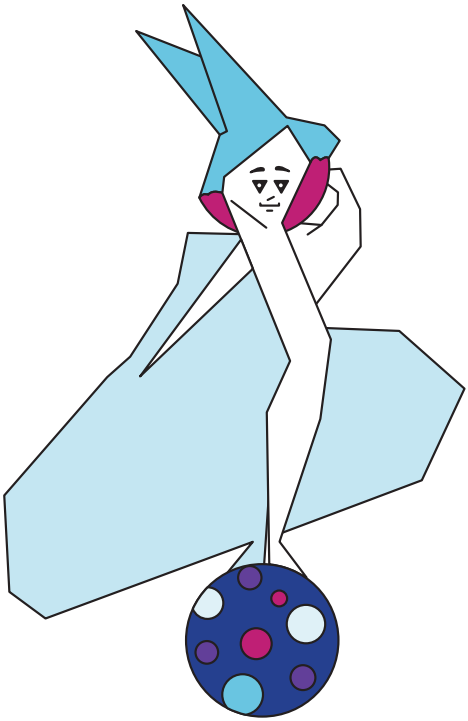
INFORMATION ABOUT YOUR OPERATION

ANTERIOR STABILISATION

of the shoulder



This booklet has been produced to help you to gain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at Derriford Hospital. Individual variations requiring specific instructions not mentioned may be required.

It contains important information regarding your care after the operation and should be presented to any healthcare professional attending you after your surgery.

March 2007

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Help and feedback was given from patients who have had shoulder stabilisation surgery.

Contents

The shoulder

The shoulder joint is a ball and socket joint. Most shoulder movements occur where the ball at the top of your arm bone ('humerus') fits into the shallow socket ('glenoid'), which is part of the shoulder blade ('scapula'). The joint is designed to give a large amount of movement. This also means that it has a tendency to be 'too loose'. There are various structures which help to keep the joint in position. The most important ones are:

a) Ligaments; which hold the bones together

b) A rim of cartilage; which deepens the socket

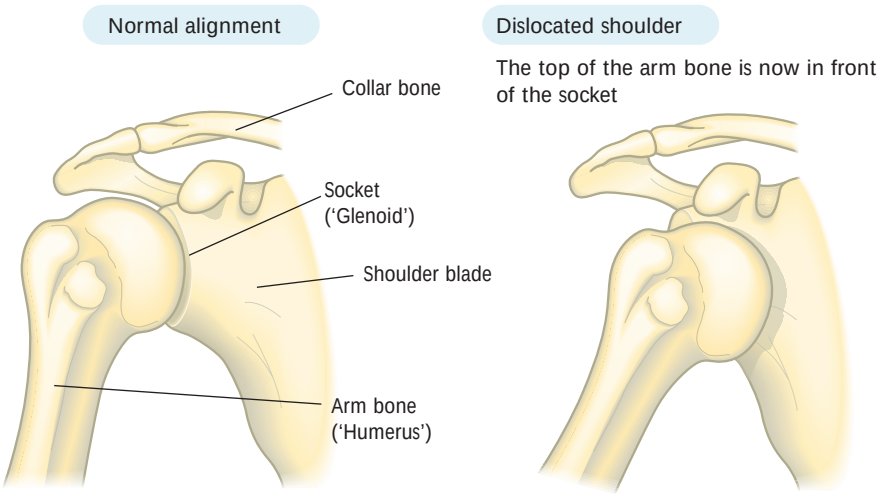
c) Muscles; which keep the shoulder blade and joint in the correct position when moving or using the arm.

Shoulder dislocation

Most shoulders dislocate forwards and/or downwards (see diagram below). Sometimes the ball of the humerus bone only partly comes out of the socket of the shoulder blade (glenoid). This is known as subluxation.

When the first dislocation or subluxation occurs ligaments are often damaged at the front of the shoulder. 70% of people who have a shoulder dislocation have persistent symptoms of instability because the ligaments no longer keep the joint in position. This is particularly when the arm is lifted upwards and outwards.

