Shoulder Arthroscopy Advice Sheet

DIARMUID MOLONY
ORTHOPAEDICS

Shoulder Arthroscopy, commonly known as keyhole surgery, 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 or other treatment of damaged structures. While pre operative MRI and other imaging aids decision making and pre operative planning, it is important to remember that definitive diagnosis for some conditions may not occur until the time of your surgery. This is why we frequently discuss several options that may arise intraoperatively in order to have your consent to proceed and deal with the pathology we identify "on table".

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 we recommend the website www.shoulderdoc.co.uk and the BESS website for this purpose.

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

Sling:

For reconstructive procedures such as cuff repair and stabilisation 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. For non reconstructive procedures such as biceps tenotomy, decompression, excision of the acromioclavicular joint and release of frozen shoulder, the sling is really only there for your comfort and we advise removal of it as comfort dictates. Usually this will take a week or 2 however.

Driving:

For non-reconstructive procedures You will be able to drive an automatic after 2 weeks but for surgery involving reconstruction will take 6 weeks until you can drive. If you have a manual return to driving for any procedure will take 6 weeks. 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.

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 some 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 your skin.

Our anaesthetic team may offer you a pre operative nerve block. This does help with post op pain control and your anaesthetists 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 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 non reconstructive procedures are likely to require 6-12 weeks out of work and where reconstruction is involved 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 is typically 18 weeks. For cuff repair range may be slow to return and the time frame may be longer although loading the cuff is usually possible after 12-15 weeks. For non-reconstructive procedures, pain and range of motion will dictate the duration and varies from patient to patient.

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 addition 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.

For further information please consult our website. You can also call us during office hours on 089-4004995 or email us on info@dmorthopaedics.ie. 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.