

Patient Information

## Anterior Stabilisation of the Shoulder

### KEY POINTS

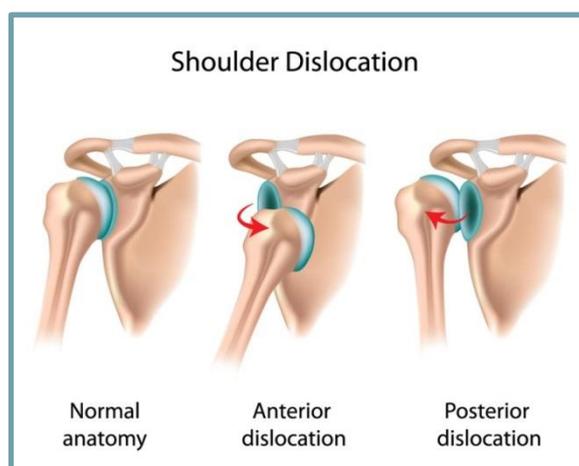
- Nearly all are done as day case surgery (home the same day)
- You will have a general anaesthetic (you will be asleep)
- You will be in a sling for 6 weeks
- You will not be driving for at least 6 weeks
- You will not return to work for 3 months if you are a manual worker but much sooner if you are not a manual worker
- You will have to wait 6 months before returning to collision (contact) sport including football
- This is a safe, reliable and effective operation for 90% of people

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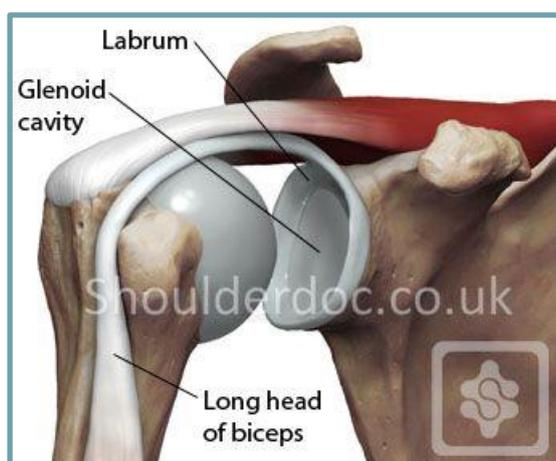
Berkshire Shoulder Specialist

### Shoulder dislocation

Most shoulders dislocate forwards and/or downwards. Sometimes the ball of the humerus bone only partly comes out of the socket of the shoulder blade (glenoid) and moves back into place spontaneously. This is known as subluxation.



The commonest cause of a dislocation is an injury. This may occur in anyone but is most frequently encountered in young adults. The shoulder dislocates for the first time because of a major injury such as during rugby, snowboarding, water skiing, car crash etc. When the shoulder dislocates it knocks the lower-front labrum away from the rim of the glenoid and also stretches the capsule of the joint. The labrum usually heals in the wrong position and the capsule remains slightly stretched. This means that there is now a weak point around the circumference of the shoulder which allows the joint to dislocate with increasing ease. Neither physiotherapy nor a sling can make the labrum heal in the correct position or tighten the capsule.



The treatment for recurrent traumatic dislocation depends on the age of the patient and their sporting involvement. Sportsmen/women under 30 years old usually need a shoulder stabilisation. More sedentary adults usually choose to modify their sport or lifestyle. Older patients frequently have an associated rotator cuff tear which needs to be repaired surgically. Therefore, if you are under 30 and enjoy sport then there is a chance you will continue to dislocate unless you have surgery.

### About your operation

You will have a full general anaesthetic (you will be asleep). Your shoulder will be examined to assess the extent and direction of instability (examination under anaesthesia = EUA). Next, an arthroscope (camera) will be passed into your shoulder from the back through a tiny incision (cut) in the skin. This will allow the surgeon to assess the extent of internal damage within the joint. In many cases it may be possible to complete the whole stabilisation operation using only keyhole (arthroscopic) surgery via several more small skin incisions at the front of the shoulder. Otherwise, the main operation will be performed 'open' via a 5cm skin incision over the front of the shoulder in line with a bra strap. Both the open and arthroscopic versions of the operation involve finding the detached labrum (gristle) and fixing back into its correct position using stitches or anchors. The stretched capsule is also tightened.

