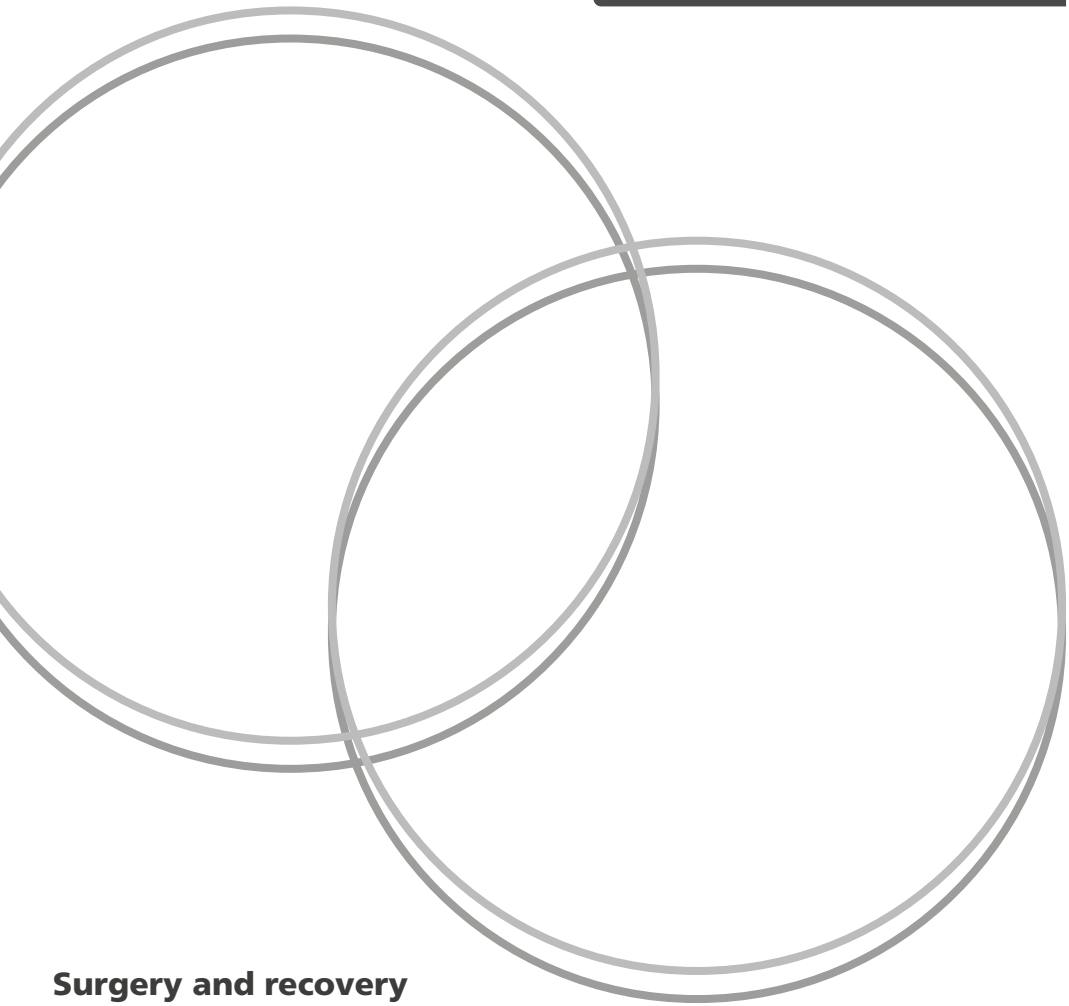
Oxford University Hospitals
NHS Foundation Trust

Anterior Shoulder Stabilisation

Information for patients



Surgery and recovery

This booklet contains information to help you gain the most benefit from your anterior stabilisation.

It does not replace your professional medical care and should be used together with information from your surgeon and physiotherapist.

Your recovery may not be the same as others having the same operation and you may need different instructions, so you must be guided by your surgical team at all times.

This information should help you prepare for the surgery. It also includes advice and exercises to help with your recovery, as well as guidance on what to expect during this time.

Contents

The shoulder joint

The shoulder joint is a ball and socket joint. Most shoulder movements occur where the ball at the top of your arm bone,(humerus) fits into the shallow socket (glenoid) which is part of the shoulder blade (scapula).

The design of the shoulder joint allows for lots of movement. This can make it less stable. There are many structures which help to keep the joint in the correct position. The most important ones are:

- Ligaments; which hold the bones together.
- A rim of cartilage; which deepens the socket (labrum).
- Muscles; which keep the shoulder blade and joint in the correct position when moving or using the arm.

Shoulder dislocation

A shoulder dislocation is when the ball of the upper arm comes out of the socket (glenoid), which is part of the shoulder blade (scapula). Most shoulders dislocate forwards (anterior). This can sometimes be combined with a downwards (inferior) dislocation (see diagram). Some can dislocate backwards (posterior dislocation).

