

## INTRODUCTION

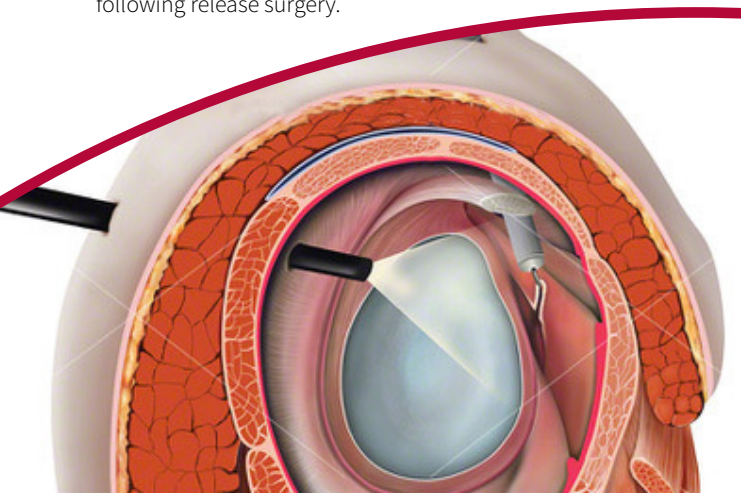
The majority of patients who require a shoulder release procedure have shoulder stiffness, which has failed to improve with time, physiotherapy and steroid injections and is having a significant impact on their quality of life. This is due to pain and sleep disturbance and difficulty in performing many of the common daily activities due to severe lack of motion.

Keyhole surgery aims to release the contracted tissues to facilitate greater shoulder motion. It involves a thorough arthroscopic examination of the complete joint followed by release of the shoulder capsule and other tissues using special arthroscopic instruments. Occasionally other procedures are necessary at the same sitting and Mr. Mullett will discuss this prior to surgery.

The surgery is performed under general anaesthetic. It is usually performed as a day case unless there are medical reasons to stay overnight.

There is a small risk (<1%) of damage to nerves or blood vessels or infection. The surgery is successful in approximately 80-90% of patients who obtain good improvement in movement though it takes time and further physiotherapy generally to get full motion.

As with any surgery there is also a small proportion of patients who fail to derive benefit from the surgery or require further procedures such as further release surgery though this is uncommon. Patient with diabetes and hypothyroidism tend to get a more severe form of adhesive capsulitis and are more likely to restiffen following release surgery.



## SHOULDER ARTHROSCOPIC RELEASE PROCEDURE



SPORTS SURGERY CLINIC  
Specialists in Joint Replacement, Spinal Surgery,  
Orthopaedics and Sport Injuries



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## IMMEDIATE POST-OPERATIVE PERIOD

The operative area is filled with long acting local anaesthetic. After this the shoulder may well be sore and you will be given painkillers to take regularly.

Icepacks may also help reduce pain. Wrap frozen peas or crushed ice in a damp, cold cloth and place on the shoulder for up to 15 minutes.

## WEARING A SLING

You will return from theatre wearing a simple sling. This is for comfort only and should be discarded as soon as possible (usually within the first day or two) as it is very important to try and move the shoulder as soon and as much as possible to prevent it from re-stiffening.

## THE WOUND

This is a keyhole operation usually done through two or three 5mm puncture wounds. There will be no stitches only small waterproof dressings which can be replaced as necessary. It is common for there to be some ooze from the wounds from the sterile fluid, which is pumped into the shoulder during the procedure. These should be kept dry until healed. This usually takes 10 days.

## EXERCISES

You can expect some discomfort whilst you are doing the exercises and it is helpful to take pain medication an hour or two before exercises. It is better to do four shorter (i.e. 10-15 mins) sessions rather than one long session. If there is intense pain you may need to reduce the motion to discomfort only for a period and discuss this with your physiotherapist.

## DRIVING

You may begin driving when you feel comfortably able to drive safely commonly around one week following surgery.

## RETURNING TO WORK AND LEISURE ACTIVITIES

Patients in a sedentary job may return as soon as you feel able usually after one week. If your job involves heavy lifting or using your arm above shoulder height you may require a longer period of absence typically 4-6 weeks.

You can return to leisure activities such as swimming, tennis or golf as soon as you feel able and even though there may be discomfort.

## FOLLOW UP APPOINTMENT

A follow up appointment is scheduled for around three weeks after your surgery. At this stage the operative findings will be reviewed and the range of motion will be assessed. Most patients can continue with physiotherapy and a home exercise program.

If there is significant inflammation of the joint sometimes patient benefit from an intra-articular steroid injection at this stage.

## PROGRESSION

Most patients gain a significant improvement in the range of motion and with physiotherapy can expect further improvement. It is particularly important to work on the range of motion for the first 12 weeks following the procedure while the contracted scar tissue is still mobile. Further gradual improvement is generally seen for a further 3-6 months depending on what caused the shoulder stiffness.

**Further Information:** This leaflet gives some general advice and guidelines but each patient has an individual condition which requires individual treatment and Mr. Mullett will discuss the individual variations which apply to you.

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