### What are the risks?

All operations involve an element of risk. The risks include:

- A need to re-do the surgery. The repair may fail and the shoulder may become unstable again. This occurs in between 3-20% of cases
- Infection. These are usually superficial wound problems. Occasionally, deep infection may occur many months after the operation (less than 1%)
- Unwanted stiffness and/or pain in (and around) the shoulder (less than 1%)
- Damage to the nerves and blood vessels around the shoulder (less than 1%)
- Complications relating to the anaesthetic, such as sickness, nausea or rarely cardiac, respiratory or neurological (less than 1% each, i.e. less than one person out of one hundred)

### What are the alternatives?

You do not have to have the operation

- Simply by changing your lifestyle and preferred sports you may be able to avoid further dislocations. Some people never have more than one dislocation even without changing their lifestyle
- Physiotherapy can help some people but not all

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- Shoulder sports pads and harnesses can help reduce the number of dislocations on the playing field but at the expense of limiting movement and flexibility of the shoulder

### Will it be painful?

During the operation local anaesthetic will be put into your shoulder to help reduce the pain. Be prepared to take painkillers as soon as you start to feel pain. If needed take tablets regularly for the first 2 weeks and after this time only as required.

The careful use of ice packs (5 to 10 minutes per application) or heat may also help relieve pain in your shoulder.

### Do I need to wear a sling?

Yes, your arm will be immobilised in a sling for 6 weeks. This is to protect the surgery during the early phases of healing. You will be shown how to get your arm in and out of the sling by a nurse or physiotherapist. You are advised to wear the body strap to keep your arm close to your body, under your clothes, for the first 3 weeks. Only take the sling off to wash, straighten your elbow or if sitting with your arm supported.

### When can I go home?

You can go home the same day.

### Do I need to do exercises?

For the first 3 weeks you will not be moving the shoulder joint. You will be shown exercises to maintain movement in your neck, elbow, wrist and hand and you will need to continue these at home. You will start an exercise programme to gradually regain movements and to strengthen your shoulder. The exercises will be changed as you progress.

### What do I do about the wound?

Keep the wounds dry until they are healed which is normally for 10 to 14 days. You can shower/wash and use ice packs but protect the wound with cling film or a plastic bag.

### How am I likely to progress?

This can be divided into 3 phases:

Phase 1:

You will basically be one-handed immediately after the operation for the first 3 weeks. This will affect your ability to do everyday activities, especially if your dominant hand (right if you are right handed) is the side of the operation. Activities that are affected include dressing, 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.

#### Phase 2:

After 3 weeks you can gradually wean yourself out of the sling and you will start 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. Exercises will help you regain muscle strength and control in your shoulder as the movement returns. This arm can now be used for daily activities. Initially these will be possible 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 and movement

After 8 to 12 weeks you will be able to progressively increase your activities, using your arm further away from your body and for heavier tasks. You can start doing more vigorous activities but contact sports are restricted for at least 6 months. You should regain the movement and strength in your shoulder within 6 to 8 months.

#### When can I drive?

This is likely to be 2 to 3 weeks (at the earliest) after the removal of the sling. Check you can manage all the controls and it is advisable to start with short journeys. Initially, the seat-belt may be uncomfortable but your shoulder will not be harmed by it. It is illegal to drive while you are wearing your sling.

#### When can I return to work?

You may be off work between 2 and 8 weeks, depending on the type of job you have, which arm has been operated on, and if you need to drive. If you are involved in lifting, overhead activities or manual work you will not be able to do these for 8 to 12 weeks.

#### When can I participate in my leisure activities?

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your shoulder following the operation. Please discuss activities in which you may be interested with your physiotherapist or consultant. Start with short sessions, involving little effort and gradually increase. General examples are:

- Cycling 4 to 6 weeks
- Swimming gentle breast stroke 12 weeks, freestyle 12 weeks
- Light sports/racket sports using non-operated arm 10 weeks
- Racket sports using operated arm 16 weeks

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- Contact or collision sports which includes horse-riding, football, martial arts, rugby, racket sports and rock climbing 6 months

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