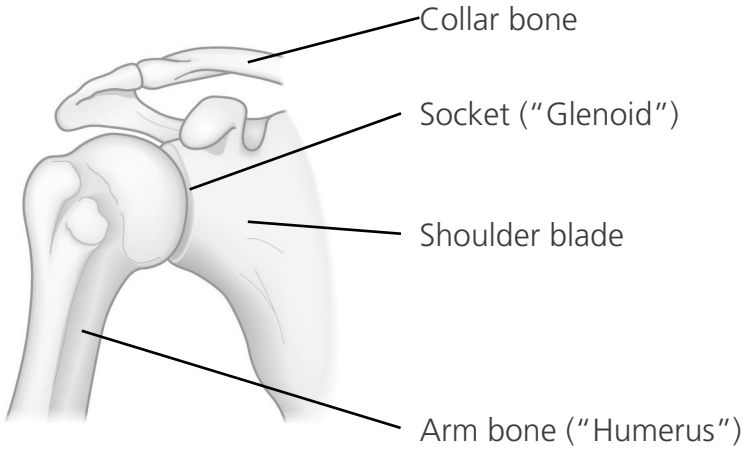
A shoulder subluxation refers to a partial dislocation of the shoulder joint, when the ball of the humerus bone only partly slides out of the socket of the shoulder blade.

If you have had a shoulder dislocation or subluxation, the ligaments, or labrum, (rim of cartilage) at the front of the shoulder may have been stretched or damaged. 70 in 100 people who have dislocated their shoulders continue to have symptoms of instability such as further dislocations or the shoulder feeling loose and these can be associated with pain especially when the arm is lifted upwards and outwards.

Before any surgery is considered, surgeons usually prefer you to have had at least 6 months of physiotherapy. This improves your chances of having a better outcome and may even allow you to get back to all activities without needing an operation.

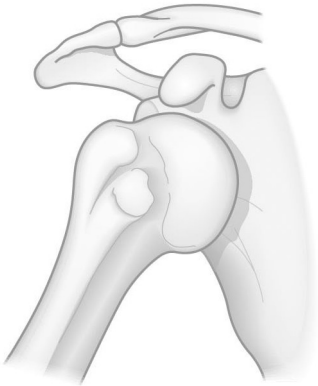
Following any surgery you will need regular physiotherapy for at least 6 months to strengthen the muscles around your shoulder and make sure they are working to support the repair. This will give you the confidence to return to activities that you wish to do.

Normal alignment



Dislocated shoulder

The top of the arm bone is now in front of the socket.

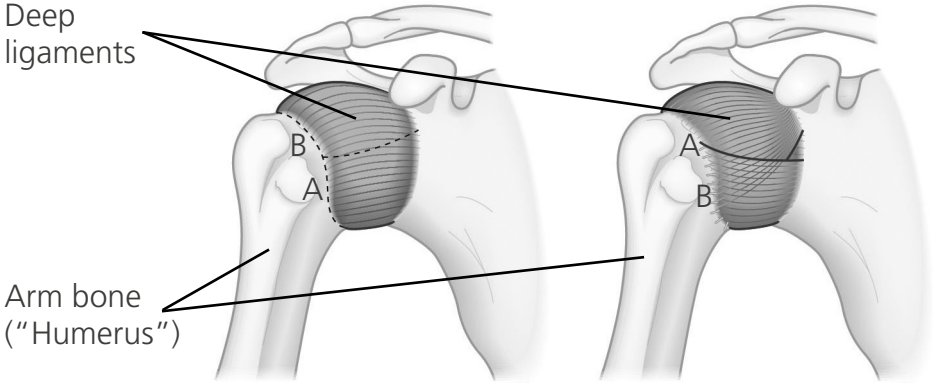


About anterior stabilisation surgery

This operation aims to tighten and or repair the over-stretched and damaged ligaments and rim of cartilage (labrum). There are different ways this operation can be done, but usually the ligaments deep around the shoulder joint are tightened up and repaired.

This can be done using keyhole surgery (arthroscopy) or with open surgery which requires a bigger scar. Sometimes the muscles have to be repaired if they have been damaged in the dislocation. If you have had a shoulder stabilisation before and then have another shoulder dislocation you may need to have surgery which moves some bone from another part of the shoulder to deepen the rim of the socket. This is called a Laterjet.

Picture of surgery to right shoulder (viewed from the front).



This shows how the deep ligaments may be cut and overlapped in surgery to tighten the front of the shoulder joint.

The surgery is usually carried out under a general anaesthetic, which means you would be asleep during the operation.

You will also be given a 'nerve block'. This involves injecting a local anaesthetic under the skin on the side of your neck, (using ultrasound images for guidance). This is normally done whilst you are sedated (half-asleep) just before you have your general anaesthetic which will put you fully asleep for the operation.