Right shoulder (from the front)

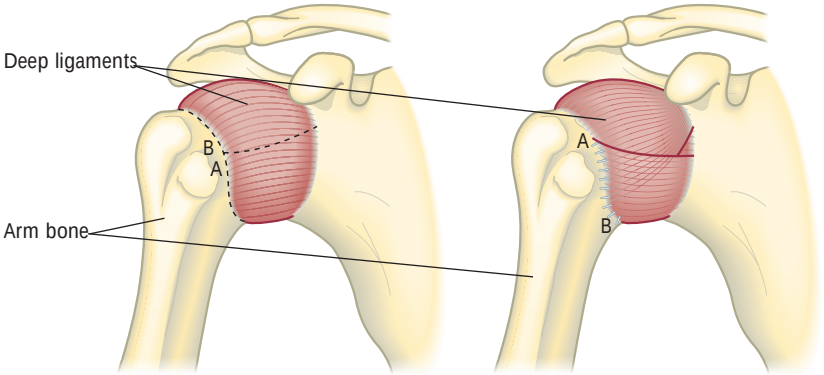


About your shoulder stabilisation operation

The operation aims to tighten and/or repair the over-stretched and damaged ligaments, rim of cartilage and muscle. Different types of operation are done to achieve this, but normally it is the ligaments deep around the shoulder joint that are tightened up and repaired.

Right shoulder (viewed from the front)

This shows how the deep ligaments may be cut and overlapped to tighten the front of the shoulder joint.



What are the risks and complications?

All operations involve an element of risk. We do not wish to over-emphasise them but feel that you should be aware of them before and after your operation. The risks include:

a) 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)

b) Infection. These are usually superficial wound problems. Occasionally deep infection may occur after the operation. (Less than 2%)

c) Stiffness and/or pain in (and around) the shoulder. (Less than 5%)

d) Damage to nerves and blood vessels around the shoulder. (Less than 1%)

e) A need to re-do the surgery. The repair may fail and the shoulder become unstable again. This occurs in about 3–20% of cases.

Please discuss these issues with your consultant if you would like further information.

Questions that we are often asked

Will it be painful?

It is quite normal for there to be pain initially after this operation.You will be given pain-killers (either as tablets or injections) to help reduce the discomfort whilst you are in hospital. A prescription for continued pain medication will be given to you for your discharge home. If you require further medication after these are finished, please visit your General Practitioner (GP).

You may find ice packs over the area helpful. Use a packet of frozen peas, placing a piece of wet paper towel between your skin and the ice pack. Until it is healed, also use a plastic bag to protect the wound from getting wet. Leave on for 10 to 15 minutes and you can repeat this several times a day.

Do I need to wear a sling?

Yes! Your arm will be immobilised in a sling for about 2 weeks. This is to protect the surgery during the early phases of healing and to make your arm more comfortable. You will be shown how to get your arm in and out of the sling by a nurse or physiotherapist. You are advised to wear the body strap to keep your arm close to your body. Only take the sling off to wash, straighten your elbow or if sitting with your arm supported.

You may find your armpit becomes uncomfortable whilst you are wearing the sling for long periods of time. Try using a dry pad or cloth to absorb the moisture.

If you are lying on your back to sleep, you may find placing a thin pillow or rolled towel under your upper arm helpful.

Do I need to do exercises?

For the first 2 weeks you will not be moving the shoulder joint. You will be shown exercises to maintain movement in your neck, elbow, wrist and hand and you need to continue with these at home.

Outpatient physiotherapy will be arranged to start about 2 weeks after your operation. You will start an exercise programme to gradually regain movements and to strengthen your shoulder. The exercises will be changed as you progress.

You will need to get into the habit of doing regular daily exercises at home for several months. They will enable you to gain maximum benefit from your operation.

Some of the early exercises are shown at the back of this booklet.

What do I do about the wound and the stitches?

Keep the wound dry until it is healed. This is normally for 10 to 14 days. You can shower/wash and use ice packs but protect the wound with cling film or a plastic bag.

Avoid using spray deodorants, talcum powder or perfumes near or on the scar.

Normally your stitches will be trimmed by the nurse at your GP surgery after 14 days. You will need to make an appointment to have this done.

When do I return to the clinic at the Hospital?

This is usually arranged for approximately 4 - 6 weeks after your discharge from hospital to check how you are progressing. Please discuss any queries or worries you have at this time. Appointments are made after this as necessary.

Are there things that I should avoid doing?

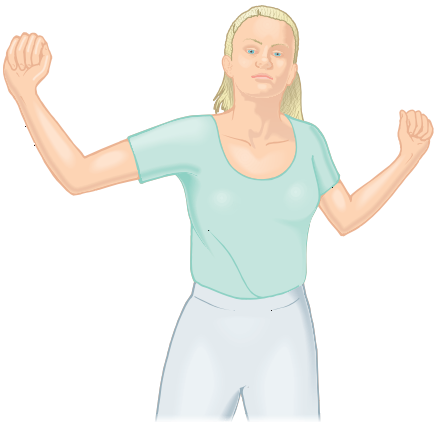
In the first 2 weeks: Do not be tempted to remove your arm from the sling to use your arm for daily activities.

