Anterior Shoulder Stabilisation Surgery

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This leaflet aims to help you gain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at Southmead Hospital Bristol. Each person’s operation is individual and you may be given specific instructions that are not contained in this leaflet.

The shoulder

The shoulder joint is a ball and socket joint. Most shoulder movements occur where the ball at the top of your arm bone (the humerus) fits into the shallow socket (the glenoid), which is part of the shoulder blade (the scapula). The joint is designed to give a large amount of movement. This also means that it is has a tendency to be ‘too loose’.

Collar bone ('Clavicle')

Socket ('Glenoid')

Shoulder blade ('Scapula')

Arm bone ('Humerus')

Normal Shoulder

There are various structures, which help to keep the joint in position. The most important ones are:

- Ligaments; which hold the bones together.
- A rim of cartilage (labrum); which deepens the socket.
- Muscles; which keep the shoulder blade and joint in the correct position when moving or using the arm.
Shoulder dislocation

When a shoulder dislocates most dislocate forwards and/or downwards. Sometimes the ball of the humerus bone only partly comes out of the socket of the shoulder blade (glenoid). This is known as subluxation.

Dislocated Shoulder
(The top of the arm bone is now in front of the socket)

When the first dislocation or subluxation occurs ligaments are often damaged at the front of the shoulder. Between the ages of 10 and 20, 65-95 out of 100 people who have dislocated their shoulder are likely to have persistent symptoms of instability. This decreases to 40-70 out of 100 people who dislocate between the age of 20 and 40 and over age 40 only up to 20 out of 100 people have recurrent problems (Bohnsack and Wulker, 2002).
About your shoulder stabilisation operation

The operation aims to tighten and/or repair the over-stretched and damaged ligaments, rim of cartilage and muscle. Different types of operation are done to achieve this. Therefore, different post-operation instructions are given. This will be discussed in clinic with your Consultant and after your operation with your physiotherapist.

What are the risks and complications?

All operations involve an element of risk. You should be aware of them before and after your operation:

- Minor complications relating to the **anaesthetic** such as sickness and nausea are relatively common. Cardiac, respiratory or neurological are much more rare (Less than 1 in 1,000 people).

- **Infection.** These are usually superficial wound problems. Occasionally, deep infection may occur after the operation. (Less than 1 in 100 people.)

- Persistent **stiffness** and/or **pain** in (and around) the shoulder. (Less than 1 in 100.)

- Damage to **nerves** and **blood vessels** around the shoulder. (Less than 1 in 100.)

- A need to re-do the surgery. The repair may fail and the shoulder becomes unstable again. This occurs in about 3–20 out of 100 cases. This is rare after surgery.

Please discuss these issues with the doctors if you would like further information.
Frequently asked questions

Will it be painful?

Although you will only have small scars, this procedure can be painful due to the surgery performed inside your shoulder. Usually, the Consultant will place local anaesthetic into the shoulder joint, so that the pain is eased when you wake up.

To begin with, use medication regularly to keep the pain under control. You will be given painkillers (either as tablets or injections) to help reduce the discomfort whilst you are in hospital. A 1-week prescription for continued pain medication will be given to you for your discharge home. It is important to keep the pain to a minimum by taking regular pain relief, this will enable to you to move the shoulder joint and begin the exercises you will be given by the physiotherapist. If you require further medication after these are finished, please visit your General Practitioner (GP).

You will probably have some bruising around the shoulder/upper arm and the arm may be swollen. This will gradually disappear over a period of a few weeks.

You may find ice packs over the area helpful. Use a packet of frozen peas, placing a damp towel between your skin and the ice pack (CPS, 1998). Use a waterproof dressing until the wound has healed, to prevent it getting wet. Leave the ice pack on for up to 20 minutes and you can repeat this several times a day.

Do I need to wear a sling?

Yes, your arm will be in a sling initially; this protects the surgery during the early phases of healing and makes your arm more comfortable. The physiotherapist will advise you post operatively how long you will need to wear the sling.
for. The sling will then gradually be used less as the repair heals and the muscles regain their strength. A nurse or physiotherapist will show you how to do this.

You may find your armpit becomes uncomfortable whilst you are wearing the sling for long periods of time. Try using a dry pad or cloth to absorb the moisture.

**What position should I sleep in?**

If you are lying on your back to sleep, you may find placing a thin pillow or small rolled towel under your upper arm comfortable.

**Do I need to do exercises?**

Yes, at first, you will only be moving the joint for specific exercises that the physiotherapist will show you. You will be referred for continued physiotherapy as an out-patient.

You will need to get into the habit of doing regular daily exercises at home for several months. They will enable you to gain maximum benefit from your operation.

**What do I do about the wound?**

Your wound will have a showerproof dressing on when you are discharged. You may need to have the wound and dressing checked at your GP practice the day after your discharge, the nurses will discuss this with you if it is necessary. You may shower or wash with the dressing in place, but do not run the shower directly over the operated shoulder, or soak it in the bath. Pat the area dry, do not rub. You can use icepacks while the dressing is in place, but cover the wound and dressing with cling film or a plastic bag. The stitches/clips will need to be removed at your GP practice. The nursing staff will advise you when
this can happen; it is usually between 10 – 14 days after your operation. Avoid using spray deodorant, talcum powder or perfumes on or near the wound until it is fully healed. Please discuss any queries you may have with the nurses on the ward.

