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SURGERY

Arthroscopic Release of
Frozen Shoulder

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CONDITION

What is Arthroscopic Release of Frozen Shoulder?

This is a keyhole operation and involves the circumferential division of the contracted shoulder joint capsule and a manipulation to 'stretch' up the joint and improve the movement.

What happens before surgery?

Once a decision has been made to proceed to surgery you will be contacted by staff at the hospital where you are going to have your procedure for a pre-operative assessment. 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 on the day of your surgery. You will be seen by the anaesthetist who will take you through the details of the anaesthetic, which usually includes a nerve block to help your pain.

What does the surgery involve?

The operation involves the circumferential division of the contracted capsule of the shoulder and a manipulation to 'stretch' up the joint and improve the movement. Occasionally it is also necessary to trim a small amount of bone from the front of the acromion to increase space for the tendons.

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 and 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.

A physiotherapist will see you and take you through how to apply and remove your sling safely and the initial exercises you should perform. Once you are comfortable you will be sent home, usually the next day after surgery, with painkillers and instructions about any stitches you have. You will need to make an appointment with your surgeon to be seen in the clinic 1-2 weeks after your operation. A physiotherapy appointment, if required, will be arranged by the hospital.

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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.

What exercises should I perform after the operation?

1st 2 weeks:

- Wear your sling for a few days for comfort, but you should aim to discard it as soon as possible. The emphasis is on mobilisation of the shoulder to consolidate on the gains made at the time of surgery
- Active finger, wrist and elbow movements
- Shoulder pendulum exercises for the first day or two followed by: Full active assisted and active shoulder exercises as pain allows
- Scapular setting exercises

2 weeks onwards:

- Progress your active range of movement
- Gradually increase rotator cuff strengthening exercises

What is the usual recovery?

- 3 weeks: driving
- 4 weeks: approximately 75% of movement but with pain
- 8 weeks: nearly full range of movement
- 8 weeks: golf
- 12 weeks: swimming, racquet sports
- 3-6 months: full recovery. Pain, particularly at night, can persist until then.

Return to work: depends on occupation

- Home based sedentary work (e.g computer) from one week
- Sedentary work in an office from three weeks
- Light manual work from four weeks
- Heavy manual work from eight 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 recurrent frozen shoulder can develop (5%) which will prolong your recovery by a few months. A post-operative steroid injection is often helpful if your shoulder starts to stiffen up again.
- Pain. This is common for the first few weeks after surgery but steadily settles. Some patients, as described above, will have ongoing discomfort and stiffness at 3 months that requires a post-operative steroid injection to settle the inflammation.
- Fracture. This may occur during manipulation of your shoulder if the capsule contracture is very severe. This complication is very rare.
- Failure to improve. 80% of patients will make a good or excellent recovery. 15% will have some ongoing discomfort but will be satisfied with their outcome. About 5% of patients will have ongoing problems, such as pain and stiffness, and some of these require further surgery.

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If you have any problems or concerns, do not hesitate to contact the office or myself. I can generally be reached on one of the numbers listed below and if I am not immediately available, I will try to get back to you as soon as possible. If for some reason I am unable to be reached, then you may be able to seek advice from the hospital ward or from your General Practitioner.

Bethesda Hospital 9340 6300

Hollywood Hospital 9346 6000