For 6–8 weeks:

Avoid moving your arm out to the side and twisting it backwards.

For example; when putting on a shirt or coat, put your operated arm in first. Try not to reach up and behind you (e.g. seat belt in car).

Do not force this movement for 12 weeks (3 months).



These movements stretch the ligaments and muscles that have been tightened. Remember this operation has been done because you had too much movement in your shoulder.

The ligaments and muscles need time to repair in their new, tightened position and it is advisable not to over-stretch them early on. They will benefit from gentle movements after 2 weeks.

How am I likely to progress?

This can be divided into 3 phases.

Phase 1. Sling on, no movement of the shoulder

You will basically be one handed, immediately after the operation for the first 2 weeks. This will affect your ability to do everyday activities, especially if your dominant hand (right if you are right handed) is the side of the operation.

Activities that are affected include dressing, shopping, eating, preparing meals and looking after small children. You will probably need someone else to help you. You may also find it easier to wear loose shirts and tops with front openings.

Before you are discharged from hospital, the staff will help you plan for how you will manage when you leave. If you are having particular problems with aspects of self care, an occupational therapist can suggest ways to help you. In addition, we may be able to organise or suggest ways of getting help once you are discharged from hospital.

Phase 2. Regaining everyday movements

After 2 weeks you can gradually wean off using the sling and you will start outpatient physiotherapy. You will be encouraged to use your arm in front of you, but not to take it out to the side and twist it backwards (see 'things to avoid' on previous page). Exercises will help you regain muscle strength and control in your shoulder as the movement returns. The arm can now be used for daily activities, initially these will be possible at waist level but gradually you can return to light tasks with your arm away from your body. It may be 6–8 weeks after your operation before you can use your arm above shoulder height.

Phase 3. Regaining strength with movement

After 8–12 weeks you will be able to increase your activities, using your arm away from your body and for heavier tasks. You can start doing more vigorous activities but contact sports are restricted for at least 6 months (see leisure activities section). You should regain the movement and strength in your shoulder within 6 months. Research has shown that after 2–5 years, about 90% of people have a stable shoulder with few limitations. Vigorous sports or those involving overhead throwing may require adaptation for some people, although many return to previous levels of activity.

When can I return to work?

You may be off work between 2 and 8 weeks, depending on the type of job you have; which arm has been operated on; and if you need to drive. If you are involved in lifting, overhead activities or manual work you will not be able to do these for 8–12 weeks. Please discuss any queries with the physiotherapist or hospital doctor.

When can I drive?

This is likely to be 4–6 weeks after your operation. Check you can manage all the controls and it is advisable to start with short journeys. The seat-belt may be uncomfortable initially but your shoulder will not be harmed by it.

In addition, check your insurance policy. You may need to inform the insurance company of your operation.

When can I participate in leisure activities?

Your ability to start these will be dependent on the range of movement and strength that you have in your shoulder following the operation. Please discuss activities in which you may be interested with your physiotherapist or consultant. Start with short sessions, involving little effort and gradually increase. General examples are:

Cycling – 4 to 6 weeks

Gentle swimming – 8 to 12 weeks

Light sports/racquet sports using non operated arm – 10 weeks

Racquet sports using operated arm – 16 weeks

Contact sports – 6 months

Exercises

Use pain-killers and/or ice packs to reduce the pain before you exercise.

It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. However, if you experience intense and lasting pain (e.g. more than 30 minutes) reduce the exercises by doing them less forcefully or less often. If this does not help, discuss the problem with the physiotherapist.

Certain exercises may be changed or added for your particular shoulder.

Do short frequent sessions (e.g. 5–10 minutes, 4 times a day) rather than one long session.

Gradually increase the number of repetitions you do. Aim for the repetitions that your therapist advises, the numbers stated here are rough guide-lines.

Get into the habit of doing them! Good luck.

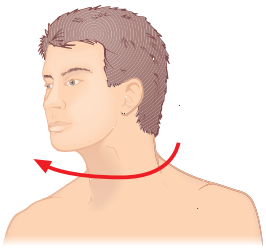
Please note: all pictures are shown for the right shoulder unless specified.

