# Arthroscopic Release of Frozen Shoulder

## What is Frozen Shoulder?

Frozen shoulder, also known as adhesive capsulitis, is a condition that causes stiffness and pain in the shoulder due to inflammation, swelling, and tightening of the shoulder capsule.

Your surgeon has recommended an **arthroscopic capsular release** as a potential treatment. However, the decision to proceed with the surgery is entirely up to you.

This document provides essential information about the benefits and risks of the procedure to help you make an informed decision. If you have any unanswered questions, it is important to consult your surgeon or the healthcare team.

Once all your concerns have been addressed and you feel confident about proceeding, you will be asked to sign the informed consent form. This marks the final step in the decision-making process. However, you have the right to change your mind at any time before the procedure.

A frozen shoulder

## How Does Frozen Shoulder Occur?

The exact cause of frozen shoulder is unknown, but it has been linked to conditions such as diabetes, hypothyroidism, and Dupuytren's contracture of the hand. It typically affects individuals between the ages of 30 and 60 and may also develop following an injury or surgery.

A frozen shoulder often improves without surgical intervention, but recovery can take up to four years. The condition progresses through three distinct phases:

- **Freezing Phase** – The shoulder capsule becomes inflamed and swollen, leading to severe pain. Sleep may be affected, and simple painkillers like paracetamol often provide little relief.
- **Frozen Phase** – Pain decreases, but stiffness develops, limiting shoulder movement.
- **Thawing Phase** – Mobility gradually improves over time.

## What Are the Benefits of Surgery?

Surgery is expected to reduce pain and improve shoulder function. Recovery typically takes around six months to regain a good range of movement and experience significant pain relief.

## Are There Any Alternatives to Surgery?

- **Pain Management** – Simple painkillers and anti-inflammatory medications like ibuprofen can help, though stronger pain relief may be required.
- **Steroid Injections** – A corticosteroid injection into the shoulder joint can sometimes relieve pain and stiffness.
- **Physiotherapy** – Often beneficial in restoring movement, particularly if pain is controlled.
- **Arthrographic Hydrodilatation** – This involves injecting fluid under high pressure to stretch the shoulder capsule and has been shown to provide relief.
- **Manipulation Under Anaesthesia (MUA)** – Instead of a capsular release, the joint may be manipulated while you are under anaesthesia. However, a capsular release allows the surgeon to directly visualize the joint, perform a controlled release of the capsule, and remove any diseased tissue.

## What Happens If I Choose Not to Have Surgery?

Without surgery, treatment usually involves strong pain relief and physiotherapy. While frozen shoulder typically resolves on its own, the recovery process can take up to four years for pain to subside and full mobility to return.

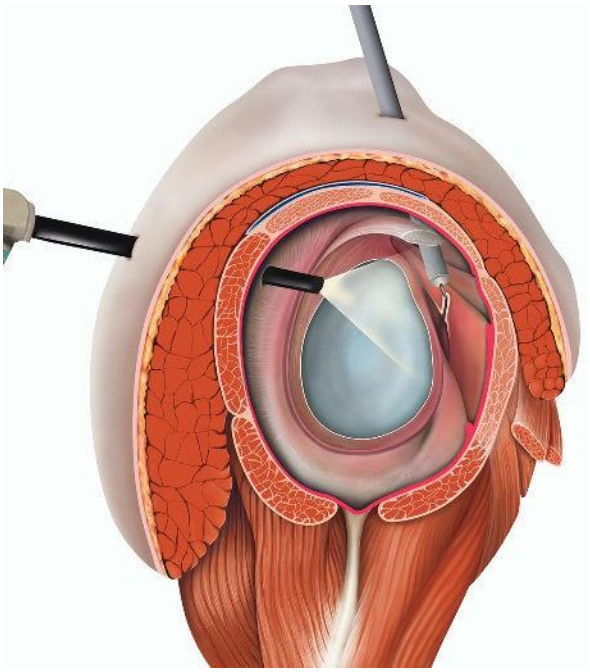
## What Does the Surgery Involve?

Before the procedure, the healthcare team will perform several checks to ensure the correct operation is being performed on the correct shoulder. You can assist by confirming your identity and procedure details with your surgeon and the team.

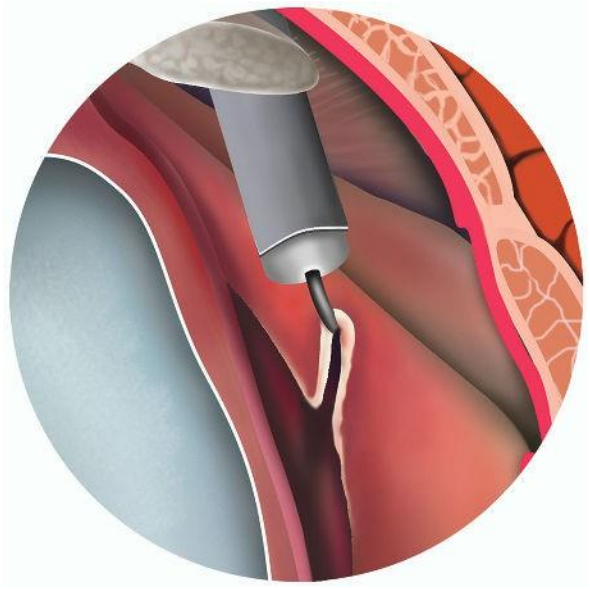
Various anaesthetic options are available, and your anaesthetist will discuss the most suitable choice for you. Local anaesthetic injections may also be administered to help manage post-operative pain. Additionally, antibiotics may be given during surgery to reduce the risk of infection.

