



Patient Information

Manipulation under Anaesthesia of a Frozen Shoulder

This technique is used in the treatment of frozen shoulders. A shoulder becomes frozen when the soft tissues around the joint become tight and short (i.e. contracted). This prevents the shoulder from moving and leads to the pain and stiffness with which you are familiar.

The problem may resolve with treatment over time but it can take up to two years.

What happens before I come into hospital?

This information will help you prepare for admission to hospital. Treatment is always planned on an individual basis so your experience may differ slightly from the information given.

Dr Ratahi operates at both Kensington Hospital and Northland Orthopaedic Centre. If you do not go home on the day of your surgery, it will be done at Kensington Hospital.

All our staff are friendly and available to help answer any questions that you may have at any stage of your treatment.

Pre-assessment

If there are concerns around your fitness for an anaesthetic you may be asked to attend a pre-assessment. This is a medical examination made by the anaesthetist who works with Dr Ratahi to make sure you are well enough for surgery.

Transport

Patients are responsible for their own transport to and from the hospital. You will be informed of your admission and discharge date in advance so that you can arrange for a relative, friend or taxi to transport you.

What happens on the day of surgery?

On the morning of your surgery you will be greeted by the staff at the hospital reception on your arrival. Before being taken to the theatre suite you will be greeted by the nursing staff who will be looking after you and ask you to change into a hospital gown to get you prepared for theatre. You will be assessed by Dr Ratahi and the anaesthetist to perform a final check that you are fit for surgery and answer any questions you may have. You will be asked to sign a form giving your

consent to the operation. You will then go to theatre, accompanied by a nurse where your personal details and the operation will be confirmed.

The Operation

The aim of the manipulation is to reduce the recovery time by stretching the joint by the surgeon in a controlled manner, to gain full range of movement. This is combined with an injection of local anaesthetic and steroid to reduce inflammation and pain.

The operation is performed under general anaesthetic

General Advice

You will usually only be in hospital for a day.

Outpatient physiotherapy should be arranged for the day after your procedure. This should be organized before you are admitted to hospital.

It is essential that you attend regular physiotherapy in the first few weeks following your procedure. Please ensure that your employers are aware of this commitment.

You will be given a sling. This is provided purely to keep your arm comfortable. It may be taken off as much as you wish and discarded as soon as possible. You will be encouraged to use your arm. Your symptoms should be approximately 80% better after three months but may take a year to totally settle.

Complications

As with all surgery there is a risk of some complications. These are rare, but you should be aware of them before your operation.

They include:

Complications relating to the anaesthetic.

Infection.

Injury to the nerves or blood vessels around the shoulder. Sometimes, the nerves become irritable resulting in pain and stiffness in the upper limb, a condition called reflex sympathetic dystrophy (RSD).

Fracture: The upper arm bone (humerus) breaking. This is extremely rare.

Failure of the operation in improving pain or movement in your shoulder. There should be about 75% improvement in symptoms in the first four to six weeks.

Prolonged stiffness and or pain.

A need to **redo** the surgery.

What to expect after surgery

Pain

The shoulder will be sore when the nerve block wears off and this may last for the first few weeks. It is important that you continue to take the painkillers prescribed in hospital. Ice packs may also help reduce pain. Wrap frozen peas/crushed ice in a damp, cold towel and place on the shoulder for up to 15 minutes.

Movement

It is of the utmost importance that you begin moving and exercising the arm on the day of the procedure. The sling should be discarded as soon as possible. Adequate pain relief will enable you to perform the exercises demonstrated by the physiotherapist. Try to use the arm for normal daytime activities where possible.

Driving:

You may drive after one week.

Returning to work:

If you have a desk job you will probably be able to return after one week. You may need slightly longer if your job involves lifting or manual work.

Leisure activities:

These will depend on the range of movement and strength in your shoulder. It is possible to do most things as long as your shoulder feels comfortable. Please discuss specific activities with your physiotherapist.

Follow up appointment:

Follow-up with your surgeon is generally not needed. However, if you or your physiotherapist has concerns regarding your progress you should contact Dr Ratahi's practice to organize a further appointment.

Progress:

This is variable. In the first few weeks your shoulder will be sore although your movements will have improved. Do not be surprised if the soreness affects your daily activities. You should continue to move and use your arm normally. Over the weeks following your surgery you will notice a gradual improvement in movement and pain.