Shoulder Stabilisation Surgery

What is Shoulder Instability?

The **shoulder joint** consists of a **ball (head of the humerus)** and a **socket (glenoid)**. It is a highly **complex joint** that allows for a **wide range of movement**.

- The **socket is shallow**, lined with **cartilage (labrum)** that helps stabilize the joint.
- The **ball is held in place** by **soft tissues**, including **muscles and ligaments**.

What Causes Shoulder Instability?

Shoulder instability occurs when the **labrum or surrounding soft tissues** are damaged, leading to:

- **Pain**
- **Dislocations** (when the ball moves completely out of the socket)
- **Subluxation** (partial slipping of the joint)
- **A feeling of looseness or instability**

Your surgeon has recommended **shoulder surgery** to address this condition. However, the decision to proceed with surgery is entirely **yours**.

This document provides information about the **benefits and risks** of the procedure to help you make an **informed decision**. If you have any **unanswered questions**, speak with your **surgeon or healthcare team**.

Once you feel comfortable with the information, you will be asked to **sign an informed consent form**. This is the **final step** in the decision-making process. However, you may **change your mind at any time before the surgery**.

How Does Shoulder Instability Occur?

Shoulder instability **most commonly results from trauma**, where a **physical force is applied to the shoulder**.

- The **most frequent injury** is a **labrum tear**, which is often accompanied by **stretched ligaments**.
- The shoulder joint may:
  - **Fully dislocate** – where the ball completely moves out of the socket.
  - **Partially subluxate** – where the ball partially slips but does not completely dislocate.

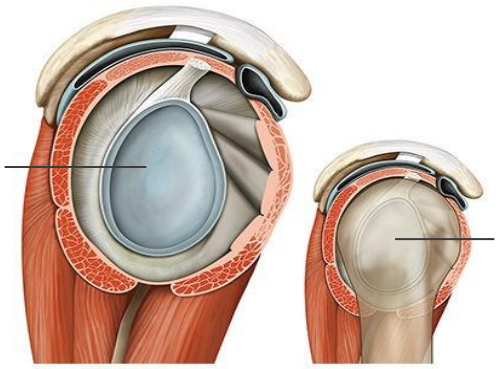
These injuries can lead to **chronic instability**, causing **repeated dislocations, pain, and reduced function**.

What Are the Benefits of Surgery?

Shoulder surgery aims to **restore stability to the joint** by **repairing the damaged labrum and tightening stretched ligaments**.

Potential benefits of surgery include:
✓ **Reduced pain**
✓ **Fewer dislocations**
✓ **Improved shoulder stability**

However, it is important to note that you **may not regain full strength and range of motion** compared to before your injury. Your surgeon will discuss **realistic expectations** for your recovery.



The shoulder

1. Glenoid (the 'socket')
2. Humerus (the 'ball')

Are There Any Alternatives to Surgery?

Many individuals can achieve **good shoulder function** without surgery by making **lifestyle modifications** and following a **structured physiotherapy program**.

Non-Surgical Treatment Options:

✓ **Activity Modification** – Avoiding movements that aggravate the condition, such as **holding your arm above shoulder height**.
✓ **Physiotherapy** – Targeted **strengthening exercises** can improve **shoulder stability** and reduce the risk of dislocations.
✓ **Pain Management** – Over-the-counter pain relievers, including:

- **Paracetamol**
- **Anti-inflammatory medications** such as **ibuprofen**
  ✓ **Steroid and Local Anaesthetic Injections** – These may provide **temporary pain relief** lasting several months, but repeated injections can have **side effects**.

However, **shoulder instability may worsen over time**, especially if the condition is left untreated.

What Happens If I Decide Not to Have Surgery?

- Your surgeon may recommend a **physiotherapy program** to **strengthen the muscles surrounding the shoulder joint**.
- If your shoulder **remains unstable**, it may lead to **further damage to the joint**, increasing the risk of:
    - **More frequent dislocations**
    - **Cartilage and ligament damage**
    - **Chronic pain and restricted movement**

What Does the Surgery Involve?

Pre-Surgical Assessment

Before surgery, you may require **diagnostic imaging**, including:

✓ **Ultrasound Scan** – To assess soft tissue damage.

✓ **MRI Scan** – To evaluate the condition of the **rotator cuff muscles and tendons** surrounding the joint.

The scan results will help **your surgeon plan the most effective surgical approach**.

Surgical Approaches for Shoulder Stabilization

Shoulder instability is usually treated using **arthroscopic (keyhole) surgery**, but in cases involving **bone damage**, **open surgery** may be required.

Surgical Procedure

Pre-Operative Preparation

- The **healthcare team** will perform safety checks to ensure that you are undergoing the **correct procedure** on the **correct side**.
- You can assist by **confirming your name and the planned operation** with your surgeon and healthcare team.

Anaesthesia and Infection Prevention

- The procedure is typically performed under **general anaesthesia**, but alternative anaesthetic techniques may be available.
- Your **anaesthetist will discuss the best option** for your medical history and condition.
- **Local anaesthetic injections** may be used to help **manage post-operative pain**.
- **Antibiotics may be administered during surgery** to reduce the risk of **infection**.

