



Northumbria Healthcare
NHS Foundation Trust

Shoulder arthroscopy and rehabilitation

Issued by the Orthopaedic Department

building a caring future

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www.northumbria.nhs.uk

Introduction

This leaflet aims to provide you with information regarding your shoulder surgery and rehabilitation.

What is shoulder arthroscopy?

Arthroscopy is also commonly known as 'key hole surgery'. Most shoulder surgery can now be carried out arthroscopically via two or three small puncture wounds, as opposed to open surgery. A small camera is inserted and connected to a television monitor allowing the surgeon to look inside the shoulder. Other small incisions can then be made to insert other instruments to repair or remove damaged parts, depending on what is found on arthroscopic examination. The procedure itself can take between 60 to 90 minutes but the whole process including anaesthesia and return to the ward can take up to 4 hours.

Benefits of arthroscopy

If the problem with your shoulder can be identified and treated at the time of the arthroscopy then it should hopefully improve both the pain and function of your shoulder.

Potential risks of surgery

Possible risks include infection, the surgery doesn't work, recurrence, post-operative stiffness and damage to blood vessels/nerves. You will be required to sign a consent form prior to procedure.

Are there any alternatives?

Depending on your specific shoulder problem your options may include:

- Wait and see
- Pain relief medication
- Physiotherapy
- Steroid injection

Before you come into hospital

You may be asked to come along to the pre-operative assessment clinic. This is to carry out routine checks to ensure that you are fit to have surgery and that any questions you might have can be answered. At this clinic you will have simple checks on your heart and lungs, you may have blood tests taken and you will be asked questions about your past medical history. You will be given information on the date and time to come into hospital, what to bring with you and instructions on when you will have to stop eating and drinking.

Coming into hospital

When you come into hospital you will be welcomed by the ward staff. You will be asked some basic questions and some routine measurements such as your pulse and blood pressure will be taken. A member of staff will show you where everything is on the ward and help you settle in. You will be seen by the anaesthetist who will discuss the anaesthetic with you.

Anaesthesia

For your comfort over the initial 24 hours after the operation you will have a 'block' (regional anaesthesia) performed to numb your shoulder. Your operation can be carried out using this regional anaesthetic alone (where you avoid a general anaesthetic and recovery time afterwards is much quicker) or with the addition of a general anaesthetic (where you will be asleep). You will receive more information about this at your anaesthetic pre-op assessment. Following the 'block' you will not have any feeling or power in your operated arm for approximately 24 hours afterwards. Continue to wear your sling and don't carry out exercise until your full feeling has returned. If the numbness, tingling or weakness extends beyond 24 hours call 0344 811 8111 and ask to speak to the on call anaesthetist at The Northumbria.

What will it feel like?

Your arm will be in a sling and as the procedure generally involves a nerve block, it will feel heavy and numb. Your shoulder will feel swollen due to the fluid used in the actual procedure. The swelling tends to settle down within 3-4 days.

How long will I be in hospital?

Most people are in hospital for only a day but occasionally if any further care is required they might need to stay in hospital overnight.

Following Surgery

On leaving theatre

- Your arm will be in a sling - the nursing staff will advise on the length of time to wear this (as instructed by the surgeon in the post-operative notes). If there is any doubt then contact your surgeon's secretary for further information.
- You will have a large, padded dressing over your shoulder region which you can remove 48 hours later. There will also be smaller dressings underneath this placed over the portal sites.

On leaving the day case unit

- You will be given information leaflets on 'Regional anaesthesia / Nerve block' and 'Patient discharge information' which includes information on wound care and medication.
- A physiotherapy appointment will be made for you for follow up treatment and guidance regarding exercise and return to function.

When can I return to work?

Return to work will depend on the actual surgical intervention and the level of activity of your job. If you have a sedentary job (mainly sitting), you may be able to return to work sooner than if you have a heavy manual job. This may need to be discussed with either your surgeon or physiotherapist.

When can I return to driving?

It is recommended that you do not resume driving until you are out of your sling, can comfortably lift your arm to shoulder height and can perform an emergency stop in your vehicle. You need to be confident that you will not be putting yourself or other road users at risk. It may be necessary to check with your insurance company.

Follow-up

Following your surgery you will have a review appointment with your consultant. The reason for this appointment is to ensure that you are progressing well and to answer any questions that you might have at this time.

Pain

It is to be expected that you will experience pain following your surgery. This is often most evident when the effect of the regional anaesthesia / block has worn off and it is recommended to start taking your pain medication before you begin to feel too much pain in the operated limb. Thereafter, you will need to take regular pain medication as prescribed by your anaesthetist.

If no pain relief has been prescribed for you to take home use Paracetamol or Ibuprofen (as you would for a headache) which can be obtained from your local chemist or pharmacist. Avoid excessive use of Aspirin as this can cause abnormal bleeding at the site of the wound.