Phase 1 exercises

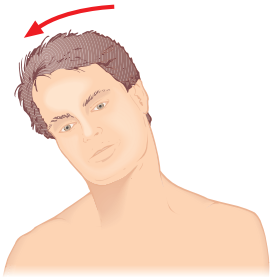
From the day after the operation to 2 weeks

1. Neck exercises

Standing or sitting



- Turn your head to one side. Repeat 5 times.
- Then turn your head to the other side and repeat 5 times.

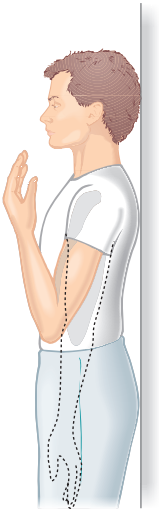


- Tilt your head towards one shoulder. Repeat 5 times.
- Then tilt your head to the other side and repeat 5 times.

2. Elbow exercise

Standing or lying

- Straighten your elbow and then bend your elbow.
- Repeat 5 times.
(Shown for left arm)

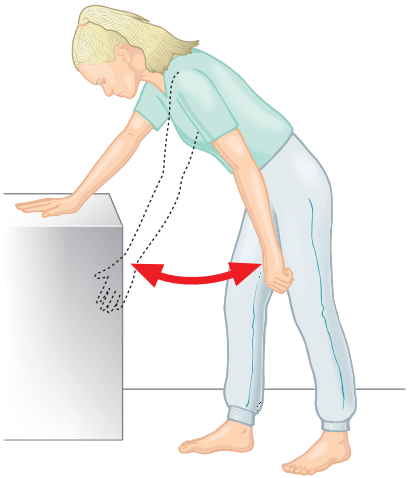


Phase 2 exercises

Start these as advised by the hospital doctor or physiotherapist. Normally about 2 weeks after the operation.

3. Shoulder exercises

Stand leaning forwards.

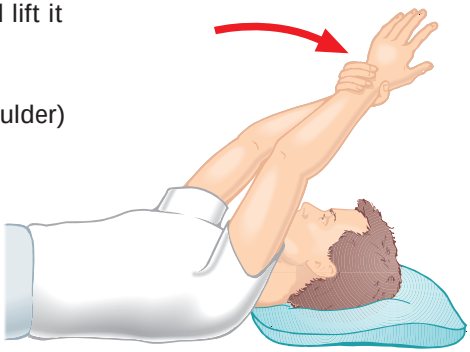


- Let your arm hang down. Swing arm forwards and backwards.
- Repeat 10 times.
(Shown for the left shoulder)

4.

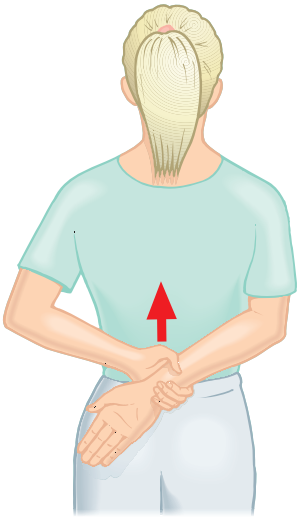
Lying on your back

- Support your operated arm with the other arm and lift it up overhead.
- Repeat 10 times.
(Shown for the left shoulder)



5.

Standing with arms behind your back



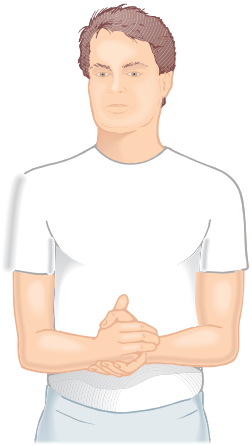
- Grasp the wrist of your operated arm and gently stretch hand towards the opposite buttock. Then slide your hands up your back.
- Repeat 5 times.

Phase 2 exercises continued

These additional exercises can be started 4 weeks after your operation

6.

Stand with arm close to side and elbow bent

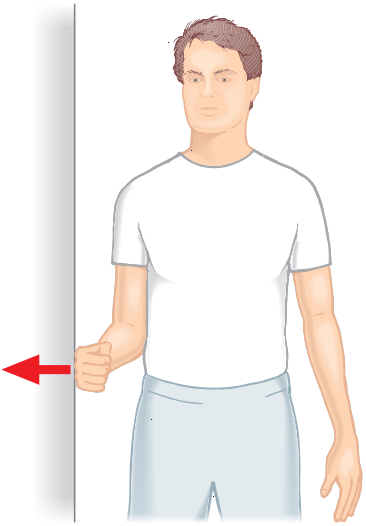


- Push the palm of your hand into other hand but do not let it move. (This can be done against a wall or door-frame.)
- Hold 10 seconds.
- Repeat 10 times.
- Build up to 30 repetitions.