Duration of the Surgery

- The procedure typically takes between **45 minutes to two hours**, depending on the complexity of the repair.

Keyhole (Arthroscopic) Surgery

Whenever possible, your surgeon will use **keyhole surgery**, as it is associated with:

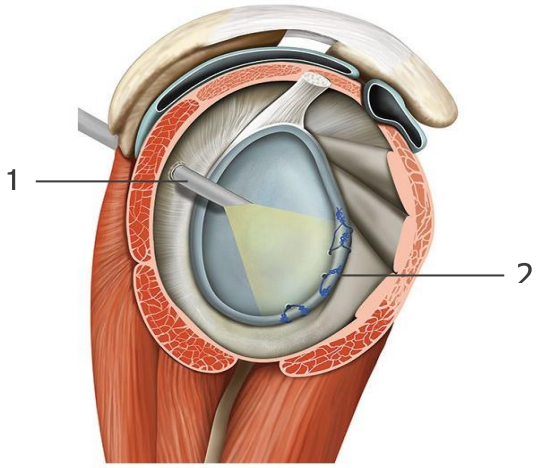
✓ **Less pain** after surgery

✓ **Minimal scarring**
✓ **Faster return to normal activities**

Procedure Steps:

1. **Small incisions (3-4 small cuts)** are made at the **front, back, and side of the shoulder**.
2. **A small telescope (arthroscope)** is inserted through one incision to provide a **clear view inside the shoulder joint**.
3. **Specialized surgical instruments** are inserted through the other incisions.
4. The surgeon will:
    - **Remove any scar tissue**
    - **Release damaged tissue**
    - **Repair the torn labrum and ligaments**, restoring them to their **correct position**

If necessary, additional procedures may be performed to further **stabilize the joint**.



1. Telescope
2. Stitches

What Should I Do About My Medication?

Before your surgery, it is essential to inform your **healthcare team** about **all medications** you are taking, including:

✓ **Blood-thinning medications** (e.g., aspirin, warfarin, clopidogrel)
✓ **Herbal and complementary remedies**
✓ **Dietary supplements**
✓ **Over-the-counter medications** (e.g., ibuprofen, paracetamol)

Your healthcare team will **advise you on any necessary adjustments** to reduce the risk of complications during and after surgery.

How Can I Prepare for the Operation?

Taking **proactive steps** before surgery can **reduce the risk of complications** and improve **your recovery**.

Lifestyle Modifications:

✓ **Stop smoking** – Quitting **several weeks before surgery** can **reduce complications** and improve **long-term health**.
✓ **Maintain a healthy weight** – Being **overweight increases surgical risks**; weight management may help prevent complications.
✓ **Engage in regular exercise** – Staying active can help prepare your body for surgery and support recovery.

- **Before starting any new exercises, consult your healthcare team or GP.**

Reducing Infection Risk:

- **Do not shave or wax** the surgical area **one week before surgery**.
- **Take a bath or shower** the day before or on the day of the procedure.
- **Keep warm before and after surgery** – Inform your healthcare team if you feel cold.
- **If you have diabetes**, keep your **blood sugar levels well-controlled** to minimize infection risk.

Hospital Preparation:

- Speak to your **healthcare team about vaccinations** to lower the risk of serious illness post-surgery.
- **Practice hand hygiene** and **wear a face covering** if requested in the hospital.

What Complications Can Happen?

The **healthcare team will take precautions** to minimize risks, but all surgeries carry some potential complications.

Risk statistics are based on **medical studies**, and your **doctor can provide a more personalized risk assessment** based on your health.

Some complications can be **serious**, so it is essential to discuss any concerns with your **doctor or anesthetist** before surgery.

General Surgical Risks:

- **Bleeding during or after surgery** – In rare cases, a **blood transfusion may be required**.
- **Surgical site infection (risk: 1 in 100)**
    - You can **shower after two days**, but confirm this with the healthcare team.
    - Keep your **wound dry and covered** to prevent infection.
    - Contact the healthcare team if you experience:
        - **Fever or high temperature**
        - **Pus or unusual discharge from the wound**
        - **Redness, swelling, or increased pain at the wound site**
    - Most infections **resolve with antibiotics**, but in some cases, **special dressings or additional surgery** may be required.
    - **Do not take antibiotics unless prescribed by a doctor.**
- **Allergic reactions** to surgical materials, medications, or equipment
    - The healthcare team is trained to **detect and treat allergic reactions** if they occur.
    - Inform your doctor if you have **any known allergies or past reactions** to medications, medical tests, or dressings.
- **Chest infection** – The risk is **lower if you have stopped smoking** and have been **free from COVID-19 symptoms for at least seven weeks** before surgery.