The nerve blocks the signals from the nerves that sense pain from your shoulder, and it is used for additional pain relief during and after the surgery.

For further information about anaesthetic and pain relief, please ask to see our leaflet 'Anaesthesia explained' or visit our online patient information leaflet library at **www.ouh.nhs.uk/patient-guide/leaflets**

What are the risks and complications?

All operations involve risks. The risks you should be aware of before and after your operation include:

Infection

These are usually only superficial wound problems that occur in the topmost layer of skin. Occasionally a deep infection may develop after the operation. Although this can be serious it is rare, affecting fewer than 1 in 100 people.

Stiffness and/or pain in or around your shoulder

1 to 5 cases in 100 people will have some on-going stiffness or pain after this operation.

Damage to the nerves and blood vessels around the shoulder

This is very rare, affecting fewer than 1 in 100 people.

Deep vein thrombosis (DVT) or pulmonary embolism (PE)

This is also very rare after shoulder surgery like this, affecting fewer than 1 in 100 people.

Risks from the anaesthetic

The chance of any complications from the general anaesthetic or block is low for most people. Your anaesthetist will discuss how these risks are for you.

Further surgery

The repair may fail and the shoulder can become unstable again. This occurs in about 5 to 20 cases in every 100 people.

Risk of recurrent dislocation

The risk of dislocation or instability continuing after surgery is approximately 5 to 15 cases in every 100 people. The risk is higher in some cases and if so your surgeon will discuss this with you before your operation. Please discuss these risks with the doctors, if you would like further information.

Information about the nerve block

As with most anaesthetic procedures there are a few common side effects to be aware of. The effects are temporary, not a cause for concern and will get better when the local anaesthetic wears off in 12 to 48 hours.

Your arm will be very numb. You may not be able to move it and your fingers may feel tingly, like you have 'pins and needles'. You must take care of your arm whilst it is numb, as you could injure it when not able to feel it. You should keep your arm away from extreme heat or cold and keep it in the sling until the block has fully worn off.

The local anaesthetic can also spread to nearby nerves. Sometimes this causes other areas to be numb, such as your cheek, neck and ear. For similar reasons this may cause you to have a blocked nose and a droopy eyelid on the side of the operation. Your eye and cheek may be a little red, and you may have a hoarse voice or feel slightly breathless.

If any of these side effects last more than 48 hours you will need to get advice from the hospital ward you were discharged from.

Are there any risks from a nerve block?

There is an extremely small risk that some of the side effects mentioned may become long-lasting, but by giving you the block before your anaesthetic, with careful monitoring, we can reduce these risks even further.

There are some more significant complications, such as long-lasting or permanent nerve damage in the arm/shoulder, or a delay in waking immediately after surgery (due to spread of local anaesthetic towards the spinal cord).

These complications are very rare, occurring in less than 1 in 5,000 procedures. We would only recommend that you have the block if the benefit of the reduction in your pain immediately after the operation outweighed these risks.

Will it be painful?

When you wake up after your operation the nerve block will make your arm feel numb and weak for 12 to 48 hours. It is likely to significantly reduce or completely remove your pain, helping you get past the worst of the pain from the operation. The blocks are normally very effective and last into the next day. Your arm will then start to feel normal.

Take painkillers regularly, starting them before going to bed on the day of the operation. Continue taking them for at least 2 to 3 days, even if you are comfortable, as the pain can sometimes return suddenly. Painkilling tablets can take up to an hour to work.

On **page 12** you will find information about the painkillers you should take, including how and when to take them.

Pain relief after the surgery

As with most operations, it is normal to have some pain after shoulder surgery.

You should be given two or three different types of painkillers to take home. These different medications work in combination to reduce pain effectively, and should be taken as advised by the medical team.

After two or three days you should try to cut down the number of pain-killers you are taking, to see if you still need them.

You will be given a prescription for more painkillers when you are discharged from hospital. Further supplies of paracetamol or ibuprofen can be purchased in a supermarket. Please see your GP for other painkillers that require a prescription.

Bruising around the shoulder or upper arm and swelling in the arm is common after this surgery, but will gradually disappear over a few weeks. You may find it helpful to use an ice pack (or a packet of frozen peas) over the area. Place a damp tea towel between your skin and the ice pack, to protect your skin. Leave the ice pack on for 10 to 15 minutes and repeat this several times a day. Until your wound has healed, cover the dressing with a large plastic bag or cling film, to prevent it from getting wet.

What painkillers will I be given?

This depends on your operation and any side effects you may be more likely to develop. The medical staff will give you advice on the appropriate pain relief for you following your surgery.

Paracetamol

This is an effective painkiller, when taken regularly. It has a reputation for being weak, but you should not forget to take it, as it helps reduce the amount of other painkillers you need and it has very few side effects. It is usually the last one to stop taking.