7.

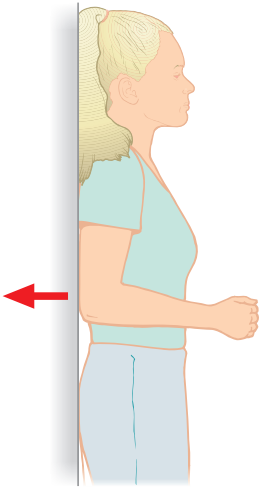
Standing with your operated arm against a wall

- Bend your elbow. Push your hand into the wall but do not let arm move.
- Hold for 10 seconds.
- Repeat 10 times.
- Build up to 30 repetitions.



8.

Stand with your back against the wall

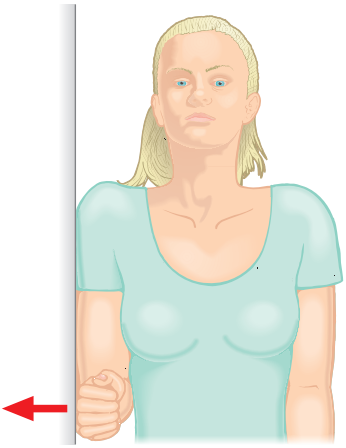


- Keep arm close to side, elbow bent. Push the elbow back into the wall but do not let arm move. Hold for 10 seconds.
- Repeat 10 times.
- Build up to 30 repetitions.

9.

Stand sideways with operated arm against wall

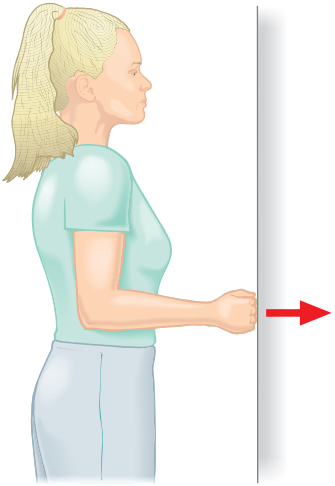
- Keep arm close to side, elbow bent. Push elbow into wall but do not let arm move. Hold 10 seconds.
- Repeat 10 times.
- Build up to 30 repetitions.



10.

Stand facing a wall

- Keep arm close to side and elbow bent to 90°. Push your fist into the wall but do not let arm move.
- Hold for 10 seconds.
- Repeat 10 times.
- Build up to 30 repetitions.

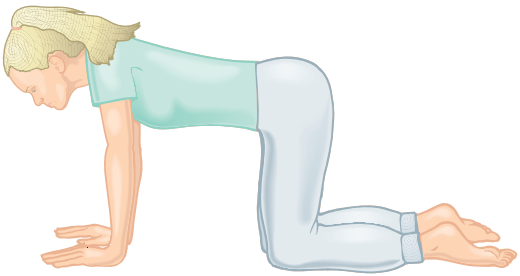


Exercises 6 to 10 work the muscles without the joint moving. These can be progressed to using elastic exercise bands, so the muscles work with the joint moving.

11.

Kneeling on all fours

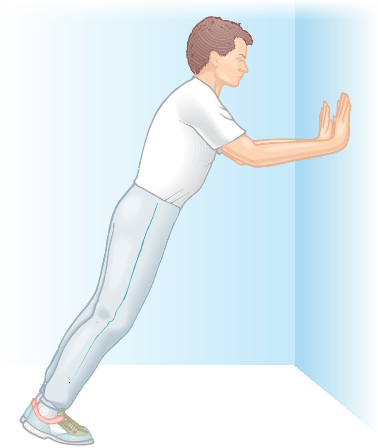
- Gently rock forwards taking the weight of your body through your arms.
- Keep shoulder blade flat against chest wall.
- Progress to lifting your UNaffected arm up in the air (in different directions).
- Repeat 10–15 times.

