ERIN RATAHI
ORTHOPAEDIC SURGEON
Spine-Shoulder-Hip-Knee

Patient Information
Anterior Shoulder Stabilisation

What is an arthroscopic shoulder stabilisation?

The shoulder is the most mobile joint of the body. It can easily become unstable (no longer be held in place firmly) and dislocate after an accident or injury. Unfortunately, once it has dislocated and the surrounding shoulder structures are damaged, the shoulder joint becomes susceptible to further dislocations, occasionally after only relatively minor injury.

During an arthroscopic shoulder stabilisation, an arthroscope (camera) is inserted into the shoulder to allow the shoulder joint and surrounding structures to be seen. Fluid (saline) is passed into the shoulder to allow the surgeon to look at the structures within it. The damaged structures are then repaired and tightened to restore the joint's stability. This involves placing small anchors into the socket of the shoulder and stitching the torn tissue back to the bone. Usually three small 1cm cuts are needed.

What are the benefits of having an arthroscopic shoulder stabilisation?

Usually the main reasons for needing this surgery are to prevent further dislocations and stop any further damage to the soft tissues, structures and nerves. By restoring the stability of your shoulder, you should be able to do more with it without fear of future dislocation.

What are the risks?

In general, the risks of any operation relate to the anaesthesic and the surgery itself. In most cases you will have a general anaesthetic combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region. You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for you. For more information about having an anaesthetic please see our leaflet, having an anaesthetic. If you do not have a copy, please ask us for one. Arthroscopic shoulder stabilisation is commonly performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of having the surgery outweigh any disadvantages. However, to make an informed decision and give your consent, you need to be aware of the possible side effects and risks/complications.

Complications include:

- Infection (affects less than 1 out of every 100 patients treated)
- Nerve injury (affects less than 1 out of every 100 patients treated)
- Bleeding - rarely an issue, as this is a 'keyhole' procedure
- Thrombosis/blood clot (affects less than 1 out of every 100 patients treated)
- Stiffness of the shoulder (affects 1 to 2 out of every 100 patients treated). This is rarely permanent and usually improves over a three to six month period
- Re-dislocation (affects less than 5 out of every 100 patients treated).

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 before you are given an inter-scalene nerve block and a general anaesthetic.

Inter-scalene Nerve Block

An inter-scalene block is an injection of local anaesthetic around the nerves that supply your arm. The purpose of the injection is to provide pain relief for the operation. When you wake up from the general anaesthetic the shoulder and upper arm will be numb. Inter-scalene block is offered for

shoulder surgery because it is the best form of pain relief for this procedure in the first 24 hours after the operation. It is important that you are aware that it is not the only method for providing pain relief for this type of operation and also that it does not affect what the surgeon will do. Your anaesthetist will discuss the pros and cons of this procedure as well as the possible complications and alternatives with you on the day.

What happens after the operation?

You will be transferred to the recovery room where you will be closely monitored as the effects of the general anaesthetic wears off. Your arm will be supported in a sling. Initially you may feel some pain or discomfort, which will be helped by medication. If you have had a nerve block, your arm and hand can feel numb and heavy, this will usually resolve itself within 24 hours. The shoulder may initially be bruised, tender and swollen and have a dressing over the wounds. These will be water-resistant dressings. However please check with your nurses before showering.

You may also have the following:

- Small drainage tube coming from your wound
- Patient Controlled Analgesia (PCA) Device
- Oxygen mask
- A drip to replace lost fluids

These will be removed as soon as possible following the surgery. Once the anaesthetic has fully worn off you will be encouraged to get up and mobilise, with help if needed, as soon as you are able. This will help prevent the risk of any post-operative complications.

Exercises/Therapy

For the first three weeks following your surgery there a no specific shoulder exercises. During this time you will only be able to come out of your sling for showering and stretching out your elbow and wrist. After your 3 week follow-up appointment with your surgeon you will be referred to a physiotherapist to supervise the remainder of your rehabilitation.

Washing and Dressing

Your nurse will discuss your personal care activities with you. Depending on your restrictions you may be provided with a sling for showering. Showering is advised as opposed to taking a bath to protect the wound and to avoid weight bearing on your operated arm. Your wound dressing is water resistant however you should avoid direct exposure to water when showering. Please be advised that your balance may be affected while wearing a sling and therefore consider safety aspects when stepping in/out of the bath/shower or on uneven ground. You will require loose clothes that preferably button down the front. Avoid clothing with small buttons, hooks and zips. Ladies may find a bra uncomfortable and may prefer to wear a strapless or front-fastening bra. Consider slip-on, easy fitting shoes. You will be allowed to wear your sling over clothes. Always dress your operated arm first and undress it last.

Dressing Procedure in a Sling

Your ward nurse will show you how to safely get washed and dressed whilst in a sling before you are discharged home.

Sleeping

Avoid lying on your operated arm initially. Lying on your back may be the most comfortable position. A pillow placed behind the operated arm may be advised to prevent the arm from falling backwards. Your therapist will advise you.

Returning to work

We recommend that you remain off work up to 6 weeks depending on the type of job you have. If you are involved in lifting, overhead activities or manual work you may need a graded return to work duties if this can be arranged.

Driving

You should not attempt to drive until you are out of your sling, your pain has subsided and you feel confident in your own ability to control the vehicle in the event of an emergency situation.

Returning to leisure activities

Prior to restarting any leisure activities it is advised you discuss them at your post-operative clinic review or with your outpatient physiotherapist. The ability to return to leisure activities will depend on pain, range of movement, strength and the procedure undertaken. Non-contact activities such as gentle jogging, light gym work, light gardening tasks, gentle swimming may be considered from 12 weeks. Over-arm sports, racquet sports and golf should be avoided until the end of your rehabilitation, usually around 10-12 months after your surgery.

Going home

We aim to discharge you from hospital either the day of or the day after surgery. However you may need an extra day depending on your needs.

Important Information and Disclaimer – Outcome of Surgery

The goals of surgery are discussed with you prior to the procedure; however, it is important to understand that these goals cannot be guaranteed in every case. In particular, improvement in pain levels may not be achieved, and in some cases symptoms may persist or change despite surgery.

Surgical outcomes may vary depending on individual factors, the nature of the condition, and findings at the time of surgery.

While imaging studies (such as MRI or CT scans) are an important part of preoperative assessment, they do not always fully reflect the condition of the tissues. Findings at surgery may differ from those reported on imaging, and intraoperative findings will guide final decision-making and treatment.