Codeine (codeine phosphate)

Take this painkiller at the same time as paracetamol for maximum effect.

It can cause sleepiness, mild nausea and constipation. You may wish to increase the amount of fruit and fibre in your diet or take a laxative whilst you are on codeine. Please ask for advice about this.

Naproxen / ibuprofen

These medications are very effective painkillers. They should be taken after food to prevent symptoms such as indigestion or stomach irritation. You should not take them if you have had a stomach ulcer in the past. If you have severe asthma you may have been advised to avoid these painkillers, as they can affect your breathing. If you don't have asthma they rarely cause breathing problems.

Morphine (Sevredol) or oxycodone (Oxynorm)

These opiate tablets are the strongest you may be provided with outside of hospital and work best for 'breakthrough' pain. This is best taken when required, if the combination of other regular painkillers has not worked. They can make you drowsy, nauseated or constipated. If you find these side effects troublesome you may want to stop taking these tablets, or reduce the dose. These are the painkillers which are usually stopped first after your operation.

Please remember:

Take your painkillers regularly for the first few days after your operation, as the surgical pain can sometimes return unexpectedly.

Your nerve block is likely to make your arm numb and difficult to move for the night after surgery. Although this can be a strange experience, is it normal and should get better 12 to 48 hours after surgery. Please see page 10 for further information about the side effects of the nerve block.

Do I need to wear a sling?

Your arm will be held in position in a sling for up to 3 weeks. This is to protect your shoulder surgery during the early phases of healing and to make your arm more comfortable.

Take the sling off to wash, and to do your elbow exercises (explained below).

The body belt part of the sling can be removed once the block has worn off.

A nurse or physiotherapist will show you how to put the sling on and take it off before you leave the hospital.

If you are lying on your back to sleep, you may find placing a pillow or towel behind your arm so it is more in line with the rest of your body improves comfort as it helps to place less strain on the muscles at the front of your shoulder.

You may find your armpit becomes itchy, hot and sweaty whilst you are wearing the sling for long periods of time. Try using a dry pad or cloth to absorb the moisture. To wash under the arm on the operated side, lean forward to allow the operated arm to move forwards away from the body. This is easier than trying to lift the arm up to wash underneath.

To dress, place the operated arm into the sleeve first. When undressing do this in reverse so that the clothes are removed from the operated arm last.

Dressing, showering, taking a bath and cooking may be difficult to start with. If you live alone it will be useful to have someone to help you for the first few days.

Do I need to do exercises?

For the first 3 weeks you will not be moving your shoulder joint. You will be shown neck, elbow, wrist and hand exercises. These will help to stop these joints getting stiff and will strengthen your muscles. You will need to continue with these exercises when you go home.

You will have outpatient physiotherapy appointments organised to start about 3 weeks after you leave hospital. At these appointments you will start an exercise programme, to gradually regain movements and strengthen your shoulder. The exercises will change as you make progress and can be adapted specifically for your shoulder and your lifestyle.

Some of the early exercises are shown from **page 22**.

You will need to do these regular daily exercises at home for several months. They will help you to gain maximum benefit from your operation.

How do I look after the wound and stitches?

Your shoulder will have 2 to 3 small dressings on it.

Keep the wound dry until it is healed , normally 10 to 14 days. You can shower or wash but protect the wound with cling film or a plastic bag. It may be easier to use a flannel to wash but avoid lifting your arm too far out to the side or getting the dressing wet, as it may come off too soon and delay healing or increase the chance of infection. Avoid using spray deodorant, talcum powder, lotions or perfumes near or on the wound, as this can also delay healing and irritate the wound.

Your stitches should be ready to be removed after 10 days. You will need to make an appointment to have this done by the nurse at your GP's surgery.

Follow up appointment

You will have an outpatient Shoulder Clinic appointment approximately 4 to 6 weeks after you are discharged from hospital, to check on your progress. Please discuss any queries or worries you may have with the specialist or senior physiotherapist at this appointment. If you need any further appointments, we will make them after you have been seen.

Are there things I should avoid doing?

For the first 3 weeks

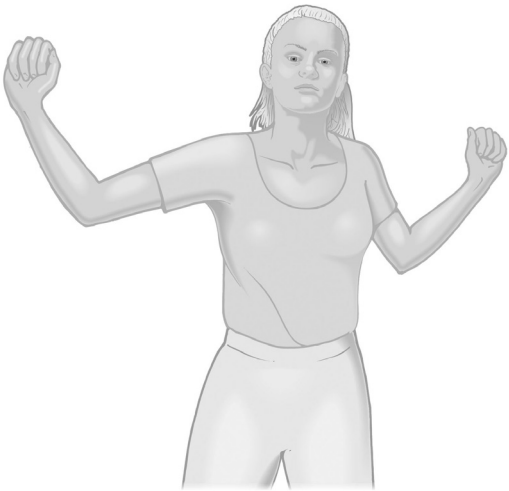
Do not be tempted to remove your arm from the sling for daily activities. Only come out of the sling to do the elbow exercises shown to you by the physiotherapist whilst you are in hospital. Movement before three weeks may damage the surgical repair

For the first 6 to 8 weeks

Avoid moving your arm out to the side and twisting it backwards, such as when putting on a shirt or coat. Put your operated arm in the sleeve first.