When do I return to the outpatient clinic?
This is usually arranged for approximately 6-12 weeks after you are discharged from hospital, to check on your progress. Please discuss any queries or worries you may have when you are at the clinic. Appointments are made after this as necessary.

Are there things that I should avoid doing?

In the first 6 weeks there will be specific movements that could adversely affect your shoulder surgery. These include moving your arm out to the side and twisting it backwards. Ideally you should try to keep your elbow close to your side. For example; when putting on a shirt or coat, put your operated arm in first. Try not to reach up and behind you (e.g. seat belt in car).

Do not force this movement for 12 weeks (3 months).
These movements stretch the ligaments and muscles that have been tightened. Remember this operation has been done because you had too much movement in your shoulder.

The ligaments and muscles need time to repair in their new, tightened position and it is advisable not to over-stretch them early on. They will benefit from gentle movements under the guidance of your physiotherapist/Consultant.
How am I likely to progress?

This can be divided into 3 stages.

1. Sling on, no movement of shoulder except for exercises

Immediately after the operation and for approximately for the first 4-6 weeks you will be basically one-handed. This will affect your ability to do everyday activities, especially if your dominant hand is the side of the operation.

Activities that are affected include bathing, hair care, shopping, eating and preparing meals. If you are having particular problems, an occupational therapist (OT) can suggest ways to help you.

Before you are discharged from hospital, the staff will help you plan how you will manage when you leave. We may be able to organise or suggest ways of getting help once you are discharged from hospital.

2. Regaining everyday movements

When advised, you can gradually wean off using the sling and you will start outpatient physiotherapy. You will be encouraged to use your arm in front of you, but do not take it out to the side and twist it backwards. Exercises will help you regain muscle strength and control in your shoulder as the movement returns. The arm can now be used for daily activities.

Gradually, you can return to light tasks with your arm away from your body. It may take 6-8 weeks after your operation before you can use your arm above your shoulder height.

3. Regaining strength with movement

After 8-12 weeks, you will be able to increase your activities, using your arm away from your body and for heavier tasks. You can start doing more vigorous
activities, but contact sports are restricted for at least 4-6 months. This is dependent on the procedure and should be discussed with your Consultant. You should regain the movement and strength in your shoulder within 6-8 months. Research has shown that after 2-5 years about 90 out of 100 people have a stable shoulder with few limitations. Vigorous sports or those involving overhead throwing may require adaptation for some people, although many return to their previous levels of activity.

**When can I drive?**

*You cannot drive while you are wearing the sling after that time period, the law states that you should be in complete control of your car at all times.* It is your responsibility to ensure this and to inform your insurance company about your surgery.

**When can I return to work?**

You may be off work between 2-8 weeks, depending on the type of job you have, which arm has been operated on and if you need to drive. If you are involved in lifting, overhead activities or manual work you will not be able to do these for 8-12 weeks. Please discuss any queries with the physiotherapist or Consultant.

**Guide to daily activities**

Some difficulties are quite common, particularly in the early stages when you are wearing the sling and when you first start to take the sling off. If necessary, an OT can help advise you. Below are listed some common difficulties with guides which may help.

If you have any caring responsibilities for others you may need to make specific arrangements to organise extra help. Discuss your needs with your GP or hospital staff prior to your surgery.
**Getting on and off seats.** Raising the height can help e.g. extra cushion.

**Hair care and washing yourself.** Long handled brushes and sponges can help.

**Dressing.** Wear loose clothing with front fastening or which you can slip over your head. For ease, also remember to dress your operated arm first and undress your operated arm last.

**Eating.** A non-slip mat can help when one handed. Use your operated arm once it is out of the sling as you feel able.

**Household tasks/cooking.** Do not use your operated arm for activities involving weight (e.g. lifting kettle, iron, saucepan) for 8-12 weeks. Light tasks can be started once your arm is out of the sling. To begin with you may find it more comfortable keeping your elbow into your side.

**When can I participate in leisure activities?**

Your ability to start these will be dependent on the type of stabilising surgery and on the range of movement and strength that you have in your shoulder following the operation. Your Consultant will advise you on exact timescales for your individual procedure. Start with short sessions involving little effort and gradually increase. General examples are:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Cycling (road non competitive)</td>
<td>8-12 weeks</td>
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<tr>
<td>Gentle swimming</td>
<td>at least 12 weeks</td>
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<tr>
<td>Light sports/racquet sports</td>
<td>10 weeks</td>
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<tr>
<td>using <strong>non-operated</strong> arm</td>
<td></td>
</tr>
<tr>
<td>Racquet sports using operated arm</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Contact sports</td>
<td>6 months</td>
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References and Further Information

Guidelines for the management of soft tissue (musculoskeletal) injury with Protection, Rest, Ice, Compression and Elevation (PRICE) during the first 72 hours. ACPSM CSP 1998.

Bohnsack M and Wulker N. Shoulder Instability Current Orthopaedics 2002 16, 42-50

www.theupperlimb.co.uk
www.Shoulderdoc.co.uk
www.noc.nhs.uk/shoulderandelbow

This is based upon information originally produced by Jane Moser (Clinical Physiotherapy Specialist) and Professor Andrew Carr (Consultant Orthopaedic Surgeon) for The Nuffield Orthopaedic Centre, Oxford.

Help and feedback was given from people who have had Shoulder Stabilisation surgery.

NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

© North Bristol NHS Trust. This edition published May 2014. Review due May 2016. NBT002173