Specific Complications of Shoulder Surgery

- **Bleeding into the Shoulder (risk: 1 in 100)**
  - This may cause **pain and swelling**.
  - In some cases, an **arthroscopy (keyhole surgery)** may be needed to **wash out the shoulder**.
- **Restricted Shoulder Movement (Frozen Shoulder) (risk: 1 in 50)**
  - This can lead to **stiffness and limited motion**.
  - Treatment options include **physiotherapy, medications, and corticosteroid injections**.
- **Deep Shoulder Infection (risk: less than 1 in 100)**
  - A severe infection may require **intravenous antibiotics** or an additional procedure to **clean out the shoulder joint**.
- **Blood Clot in the Axillary Vein (Thrombosis) (risk: less than 1 in 100)**
  - A clot in the axillary vein (located under the shoulder joint) may cause **arm swelling** and require **further treatment**.
- **Complex Regional Pain Syndrome (CRPS)**
  - A rare condition that causes **severe pain, stiffness, and loss of function in the arm and hand**.
  - The **exact cause is unknown**, and **recovery can take months or years**.
  - Treatment may involve **pain management strategies and physiotherapy**.
- **Nerve Damage (risk: less than 1 in 100)**
  - This may cause **weakness, numbness, or pain** in the shoulder or arm.
  - In most cases, **nerve function improves over time**, but in rare cases, the effects may be **permanent**.
- **Ongoing Shoulder Instability or Recurrent Dislocation (risk: 5 to 10 in 100)**
  - This is **more common in individuals who play sports** or engage in **high-impact activities**.
  - Further surgery may be needed if instability persists.

Consequences of This Procedure

- **Pain Management**
  - The healthcare team will provide **pain relief medication** to help manage discomfort after surgery.
  - It is essential to **take the medication as prescribed** to allow for movement and promote healing.
- **Scarring**
  - If you have **keyhole (arthroscopic) surgery**, scarring is minimal.
  - If you have **open surgery**, the incision will be **larger** (usually at the front of the shoulder), increasing the risk of noticeable scarring. However, most scars **heal neatly over time**.

How Soon Will I Recover?

In the Hospital

- After the operation, you will be **transferred to the recovery area** before being moved to a **hospital ward**.
- **Post-surgical immobilization:**
  - If you had **keyhole surgery**, your **arm will be placed in a sling**.
  - If you had **open surgery**, you may have **a foam support** to relieve tension from your shoulder joint.
  - Your **surgeon or physiotherapist** will inform you how long to keep your shoulder supported.
- **Discharge:**

    - Most patients can **go home the same day**, but some may need to stay longer based on their recovery and medical condition.
- If you experience any **concerns or unexpected symptoms**, contact the **healthcare team** immediately.

Returning to Normal Activities

If you received **sedation or general anaesthesia** and were discharged on the same day:

- A **responsible adult must take you home** in a car or taxi and **stay with you for at least 24 hours**.
- Stay **near a telephone** in case of emergency.
- **Avoid driving, operating machinery, or engaging in potentially hazardous activities** (including cooking) for **at least 24 hours** or until you have fully regained **coordination and movement**.
- **Do not sign legal documents** or **consume alcohol** for at least **24 hours**.

Post-Surgical Care

- Keep your **wound dry for 4 to 5 days** and use a **waterproof dressing** when showering or bathing.
- **Stitches or clips** are usually removed **after 1 to 2 weeks**.
- Your **physiotherapist will provide exercises and movement guidance** to help restore shoulder function.
- **Follow rehabilitation instructions carefully** to maximize recovery and regain strength and movement.

Resuming Activities

- Your healthcare team will guide you on when you can safely return to normal activities.
- **Avoid contact sports or heavy lifting** until your healthcare team confirms it is safe.
- **Regular exercise** will aid recovery, but always consult your **healthcare team or GP** before beginning an exercise routine.
- **Driving restrictions:**
    - **Do not drive or ride a bike** until you can safely **control your vehicle in an emergency**.
    - **If your surgeon repaired a rotator cuff tear**, **avoid driving for at least two months**.

The Future

- **Long-term outcomes:**
    - **8 in 10 people experience significant improvement**, but **pain relief and improved mobility take time**.
- **Ongoing shoulder function:**
    - Since the shoulder is a **complex joint**, symptoms may return over time.
    - Some patients **may require additional surgery in the future** if instability persists.

Summary

An **unstable shoulder** can lead to **pain, a feeling of looseness, and recurrent dislocations**. Surgery aims to **reduce pain, improve joint stability, and restore shoulder function**.

- **Surgery is generally safe and effective**, but complications can occur.
- Understanding **the benefits and risks** will help you make an **informed decision** about your treatment.
- Being aware of potential complications **allows for early detection and treatment** if needed.

Important Information

- Keep this document as a **reference** for discussing your treatment with the **healthcare team**.
- Some **risk statistics** in this document are based on **global studies and medical databases**.
- Your **doctor or surgeon can provide a more personalized risk assessment** and discuss **alternative treatment options** if necessary.

Disclaimer

This document is **for informational purposes only** and **should not replace professional medical advice** from your **doctor or healthcare team**. Always consult a qualified medical professional for guidance tailored to your specific condition.

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