Try not to reach up and behind you (for example, when reaching for the seat belt in a car).

Avoid forcing this movement for 12 weeks (3 months).



These movements stretch the ligaments that have been tightened. Remember, this operation has been done because you had too much movement in your shoulder. The ligaments need time to repair in their new, tightened position, so it is best not to over-stretch them early on. They will benefit from gentle movements after 3 weeks.

How am I likely to progress?

Your progression can be divided into 3 phases:

Phase 1

Sling on, no movement of the shoulder

You will mainly be one-handed immediately after the operation and for the first 3 weeks. This will affect your ability to do everyday activities, especially if the surgery was on your dominant side and you may need some help.

Activities that are likely to be affected include dressing, bathing, hair care, shopping, eating, preparing meals and looking after small children. You will probably need someone else to help you. You may also find it easier to wear loose shirts and tops with front openings.

Before you are discharged from hospital, the staff will help you plan for how you will manage when you leave. Please discuss any worries you may have with them, as they may be able to organise or suggest ways of getting help once you are discharged from hospital.

Phase 2

Regaining everyday movements

After 3 weeks you can gradually wean off using the sling and start your outpatient physiotherapy.

You will be encouraged to use your arm in front of you, but not to take it out to the side and twist it backwards (see 'movements to avoid' on **page 16**).

Exercises will help you regain muscle strength and control in your shoulder, as the movement returns.

You can now use your arm for daily activities. To begin with these will be at waist level, but gradually you can return to light tasks with your arm away from your body. It may be 6 to 8 weeks after your operation before you can use your arm above shoulder height.

Phase 3

Regaining strength with movement

After 8 to 12 weeks you will be able to increase your activities, using your arm away from your body and for heavier tasks. You can start doing more vigorous activities, but contact sports are not permitted for at least 6 months (see the leisure activities section on **page 20**). You should regain the movement and strength in your shoulder within 6 to 8 months.

Research has shown that after 2 to 5 years, about 90% of people have a stable shoulder with few limitations. You may need to adapt how you carry out vigorous sports or those involving overhead throwing , but it is likely you will return to your previous levels of activity.

Confidence in your shoulder for all movements, activities and your sport is the best predictor of a good outcome and lessens your chance of dislocation.

When can I return to work?

You may be off work for 4 to 8 weeks, depending on the type of job you have, which arm has been operated on and if you need to drive. If your job involves lifting, overhead activities or manual work you will not be able to do these for 8 to 12 weeks. Please discuss any questions with your physiotherapist or surgeon.

When can I drive?

It is likely to be 4 to 6 weeks after your operation before you can drive. Returning to driving will be more difficult if your left arm has had surgery, because this is usually the side of the gear stick and handbrake.

Check you can work all the controls and that you can carry out an emergency stop, before setting off. Start with short journeys. The seatbelt may be uncomfortable to start with, but will not damage your shoulder.

You should also check your insurance policy to make sure you are covered. You may need to tell your insurance company about your operation.

When can I take part in leisure activities?

Your ability to start these activities will depend on the pain, range of movement and strength you have in your shoulder after the operation. Please discuss activities you might be interested in with your physiotherapist or surgeon.

Start with short sessions, involving little effort, and gradually increase the intensity of your activities.

General examples:

- Cycling – after 4 to 6 weeks.
- Gentle swimming – after 8 weeks for breaststroke and up to 12 weeks for freestyle swimming.
- Light sports or racquet sports using your non-operated arm – after 10 weeks.
- Racquet sports using your operated arm – after 16 weeks.
- Contact sports – after 6 to 9 months.

Guide to daily activities in the first 4 to 6 weeks

Exercises and general advice

Use painkillers and or ice packs to reduce pain before you exercise.

It is normal to feel aching, discomfort or stretching sensations when doing these exercises.

If you experience intense and lasting pain (for more than 30 minutes), reduce the exercises by doing them less forcefully or less often. If this does not help, discuss the problem with your physiotherapist.

Do short frequent sessions, e.g. 5 to 10 minutes, 4 times a day, rather than one long session.

Gradually increase the number of repetitions you do. Aim for the repetitions your physiotherapist advises; the numbers stated in this leaflet are rough guidelines.

Certain exercises may be changed or added for your particular shoulder recovery.

Get into the habit of doing them.

