

Patient Information

Manipulation Under Anaesthetic (MUA) and Arthroscopic Capsular Release

KEY POINTS

- This procedure is done as daycase surgery (home the same day)
- You will have a general anaesthetic (you will be asleep)
- You may be given an injection of cortisone in to the shoulder joint
- If you are diabetic you will need to keep a close eye on your blood sugar for 48 hours
- Your arm will be painful for the first 2 weeks
- You will not need a sling beyond 1 or 2 days
- You will need intensive immediate physiotherapy to stop it stiffening again
- Most people are driving within 1 to 2 weeks
- Most people return to work once they can drive although it may be longer if you are a manual worker
- You can return to sport as soon as you feel able to do so
- This is a safe, reliable and effective operation for 90% of people
- During the first 3 weeks, despite your best efforts, it is common to lose some of the motion that had been recovered during the operation. This will improve over the next month or so

These operations are done to relieve the pain and stiffness associated with a frozen shoulder.

About the operations

The aim of the manipulation under anaesthetic is to increase the range of movement in your shoulder and to improve your pain. The tight capsule will be torn by controlled stretching of the arm while you are asleep. You will also be given an injection of cortisone in to the shoulder joint. The operation may also include keyhole surgery or 'arthroscopy'. In this case 2 or 3 small incisions (5mm) will be made around your shoulder in order for the arthroscope (camera) and the specialist instruments to be passed into the joint. The scarring and tight capsule will be carefully released from the inside in order to improve your shoulder movements (arthroscopic capsular release). You will have discussed which of these procedures you are having at your outpatient appointment.

What are the alternatives?

You have probably tried most of the alternative solutions for your shoulder pain before considering surgery. Not all these options are appropriate for all people. They include:

- Waiting for natural and spontaneous improvement
- Modifying activity and sport to avoid the pain
- Taking painkillers and/or anti-inflammatory tablets
- Cortisone injections
- Physiotherapy and other allied specialties such as acupuncture and osteopathy and sports massage

What are the risks?

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

- Failure of the operation to improve the pain or movement in your shoulder or recurrence of your problems (about 10%).
- Damage to the nerves around the shoulder (less than 1%).
- Fracture of the upper arm bone (less than 1%).
- Dislocation of the shoulder joint (less than 1%).
- Infection. These are usually superficial wound problems. Occasionally, deep infection may occur many months after the operation (rare; 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).

MR HARRY BROWNLOW

Berkshire Shoulder Specialist

Will it be painful after the operation?

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 the tablets regularly for the first 2 weeks and after this time only as required. The careful use of ice packs may also help relieve pain in your shoulder.

Do I need to wear a sling?

You will return from the operation with a sling. This is for comfort only. Do not feel you have to use it. Remember, this operation has been done to try and increase movement. Do not keep your arm in the sling for long periods without doing regular exercises.

When can I go home?

You can go home the same day.

Do I need to do exercises?

Yes! The exercises are designed to try and maintain the movement recovered at surgery. You will be shown exercises to move your shoulder and you need to continue with these at home, straight away. Outpatient physiotherapy should be arranged to start within 24 to 48 hours of the surgery.

What do I do about the wounds?

If you have only had a manipulation under anaesthetic there will be no wounds. If you have had an arthroscopic capsular release there will not be any stitches, but there will be dressings over the wounds. Keep the wounds dry until they are healed. This is normally 7-10 days.

Are there things that I should avoid?

The only thing to avoid is keeping the shoulder still. Although you may not like tablets, try to keep the level of pain down and exercise regularly to keep the joint moving. Remember, you can also try using icepacks or heat (hot water bottle will do fine).

When can I drive?

You can drive whenever you feel you can safely control the vehicle. Normally within 1 to 2 weeks after the operation. Check you can manage all the controls. It is also advisable to start with short journeys. It is illegal to drive while you are wearing your sling.

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When can I return to work?

This will depend on the type of work you do. If you have a desk-type job you will be able to work at a keyboard, from home, within 48 hours. Do not expect to be able to return to the office for 1 to 2 weeks. If you are involved in lifting or manual work you may not be able to do these for 4 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. Nothing is forbidden. It is best to start with short sessions involving little effort and then gradually increase the effort or time for the activity.

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