King's College Hospital NHS
NHS Foundation Trust

Arthroscopy for shoulder stabilisation

Information for patients

This information sheet answers some of the questions you may have about having an **arthroscopy to stabilise your 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.

Why do I need surgery?

Your shoulder is a shallow ball and socket joint. The ball (humeral head) is normally held stable within the socket (glenoid) by several structures. These include the shoulder capsule and the labrum – a ring of thick cartilage-type tissue – which sits on the edge of the socket to help deepen it and so stabilise your shoulder.

The capsule is made up of ligaments that connect the ball and the socket. When your shoulder dislocates, these structures can be ripped and torn off. If this happens, particularly to the labrum ring, it makes your joint less stable and increases the risk of you dislocating your shoulder again or having small, partial dislocations (subluxations). These can be painful, damage the surfaces of your shoulder joint and cause long-term problems. If left untreated it may lead to arthritis.

This surgery involves repairing the torn capsule and labrum using stitches which are secured into the socket and passed through the capsule and labrum.

If you have surgery to stabilise your shoulder you are likely to have good results.

What are the benefits of surgery?

It relieves the pain in your shoulder and makes it stable. You should be able to start doing your usual everyday activities within two months of surgery, but it may be at least six months before you can do more demanding activities such as sports.

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)
- scarring
- stiffness/ frozen shoulder (<10%). If you develop a frozen shoulder it is usually temporary and only lasts for a few weeks. We do not know what causes this but it could be your body's way of trying to 'protect' the repair
- further dislocations (about a 10% risk, depending on your age, the job you do and the sports you take part in and the initial damage to your shoulder).

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. 'Conservative' (non-surgical) treatments can manage the pain caused by shoulder instability, although they do not treat the underlying 'mechanical problem' of the torn structures in your joint.

Conservative treatments such as painkillers and physiotherapy can be very useful; they can settle most of the pain and enable you to use your shoulder.

But without treatment the shoulder instability can become a long-term problem. You may find it increasingly difficult to use your shoulder and you may develop arthritis.

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 surgery to get to the shoulder and identify the damaged tissue. We then use stitches (sutures) and anchors to repair the tissue, which holds the ball in the socket.

How long does the surgery take?

It usually takes one – two hours.

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 which you will need to wear for about four-six weeks, to protect the repair. During this time you must not do any active shoulder movements. Your physiotherapist will show you some exercises that you can do safely, such as lifting your operated arm with your other arm and how to keep it mobile without using the newly repaired shoulder.

The sling is there to remind you not to move your shoulder too much. You can take your arm out of the sling to do activities at waist level, such as typing and writing.

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 need to 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 immediately 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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