If the pain becomes too severe or unbearable then contact the ward or your own doctor for advice.

Sling

Most people's arms will be placed in a sling following surgery. The main function of a sling is to restrict the use of the arm as well as providing some support and relief. The length of time in a sling can vary between 48 hours and 6 weeks depending on the surgical intervention undertaken. It is therefore important to know how long you need to wear it for before leaving the hospital.

If you have been instructed to wear your sling for any period longer than 48 hours then it is important to take it off regularly e.g. when washing, dressing and doing exercises. A sling can also potentially cause neck discomfort and elbow / wrist / hand stiffness so when you are sitting down you can take your sling off, supporting the arm comfortably to allow movement of these other joints as long as you always replace it again when walking around.

Application of sling (Courtesy of www.shoulderdoc.co.uk)



If fitting the sling without assistance ensure you are sitting with your forearm supported on a pillow (elbow at right angles). Slide the sling in from behind so that the elbow fits snugly to it.



Fasten the strap across your forearm just below the elbow joint.



Attach wrist strap (just above the wrist joint). The lower 'D' ring should rest against your body and the higher 'D' ring should face upwards.



Take the shoulder strap across your back up over the opposite shoulder and feed it through the upper 'D' ring.



Attach the strap back onto itself so that the elbow is held at right angles (as in picture).

Washing

Placing the operated arm on a supportive surface allows access to wash under the arm without putting undue stress on the shoulder. You might struggle to wash the un-operated arm initially and therefore might need help to do this. When showering it might be easier to use a towelling bathrobe afterwards to help dry your un-operated arm. It is important to keep the surgical wounds dry and protected whilst washing. Waterproof dressings may be provided by the hospital, alternatively these can be bought from a chemist.

Dressing

Always dress the operated arm first. You will probably find it easier to use front fastening clothes. When putting on a top try sitting on the edge of a chair letting the operated arm hang slightly forwards and slide your arm into the garment slowly. Once the arm is fully in the sleeve gently pull the garment over your back and put your other arm in.



Lying position

Supporting the arm in bed by placing a pillow underneath can help to provide comfort and also prevent rolling over onto the shoulder when asleep.



Further information on the use of a sling can be found at www.shoulderdoc.co.uk – ‘Standard sling application’ & ‘living with a shoulder sling’.

Rehabilitation

You will normally be seen by a physiotherapist within two weeks of having your operation, sometimes sooner depending on the surgical intervention and this is often booked in advance of the surgery itself. If this is not the case then your surgeon will refer you to physiotherapy following your surgery. The length of time of required rehabilitation will depend on the recovery rate of the individual. One of the risks of surgery is the development of a stiff shoulder therefore it is important to follow the advice given by your physiotherapist.

Benefits

- Protect your shoulder
- Prevent stiffness
- Maximise your recovery

Risks

Potentially some of the exercises may cause pain. If so, reduce the amount and continue gently within comfort. If pain persists then stop and speak to your physiotherapist. It is important not to push into pain or apprehension.

If you do not move your arm as advised by your physiotherapist your shoulder might become stiff and potentially impact your recovery. Likewise if you do not follow advice and use your arm too much (outwith the restrictions advised) then this could also affect your recovery and overall outcome of surgery.

Alternatives

You may choose not to follow the advice given to you by your physiotherapist however this could have a negative impact on your recovery as outlined above.

Exercises

All of these exercises are safe for you to do, as long as you follow the instructions and do not push into pain or apprehension. Aim to do your exercises about 3 times per day.



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1. Stand with your elbow bent and palm turned down facing floor.

- Turn your palm up and down rotating your forearm.
- Make a fist then stretch fingers out straight.
- Bend and straighten your elbow keeping it tucked into your side, you can assist with your other arm if required.



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2. In sitting or standing

- Gently lift your shoulder girdles up towards your ears and slowly lower.
- Gently pull your shoulder blades back towards each other and relax. Repeat exercises 10 times (you can do this with your sling on or off).



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3. Stand next to a table, lean forwards onto it with your non operated arm just hand with gravity for 5 seconds. Repeat 10 times.



4. Sit and place your hands on a table, make sure the surface is slippy (minimal friction). By bending at the waist slide your hands along the table comfortably without pushing into pain or apprehension only as far as shoulder height (90 degrees).
Repeat 10 times.

If you don't receive a physiotherapy appointment then telephone 0344 811 8111 and ask to be put through to the physiotherapy department at the hospital where you had your operation.

If rehabilitation and recovery is taking longer than anticipated, it is important to remember that full recovery can take up to a year and sometimes longer following shoulder surgery.

You will be able to find more information on the website www.shoulderdoc.com.

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: 0800 032 0202

Text: 07815 500015

Email: northoftynepals@nhct.nhs.uk

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General Enquiries 03 44 811 8111

www.northumbria.nhs.uk

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