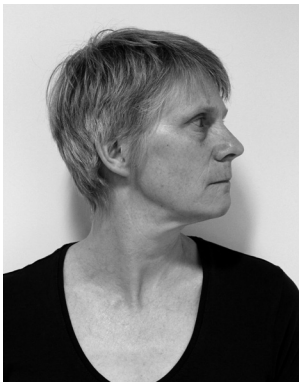
Please note: all pictures are shown for the right shoulder.

Phase 1 exercises

(from day of surgery to 3 weeks after)

Neck exercises

Sitting or standing.

- Turn your head to one side as far as you can comfortably go. Repeat 5 times.
- Then turn your head to the other side. Repeat 5 times.
- Tilt your head towards one shoulder. Repeat 5 times.
- Tilt your head to the other shoulder. Repeat 5 times.

Elbow exercise

Standing or lying down (not sitting) with your arms by your sides.

- With your palm facing **forwards** bend your elbow as far as you can, and then straighten your elbow as far as you can.

  Repeat 5 times.

- With your palm facing **backwards** bend your elbow as far as you can, and then straighten your elbow as far as you can.

  Repeat 5 times.

Phase 2 exercises

Start these when advised by your hospital doctor or physiotherapist. This will normally be about 3 weeks after the operation.

Shoulder exercises

(These are important to do.)

Pendular

Standing with support if required.

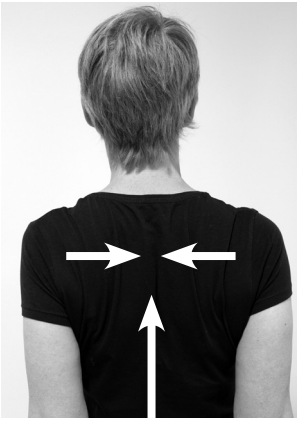
Lean forwards.

- Let your arm hang freely.
- Start with small movements.
- Swing your arm:
  a) forwards and backwards
  b) side to side
  c) in circles.
- Repeat each movement 5 times.

Shoulder blade exercises

Sitting or standing.

- Shrug your shoulders up.
  Then roll them back and down.
- Repeat 10 times.

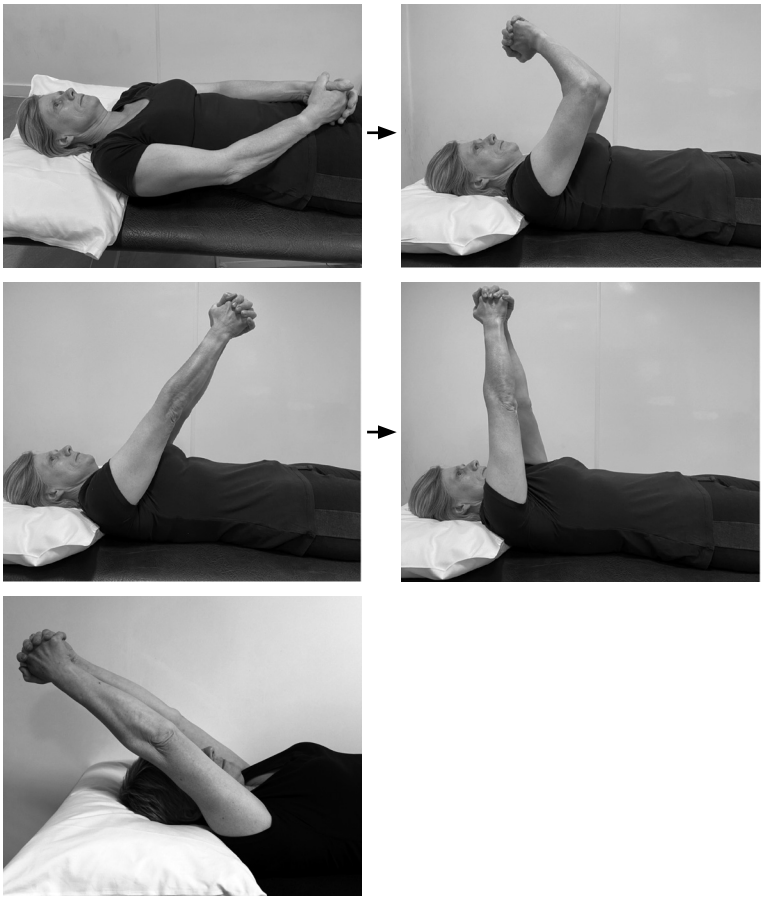


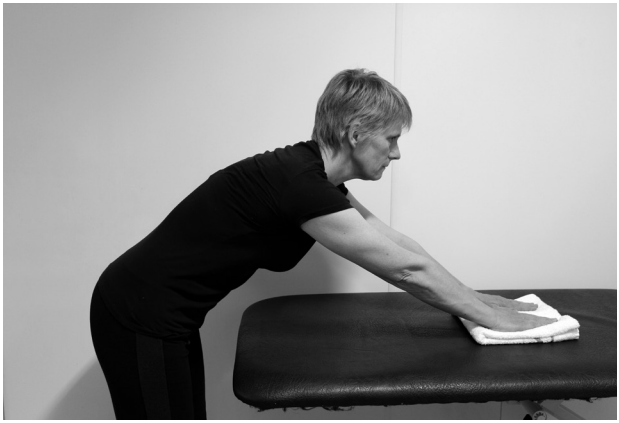
- Stand or sit with your shoulders and arms relaxed.
- Squeeze your shoulder blades back and together, then relax.
- Keep your arms relaxed.
- Repeat 10 times.

