

# Shoulder Arthroscopic Stabilisation Advice Sheet



An arthroscopic stabilisation involves small incisions around the shoulder to allow insertion of a camera and instruments. The space inside the shoulder is inflated using fluid to allow vision inside the joint and surrounding spaces. In addition, instruments and implants may be passed through the small incisions to allow fixation of the damaged structures. Typically small plastic anchors are used to repair the labrum or bumper surrounding the socket (Labral or Bankart repair). In addition in some cases there is a defect in the ball. Tissue can be anchored into this to improve stability. (Remplissage). The surgery is usually done under general anaesthetic as a day case.

Post operatively I will explain the findings and advise you of the likely post operative recovery. In general however the following applies:

## Sling:

You will require the sling in bed and when outside your home for 6 weeks. The sling can be removed for hygiene and for specific physio directed exercise.

## Driving:

You may be able to drive an automatic after 2 weeks. A manual will take 6 weeks until you can drive. It is important you advise your insurer of your surgery and that you are sensible about returning to driving. We would advise that you try driving in a safe environment first before returning to the road.

**DO NOT DRIVE OR WORK MACHINERY OR POWER TOOLS IF TAKING NARCOTIC PAIN MEDICATION**

## Physiotherapy:

Physiotherapy is an essential part of shoulder surgery. It is important you engage fully with a physio program post operatively. In general you will be seen by a physiotherapist before discharge from hospital but you should seek to see a physio comfortable with managing shoulder problems in a unit convenient to you within the first week or two post operatively. We would advise you make such arrangements prior to your operation. You will be given an information sheet for your physio and further information is available on our website.

## Pain Control:

You will require pain relief post operatively and a prescription will be provided for you on discharge. This will include a range of medication depending on the usual requirements for your operation.

**PLEASE LET US KNOW OF ANY ALLERGIES OR MEDICATION INTOLERANCES IN ADVANCE OF SURGERY**

In general taking pain medication regularly for the first 5 days is recommended. After this your requirements are likely to reduce. Remember that physiotherapy may cause some pain and so taking pain medication in advance of sessions is wise. In addition do not underestimate the ability of simple measures to impact significantly on pain relief.

A good example of this is cryotherapy (ice packs). There are several on the market and your local pharmacy will be able to guide you. In general the more simple the better as if a cryotherapy device is complex for you to put on, you are less likely to use it. Often a simple bag of frozen peas is as good as any. Be careful to protect your skin with a towel or similar as direct application of a cold pack to your skin may damage it.

Our anaesthetic team may offer you a pre operative nerve block. This usually helps with post op pain control and your anaesthetist will discuss the risk/benefit of it with you. Where a block is administered, post operative pain control is usually good but the duration will be limited so it is important that you take your pain medication before the block wears off. Pre loading your systemic pain control in this way will prevent you from getting sudden onset of severe post operative pain when the block wears off.

## Wounds:

Dressings should be changed at 5 days. Please see your GP at the 2 week post op mark for removal of sutures. Please arrange this with your family doctor preoperatively so as to avoid late removal of sutures which can be uncomfortable. Where there are concerns regarding your wounds please contact my office and we will arrange an early review if necessary.

### Return to work:

If wearing a sling precludes you from doing your job then obviously the above time frames related to the sling requirement will dictate your return to work. Likewise inability to drive may dictate this also. For most desk jobs 2 weeks should suffice to allow for pain control and early mobility. For heavy manual work at least 12 weeks are required. Please be conscious of this and make plans for help to be available for the postoperative period. No matter how well the surgery goes, if you challenge the soft tissues too severely in the post operative period you may disrupt the repair prior to healing having been completed. Adhering to the post operative physio plan and doing enough but not too much rehab is key to a successful outcome in the end.

### Return to Sport:

This will be a minimum of 3 months. After this much is determined by your progress with physiotherapy. For Instability surgery a target return to play for contact sport is typically 18 weeks.

### Risks of surgery:

These will be discussed with you at the time of your consultation and on the day of your procedure during the consent process. These typically include infection, bleeding, nerve and vessel injury, instrument failure, fracture and the risk of post operative capsulitis (frozen shoulder). There may be additional specific risks associated with your procedure. If this is the case I will discuss these with you.

In general it is important to remember that while controlled, surgery is in and of itself an injury. Inflammation, pain and swelling are natural reactions to injury and while we will attempt to minimise the effects of these, post operative pain and frustrating early lack of function are completely normal for the post operative period. Depending on the exact procedure this may be for a period of several weeks. Typically the discomfort gets better over time. If you are not seeing an improvement or indeed your pain is worsening, or if swelling and redness are developing then you should let us know early so that post operative complications such as infection or bleeding can be dealt with as soon as possible.

If you have any specific concerns please ask either in the clinic or at the time of consent pre-operatively. It may be helpful to write any questions you may have down prior to your consultation or when we review you on the morning of surgery. You may wish to educate yourself regarding your shoulder condition and in addition to our own website [www.dmorthopaedics.ie](http://www.dmorthopaedics.ie) we recommend the website [www.shoulderdoc.co.uk](http://www.shoulderdoc.co.uk) and the BESS website for this purpose.

In case of emergency there will always be a member of the orthopaedic team on call in Tallaght hospital so you may attend the A/E there and look to be seen by orthopaedics on call. In addition there are A/E facilities in the Blackrock clinic which may be able to help you and who will liaise with us as necessary. If you are based outside of Dublin and have an emergency please contact your GP out of hours service or your local A/E.