The procedure typically lasts between **30 minutes to an hour**. The surgeon will make two small incisions, about half a centimetre long, one at the front and one at the back of the shoulder. Through one incision, a small telescope (arthroscope) is inserted to examine the joint. Surgical instruments are then introduced through the other incision to carefully release the thickened capsule, improving shoulder movement.

The small incisions may either be closed with stitches or left to heal naturally.



An arthroscopic release



The view from the telescope

## Medication Considerations

Inform your healthcare team about all medications you are taking, including blood thinners, herbal supplements, dietary supplements, and over-the-counter medications. Follow their guidance regarding any necessary adjustments before surgery.

## Preparing for Surgery

- **Quit Smoking** – Stopping smoking before surgery can reduce the risk of complications and improve overall health.

- **Maintain a Healthy Weight** – Being overweight can increase the risk of surgical complications.
- **Regular Exercise** – Engaging in physical activity before surgery can aid in recovery and long-term health. Consult your healthcare provider before starting any exercise program.

To minimize the risk of infection, take the following precautions:

- **One Week Before Surgery:** Avoid shaving or waxing near the surgical site.
- **Day Before or Day of Surgery:** Take a bath or shower.
- **Stay Warm:** Inform the healthcare team if you feel cold around the time of surgery.
- **Diabetes Management:** Keep blood sugar levels under control if you have diabetes.

Consult the healthcare team regarding any necessary vaccinations to reduce the risk of illness during recovery. When in the hospital, practice proper hand hygiene and wear a face covering if required.

## Possible Complications

While the healthcare team takes measures to reduce risks, complications can still occur. Risk levels may vary based on factors such as age, obesity, smoking, and pre-existing health conditions like diabetes or heart disease. If you have concerns, discuss them with your doctor.

Your anaesthetist will explain the potential risks associated with anaesthesia.

### *General Surgical Risks:*

- **Bleeding** – Rarely requires a blood transfusion.
- **Infection** – While it is usually safe to shower after two days, ensure your wound remains dry and covered. Seek medical advice if you experience fever, redness, swelling, pain, or pus at the surgical site. Infections typically respond to antibiotics, but in some cases, further treatment may be required.
- **Allergic Reactions** – The healthcare team is trained to identify and manage allergic reactions. Inform your doctor of any known allergies.
- **Chest Infection** – The risk is lower if you have quit smoking and are free from COVID-19 symptoms for at least seven weeks before surgery.

### *Specific Risks of This Surgery:*

- **Shoulder Joint Infection (Risk: <1 in 1,000)** – May require antibiotics or additional surgery.
- **Persistent Shoulder Stiffness** – Rare, but more common in individuals with diabetes.
- **Nerve Damage (Risk: <1 in 1,000)** – May cause weakness, numbness, or pain in the shoulder or arm. This usually improves but can sometimes be permanent.

## Post-Surgical Considerations

- **Pain Management** – You will receive medication to manage pain. It is important to take it as directed to facilitate movement.
- **Scarring** – Small surgical incisions typically heal well, leaving minimal scars.

## Recovery Timeline

***In Hospital:***

Following surgery, you will be moved to a recovery area and then to a ward. A physiotherapist will provide exercises to help restore shoulder movement.

- **Wound Care:** Keep your wound dry for 4-5 days and use a waterproof dressing when bathing.

- **Discharge:** Most patients can go home the same day. However, if the frozen shoulder was severe, an extended hospital stay may be recommended for additional physiotherapy.
- **Concerns:** If you experience any complications at home, contact the healthcare team for guidance.

***Returning to Normal Activities:***

If you had sedation or general anaesthesia and are discharged on the same day:

- Arrange for a responsible adult to drive you home and stay with you for at least 24 hours.
- Remain near a telephone in case of emergencies.
- Avoid driving, operating machinery, signing legal documents, or drinking alcohol for at least 24 hours.

You do not need to wear a sling and should begin using your shoulder as much as possible. It typically takes around six months to regain a good range of motion. It is essential to follow your surgeon's and physiotherapist's instructions closely.

- **Exercise:** Regular physical activity will aid recovery. Always consult your healthcare provider before starting an exercise regimen.
- **Driving & Cycling:** Do not drive or ride a bike until you can fully control your vehicle, including in emergencies. Always check with your insurance provider and the healthcare team before resuming driving.

## Long-Term Outlook

Most patients experience significant pain relief and improved shoulder function. Continuing the recommended physiotherapy exercises is crucial to maintaining mobility and strength.

## Summary

Frozen shoulder causes severe pain and stiffness. Arthroscopic capsular release surgery aims to alleviate pain and restore movement. While the procedure is generally safe and effective, complications can occur. Understanding these risks will help you make an informed decision and detect any issues early.

Keep this document as a reference for discussions with your healthcare team. Some of the risk data is derived from global studies and databases. Speak with your surgeon about risks specific to your condition and explore any alternative treatment options.

**Note:** This document is for informational purposes only and does not replace professional medical advice.

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