Active assisted arm lifts

Lying on your back on the bed or the floor.

- Clasp your hands together in front of your lower body.
- Lift your operated arm with your other arm over your head, only as far as you can without overstretching or discomfort.
- Keep your operated arm as relaxed as possible.
- When you first do this exercise you can start with your elbows bent.
- Repeat 10 times.

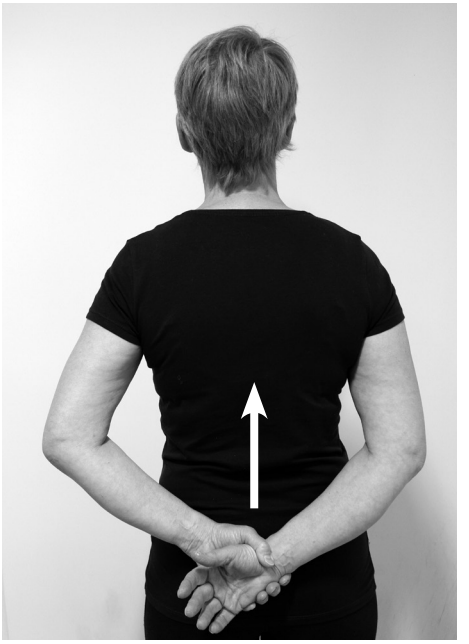




Work top slides

Sitting or standing

- Place a small towel on a table or work top.
- Rest your hands on the towel.
- Gently push the towel forwards as far as feels comfortable with both hands.
- Return to the start position by sliding back.
- Repeat 5 times.



Hand behind back slide ups

Stand with your arms by your side.

- Put your hands behind your back.
- Grasp the wrist of your operated arm with your other hand
- Gently slide your hands up and down your back.
- Repeat 5 times.
- Do not force the movement.

These additional exercises can be started 4 weeks after your operation:

Resisted inward hand press

(Sitting or standing).

- Bend your elbow.
- Keep your operated arm close to your side.
- Push the palm of your other hand onto the wrist of your operated arm.
- Try to stop your operated arm being pushed outwards. Pushing inwards with your operated arm.
- Hold for 10 seconds.
- Repeat 5 times.
- Aim to gradually increase to 3 lots of 10 repetitions.

Hand press outs

Stand sideways to the wall, with the back of your hand of your operated arm against the wall.

- Keep your elbow bent and close to your side.
- Push your hand into the wall.
- Hold for 10 seconds.
- Repeat 5 times.
- Gradually increase to 3 lots of 10 repetitions.

Please note: This is different to the elbow press outs (shown next) as it is only the hand that is pushed against the wall, not the elbow.

Elbow push outs

Stand with your operated arm next to a wall.

- Keep your operated arm close to your side, with the elbow bent.
- Push your **elbow and the back of your hand** into the wall.
- Hold for 10 seconds.
- Repeat 5 times.
- Gradually increase to 3 lots of 10 repetitions.

Elbow press backs

Stand with your back against a wall.

- Keep your arm close to your side, with your elbow bent.
- Push your **elbow** back into the wall.
- Hold for 10 seconds.
- Repeat 5 times.
- Gradually increase to 3 lots of 10 repetitions.

Fist push forwards

Stand facing the wall.

- Keep your operated arm close to your side and bend your elbow.
- Push your fist into the wall (use a towel if this is uncomfortable on your hand).
- Hold for 10 seconds.
- Repeat 5 times.
- Gradually increase to 3 lots of 10 repetitions.

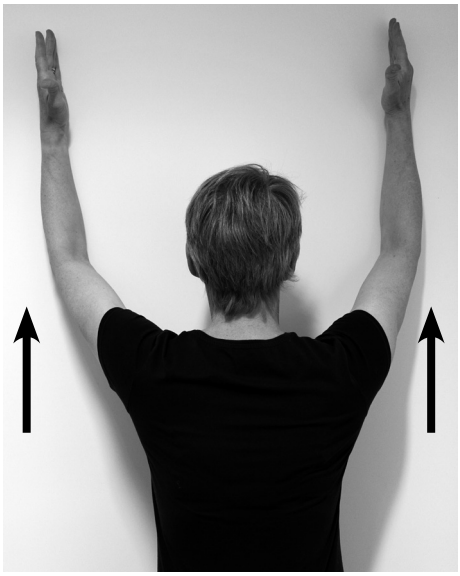
Wall slides

Stand facing a wall.

