure for a pre-operative assessment will contact you. This will either take place on the telephone or at the hospital if you have any medical problems that might require a more detailed assessment.

### What happens on the day of surgery?

You will be admitted to the ward or the day surgery unit, usually on the morning of your surgery. You will be seen by the anaesthetist and by your surgeon. They will take you through the details of the anaesthetic, which usually includes a nerve block to help your pain, and through the details of the operation. You will be asked to sign a consent form and to complete a pre-operative shoulder score so that we can track your progress following surgery.

### What does the surgery involve?

The arthroscopic operation involves the reattachment of your shoulder labrum to the glenoid (the 'dish' part of the joint) and retensioning of the joint ligaments. The labrum is usually reattached with three or four plastic anchors. During open surgery your coracoid bone, which is adjacent to the joint, is usually detached and transferred to the rim of your glenoid to deepen the socket. The coracoid is fixed in place with 2 screws. The tendons attached to your coracoid also act as an extra dynamic sling to help stabilise the joint.

### What happens after the operation?

You will wake up in the recovery unit where a nurse will be looking after you. Your arm will be in a sling with a waist belt and it will usually feel very heavy and numb as a result of the nerve block. The shoulder is usually quite comfortable but you will be given painkillers if you are in any pain. Once you have recovered from your anaesthetic you will be transferred back to the ward or to the 'discharge' area.

You will then be seen by a physiotherapist who will take you through how to apply and remove your sling safely and the initial exercises you should perform. Once you have recovered and are comfortable, usually on day of surgery, you will be sent home with painkillers and instructions about any stitches you have. You will need to make an appointment with your practice nurse to have the stitches removed or trimmed after 8 days. You will be sent an appointment to be seen in the clinic 2-3 weeks after your operation. A physiotherapy appointment, if required, will be arranged by the hospital.

#### Cameron Hatrick

MA (Cantab), MB, BChir, FRCS (Tr&Orth)  
Consultant Orthopaedic Surgeon

#### Joideep Phadnis

FRCS (Tr&Orth), Dip Sports Med, MRCS, MBChB  
Consultant Orthopaedic Surgeon

These notes are intended as a guide and some of the details may vary depending on your individual circumstance and at the discretion of your surgeon.  
© Sussex Shoulder

## Arthroscopic or Open Shoulder Stabilisation

### What exercises should I perform after the operation?

#### 1st 6 weeks:

You will need to wear your sling day and night for 6 weeks

Release the sling three times a day to perform your exercises:

- Active finger, wrist and elbow movements
- Scapular setting exercises
- Start gentle shoulder pendulum exercises
- Active assisted elevation to 90° only from 3 weeks
- Assisted external rotation to neutral from 3 weeks

#### Weeks 6-12:

- Begin active range of movement exercises of the shoulder under the supervision of a physiotherapist
- Gradually increase passive range of movement exercises
- Begin cuff strengthening exercises within available range
- Start proprioceptive work with the physiotherapist
- Avoid combined abduction and external rotation (tennis serve position) for 3 months

#### Week 12 onwards:

- Progress range of movement and strengthening exercises
- Continue proprioceptive exercises
- Start sport-specific rehabilitation

### What is the usual recovery?

- 8 weeks: driving
- 12 weeks: nearly full range of passive movement, 75% of active
- 12 weeks: golf
- 12 weeks: swimming (breaststroke)
- 16 weeks: racquet sports
- 24 weeks: contact sports

### Return to work: depends on occupation

- Home based sedentary work (e.g computer) from 1 week
- Sedentary work in an office (no driving) from 2 weeks
- Light manual work from 8 weeks
- Heavy manual work from 12 weeks

### Are there any complications of surgery?

Fortunately complications after shoulder surgery are uncommon.

They include:

- Infection (< 1 in 1000)
- Stiffness. Mild stiffness is quite common but occasionally a full frozen shoulder can develop (5%) which will prolong your recovery by a few months
- Failure to improve. 80% of patients will make a good or excellent recovery. 10% will have some ongoing discomfort and, perhaps, a sensation of instability, but will be satisfied with their outcome. About 5-10% of patients will develop recurrent instability, sometimes following a new injury, and will require revision surgery.

#### Cameron Hatrick

##### NHS Patients

Brighton NHS  
Tel: 01273 696955 ext 4258, Tara Kirk  
Lewes NHS  
Tel: 01273 474153 ask for Glynis Mockett

##### Private Patients

Direct Tel: 01273 828095 Angela Crosskey  
Montefiore Hospital Hove  
Tel: 01273 828120

#### Joideep Phadnis

##### NHS Patients

Brighton NHS  
Tel: 01273 696955 ext 8258, Shirley Boyack

##### Private Patients

Direct Tel: 01273 828099, Allison Litynski  
Montefiore Hospital Hove  
Tel: 01273 828120

#### We value your feedback

##### [myclinicaloutcomes.co.uk](http://myclinicaloutcomes.co.uk)

Don't forget to register on [myclinicaloutcomes.co.uk](http://myclinicaloutcomes.co.uk) before your surgery so that you can track the progress of your shoulder.

##### [iwantgreatcare.org](http://iwantgreatcare.org)

You are also welcome to provide feedback on [iwantgreatcare.org](http://iwantgreatcare.org) so that we can continue to improve the service we provide.