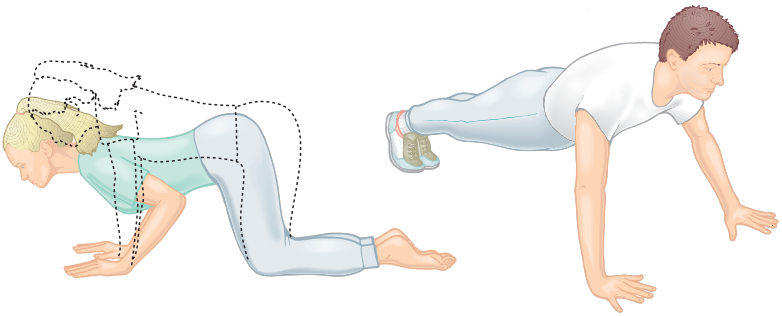


12.

Press ups

- Start by doing these against a wall. Keep back straight. Progress to doing from your knees and then to doing a full press up. Keep your elbows under your body, rather than out to the side.
- Repeat 10–20 times





Phase 3 exercises (8–12 weeks after your operation)

These will concentrate on increasing the strength and mobility around your shoulder. The exercise will be selected for your individual shoulder and lifestyle.

Who to contact if you are worried or require further information

If you are unsure who to contact or you have an appointment query contact Surg Cdr Brinsden's secretary (direct line: 01752 431006); Mr Murphy's secretary (direct line: 01752 245037); or Mr David's secretary (direct line: 01752 763786) between 8.30 am and 4.00 pm. They can then contact the appropriate person depending on the nature of the enquiry.

If you have any queries following your Pre-operative Assessment Clinic visit please contact Sister Spear and her team at Derriford Hospital (direct line 01752 517628).

If your wound changes in appearance, weeps fluid or pus or you feel unwell with a high temperature contact your General Practitioner (GP).

If you have a query about exercises or movements, contact the Physiotherapy department where you are having treatment or else the Physiotherapy department at Derriford Hospital (direct line: 08451 558208).

For queries regarding self care (e.g. dressing, bathing) contact the Occupational Therapy department (direct line: 08451 558201).

Plymouth Shoulder and Elbow Team Clinic
Plymouth Hospitals NHS Trust
Derriford Hospital
Plymouth PL6 8DH
Tel: 08451 558155
Fax: 01752 763747
www.plymouthhospitals.nhs.uk

PHYSIOTHERAPY GUIDELINES

Anterior Stabilisation

These maybe open or arthroscopic procedures. Subscapularis may have been divided to gain entry into the joint and it is resutured at the end of the procedure.
This operation will involve some form of soft tissue reconstruction (ie. capsular shift, Bankart repair) to regain (passive) stability. Glenohumeral joint is immobilised for 2 weeks in a sling.

Contra-indications

No external rotation unless markedly reduced range (see time guidelines)
No active or passive ABduction with external rotation for eight weeks.
No forceful stretching/stressing anterior capsule (eg. arm forced into horizontal extension at end range of conventional pressup) for twelve weeks.

TWO weeks post-operation – **main emphasis is on regaining flexion range of movement. External rotation is restricted.**

a) Wean out of sling
b) Mobility exercises – mainly flexion
c) Progress to active assisted
d) Start isometric cuff work in neutral (pain- free & scapula stable)
e) Avoid passive stretch external rotation beyond 20°
f) Avoid combined abduction & external rotation

If appears to be regaining full range of movement very quickly – stop mobility work and concentrate on cuff rehabilitation.

SIX weeks post-operation – **main emphasis is on increasing muscle activity (cuff and scapula) with optimal movement patterning**

a) Range of movement should be approx 75% flexion contra lateral side
b) External rotation should be restricted still (50% contralateral shoulder)
c) Progress cuff activity
d) Progress scapula muscle activity
e) Do not work or stretch into combined abduction/lateral rotation
f) Proprioceptive work

TWELVE weeks post-operation – **main emphasis is on power, endurance & proprioceptive muscle work aiming towards functional activities**

a) Progress resistance through range
b) Stretches if necessary for functional activities, but external rotation range should remain tighter
c) Function specific training

General guidelines for rehabilitation

Some variation in ability of patients to regain movement following surgery and immobilisation. Adjust therapy input to this. Some need considerable help with mobilisation, others need 'holding back' with more emphasis on muscle activity.

Guidelines for returning to activities

Driving at four to six weeks
Swimming – breaststroke at six to eight weeks, freestyle at twelve weeks
Return to non contact sport at twelve weeks (if range and control of movement allows)
No contact sport for six months (minimum, this may vary depending on the sport). Includes football, martial arts, racket sports, rock climbing.