Dr Greg Janes

MBBS FRACS (Orthopaedics)
Orthopaedic & Sports Surgeon

SURGERY
Arthroscopic Stabilisation

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CONDITION

What is Arthroscopic Stabilisation?

The arthroscopic operation involves the reattachment of your shoulder labrum to the glenoid (the 'dish' part of the joint) and re-tensioning of the joint ligaments.

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?

In the process of dislocation of the shoulder, some soft tissue, called the labrum is torn away from the socket side of the joint (glenoid) and does not heal back in the correct place. This in turn results in defunctioning of the attached capsular ligaments, resulting in recurrent instability of the shoulder.

Alternatively some people have very loose ligaments which require re-tensioning.

The arthroscopic (keyhole) operation involves the reattachment of your shoulder labrum to the glenoid (the 'dish' part of the joint) and re-tensioning of the joint ligaments. The labrum is usually reattached with several bioabsorbable anchors.

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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What exercises should I perform after the operation?

First 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), very rare.
- 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 which may involve a more invasive procedure.
- Fractures and injury to nerves and vessels have been reported but are exceedingly rare.

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Shoulder, Hip and knee Replacement
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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