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Patient Information for Consent

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What is frozen shoulder?

Frozen shoulder is a stiff and painful shoulder caused by inflammation, swelling and contraction of your shoulder lining (capsule). It is also known as adhesive capsulitis.



A frozen shoulder

Your surgeon has suggested an arthroscopic capsular release operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How does frozen shoulder happen?

The cause of frozen shoulder not known, but it is associated with diabetes, hypothyroid disease and Dupuytren's contracture of the hand. The condition usually affects people aged 30 to 60.

It can also happen after an injury or surgery.

A frozen shoulder often gets better without surgery but the process can take up to 4 years.

- Freezing phase – The capsular lining of your shoulder joint tends to become swollen and inflamed. This is often so painful that sleeping is impossible and simple painkillers such as paracetamol do not help.
- Frozen phase – The joint becomes less painful but stiff and difficult to move.
- Thawing phase – Movement gradually improves.

What are the benefits of surgery?

You should have less pain and be able to use your shoulder better. It usually takes about 6 months to recover a good range of movement and for the pain to reduce.

Are there any alternatives to surgery?

Simple painkillers and anti-inflammatory painkillers such as ibuprofen can help control the pain but you will usually need stronger painkillers. A steroid injection into your shoulder joint can sometimes reduce pain and stiffness.

Physiotherapy is often helpful in improving movement if the pain can be controlled.

Arthrographic hydrodilatation (stretching of the capsule by a high-pressure injection) has been shown to help. These alternatives may still work even if you have severe pain and stiffness.

It is possible to have a manipulation under anaesthesia (MUA) instead of a capsular release operation. However, a capsular release operation allows your surgeon to see inside your shoulder joint, perform a controlled release of the capsule and remove diseased tissue.

What will happen if I decide not to have the operation?

You will usually need strong painkillers and physiotherapy. Your shoulder will often settle without surgery but it can take up to 4 years to be free of pain and to regain your shoulder movement.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes 30 minutes to an hour. Your surgeon will make two small cuts, about half a centimetre long, one at the front and one at the back of your shoulder. They will insert a small telescope through one of the cuts so they can examine the joint. They will insert surgical instruments through the other cut to divide the tight, thickened capsule to improve the range of movement of your shoulder.

Your surgeon may close the cuts with stitches or leave the cuts to heal.



The view from the telescope

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

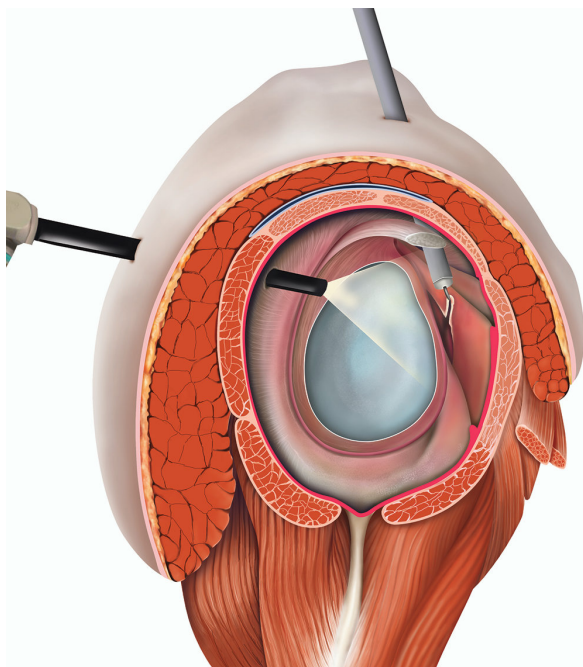
If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by taking the following steps:

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.



An arthroscopic release

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. It is unusual to need a blood transfusion.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do

not take antibiotics unless you are told you need them.

- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Infection in your shoulder joint (risk: less than 1 in 1,000). You will need antibiotics and sometimes another operation to clean out the joint.
- Continued stiff shoulder. This is rare but the risk is higher if you have diabetes.
- Damage to nerves around your shoulder, leading to weakness, numbness or pain in your shoulder or arm (risk: less than 1 in 1,000). This usually gets better but may be permanent.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Unsightly scarring of your skin. The wounds are small and tend to heal to neat scars.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. The physiotherapist will give you exercises to help you to start moving your shoulder.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed.

You should be able to go home the same day. If you had severe frozen shoulder, your surgeon may recommend that you stay in hospital for more physiotherapy.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you go home the same day:

- A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours.
- Be near a telephone in case of an emergency.
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

You do not need to wear a sling and aim to use your shoulder as much as possible. It usually takes about 6 months to get a good range of movement. It is important to carefully follow the instructions of your surgeon and physiotherapist.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

Most people make a good recovery, have less pain and can use their shoulder better. It is important to continue to do the exercises recommended by the physiotherapist to improve the movement and strength of your shoulder.

Summary

Frozen shoulder can cause severe pain and stiffness. An arthroscopic capsular release should reduce your pain and help you to move your shoulder more easily. Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator

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