King's College Hospital NHS
NHS Foundation Trust

Arthroscopic release of a frozen shoulder

Information for patients

This information sheet answers some of the questions you may have about having an **arthroscopic release of a frozen shoulder**. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any questions or concerns, please speak to the doctors or nurses caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

What is an arthroscopy?
An arthroscopy – or 'keyhole' surgery – is a way of doing operations without having to make large cuts. It causes less discomfort and you usually recover much more quickly.

The surgeon makes a number of very small cuts (portals), about 3-5mm long, through which they put specialised instruments. The number and the position of these cuts vary and they often heal with little scarring. The instruments enable them to operate in a small space and to see the procedure on a large TV screen.

What is a frozen shoulder?
The capsule in your shoulder becomes inflamed and adheres (sticks) to the joint and tendons. This causes pain and limits your range of movement. We do not know why the majority of people develop a frozen shoulder. But having diabetes or a shoulder injury can increase your risk of having the problem. Although it is most common in women aged 40 – 50, it can happen to any adult at any age.

What are the symptoms?
The most common symptoms are pain that slowly gets worse and a gradual loss of a full range of movement in your shoulder. Pain at night can be particularly bad and it can be intense if you make sudden movements. You sometimes feel the pain in your neck and arm as well as your shoulder.

You usually get the symptoms in three stages:
1. Inflammation (swelling) – the pain gets worse as the inflammation does and your range of movement declines.
2. Plateau – the inflammation settles, the pain eases a little but your shoulder stays stiff or 'frozen'.
3. Recovery (thawing) – you start to regain a range of movement in your shoulder. Most people find their symptoms settle down and the problem gets better by itself. But this can take anything from between six months to as long as three years.

Why do I need surgery?
Although most patients recover by themselves without surgery, some need help to manage the pain of the inflammatory stage or to speed up the thawing stage.

At first, treatment consists of resting and managing pain using painkillers and shoulder cortisone injections. If you get 'stuck' in the frozen stage, we may offer, you arthroscopic surgery to release the capsule. This can help improve your range of movement and speed up your recovery. We decide who we think will benefit from this surgery on a case by case basis. It is usually successful and likely to help speed up your recovery.

What are the benefits?
It improves your symptoms, particularly giving you back a range of movement in your shoulder and speeding up your recovery. This helps you to get back to your usual everyday activities and take part in sport.

What are the risks?
There are risks with all surgery, but for this procedure they are relatively small and usually manageable. They include:
- bleeding (less than 1% risk)
- infection (less than 1% risk)
- nerve injury (less than 0.5% risk)
- residual stiffness, your shoulder remains frozen or you develop the condition again (4-5% risk)
- scarring.

Your anaesthetist will discuss with you the most appropriate type of anaesthetic for this operation and any associated risks.

Are there any alternatives?
You do not need to have surgery to manage this problem. You can use 'conservative' (non-surgical) treatments to manage the pain caused by the shoulder inflammation, although these do not treat the underlying mechanical problem of the stuck down capsule and tendons.

Conservative treatments such as painkillers, shoulder cortisone injections and physiotherapy are very useful and they usually settle most of the pain. A frozen shoulder often gets better on its own, so we always ask you to try these options first. We only suggest surgery if movement does not return to your shoulder by itself.

Consent
We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

Who can I contact with queries and concerns?
Please contact a member of your consultant's team for more information.

Do I need to prepare for surgery?
Before your operation you will have a pre-assessment appointment with one of our nurses. They will do some tests which may include blood tests, MRSA swabs and an electrocardiogram (ECG). They will ask you questions about your health, medical history and your home circumstances. Please bring with you details of any medication you are currently taking.

We will give you the following information:
- when to stop eating and drinking in the hours before your operation
- whether you should stop taking your usual medications before going into hospital
- what to bring with you into hospital

What happens before surgery?
After your pre-assessment checks, we will give you a date for your operation at King's College Hospital, Princess Royal University Hospital (PRUH) or Orpington Hospital. You will have your procedure either as a day surgery patient, where you go home the same day, or as an inpatient, where you stay in hospital for a while after your operation.

On the day of your surgery, a nurse will admit you and do some checks. You then change into a gown for the operation and are prepared for theatre by our nursing team on the ward.

What happens during surgery?
During your operation you will lie face up. We will put a drip in your arm or hand and the anaesthetist will give you the anaesthetic to send you to sleep. Sometimes the anaesthetist will also give you a 'nerve block' to your arm and shoulder. This numbs your nerves for a short time, to ease your pain after surgery, so you may wake up with a floppy and numb arm. It will fully recover as the anaesthetic wears off.

We use keyhole incisions to get to your shoulder, and release the stuck down tissue and capsule to return the range of movement to the shoulder.

How long does the surgery take?
It usually takes 40 – 60 minutes.

What happens after surgery?
Most patients go home the same day. You will need a chaperone to take you home and stay with you for the first 24 hours after your surgery.

We will give you a sling to wear, for comfort only. We encourage you to do early range of movement exercises; these may be limited by the swelling in your shoulder caused by your

operation in the first two weeks after surgery. But you are safe to move your shoulder freely, if it is comfortable, and do things such as dressing yourself. Your physiotherapist will show you some exercises that you can do to help your recovery.

Follow-up appointment

We will ask you to come into the outpatient clinic for a follow-up appointment about two weeks after you operation, so we can check your wounds and remove your stitches.

How long will I need to take off work?

It depends on what type of job you do. Any jobs where you do not use your shoulder a lot are safe. You may be able to do typing and computer based work fairly soon after your operation. If your job involves heavy lifting, you may need to take longer off work. Your surgeon will discuss with you when it is safe for you go back to work.

You may find it hard to sleep straight after your operation. Try lying on your back or on your other side. You can use pillows to support you and make yourself comfortable.

Valuables

Where possible, please do not bring anything of value into hospital with you as we do not have the facilities to lock your valuables away. Our staff will treat your possessions with care, but the Trust cannot accept liability for the loss of personal items.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:
Tel: 020 3299 3601
Email: kch-tr.pals@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND:
Tel: 01689 863252
Email: kch-tr.palskent@nhs.net

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

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