- Place the edge of your little fingers on the wall, with your thumbs pointing backwards.
- You can use a paper towel between your hand and the wall (to make the exercise easier).
- Slide your hands up the wall as far as is comfortable.

To start with, you can use your other hand to give support at your elbow.

- Try to make the movement smooth.
- Gradually stretch higher up the wall.
- Repeat 5 times and gradually increase to 15 to 20 times.



Kneeling rocking and arm lift

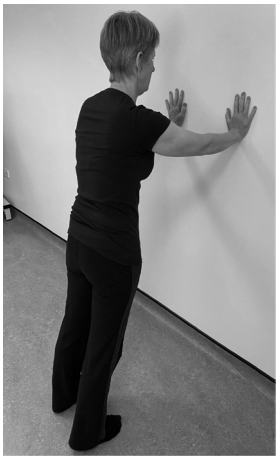
On your hands and knees.

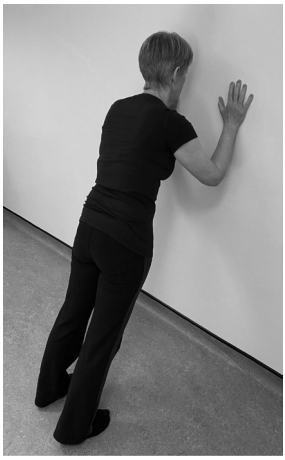
- Gently rock forwards, taking the weight of your body through your arms.
- Keep your bottom tucked in.
- Repeat 10 to 15 times.
- Progress to lifting your unaffected arm up in the air (in different directions).

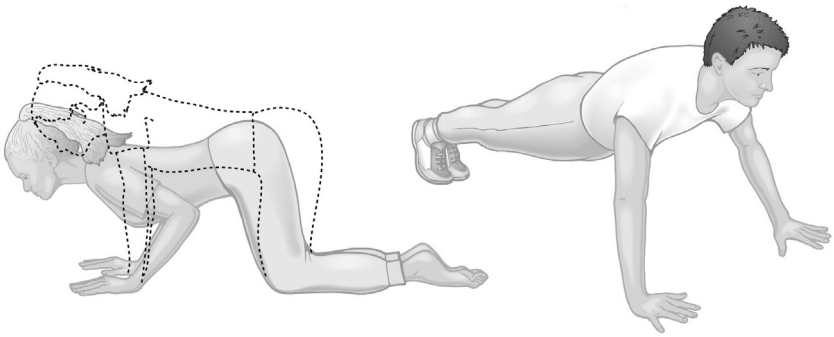
Press ups

Start by doing these against a wall.

- Stand facing a wall.
- Place your hands out in front of you on the wall just below shoulder height.
- Keep your back straight and bottom tucked in.
- Keep your elbows under your body, rather than out to the side.
- Do a press up against the wall.
- Repeat 10 to 20 times.
- Progress to doing from your hands and knees and then to doing a full press up.







Phase 3 exercises (8 to 12 weeks after your operation)

These exercises will concentrate on increasing the strength and mobility of your shoulder.

There is great variation in what people can achieve during their rehabilitation, so it is not possible to give all the potential exercises. Your physiotherapist will design an ongoing exercise programme for you, which is specific to your shoulder and your needs.

In particular, the rehabilitation will begin to focus on strengthening and control of your shoulder during overhead activities.

How to contact us

If you are unsure who to contact or if you have an appointment query, please telephone your Consultant's secretary between 8.30am and 5.00pm, Monday to Friday. They will contact the correct person, depending on the nature of your enquiry.

If your wound changes in appearance, weeps fluid or pus, or you feel unwell with a high temperature, contact your GP or out of hours' service (dial 111 free from a landline or mobile).

If you have a query about exercises or movements, please contact the Physiotherapy department where you are having treatment.

Physiotherapy Reception

(Nuffield Orthopaedic Centre)
Windmill Road
Headington
Oxford OX3 7LD

Telephone: 01865 738 074
(9.00am to 4.30pm, Monday to Friday)

Physiotherapy Reception

(Horton General Hospital and Brackley Department)
Oxford Road
Banbury OX16 9AL

Telephone: 01295 229 432
(8.00am to 4.00pm, Monday to Friday)

Physiotherapy Reception

(John Radcliffe Trauma Service)
John Radcliffe Hospital
Headley Way
Oxford OX3 9DU

Telephone: 01865 221 540
(9.00am to 4.30pm, Monday to Friday)

Web links

www.ouh.nhs.uk/physiotherapy/information/physiotherapy-leaflets.aspx

www.ouh.nhs.uk/shoulderandelbow/information/patient-information.aspx

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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