



**Mersey and West Lancashire
Teaching Hospitals
NHS Trust**

PATIENT INFORMATION

Shoulder Surgery

WHY HAVE SURGERY?

Your consultant will have discussed with you the need to have an operation. Operations are normally done to improve pain and movement.

METHODS OF SURGERY

Arthroscopic Surgery

This involves the surgeon making small incisions in the skin to investigate inside the shoulder joint and surrounding area. This is done by using a camera to view the inside of your joint. Surgery can also be undertaken at this time if required. This may include removal of loose debris, bony spurs, adhesions and trimming or repair of torn areas.

Open Surgery

This is when the surgeon makes a larger incision into your skin to see a larger area. This may be necessary in some complex operations. Your surgeon will have discussed this with you prior to your operation.

There is no guarantee that surgery will improve your shoulder problem. Your surgeon will discuss the likelihood of improvement with you.

COMMON OPERATIONS

Subacromial Decompression

The Subacromial area is the space between top of the upper arm bone (Humerus) and a bony landmark on the top of the shoulder blade (scapula) called the Acromion. Within

this small space are a variety of tendons, muscles and ligaments and a fluid filled sac called a Bursa. When someone raises their arm, this area narrows. Consequently, repeating overhead activity can cause irritation and swelling on the Bursa and tendons. Also, additional bone growth (bony spurs) can form on the Acromion and further irritate the tendons. A Subacromial Decompression will remove any additional bone within the joint, increasing space within the subacromial area and thus reducing pain.

Rotator Cuff Repair

The Rotator Cuff is a group of muscles within the shoulder joint. These muscles provide stability to the joint and also assist in the movement of the shoulder. A torn rotator cuff muscle results in pain, weakness and loss of function. The surgeon will repair the rotator cuff by stitching the torn tendon back to its attachments on the arm bone (Humerus).

Acromial Clavicular Joint Excision

The Acromial Clavicular Joint (ACJ) provides an articulation between the clavicle (collar bone) and the scapula (shoulder blade). This joint can be a source of pain in the shoulder when performing movements at or above the level of the shoulder. It is usually damaged as a result of an injury or arthritis. This operation entails removing this small joint thus improving function and pain of the shoulder.

Slap Repair

This is an injury to the top (superior) front (anterior) and back (posterior) lining of the shoulder joint called the Labrum. The Labrum is a ring cartilage around the shoulder socket that stabilizes the head of the upper arm (Humerus).

Injuries to this part of the Labrum can be caused by acute trauma (eg motor vehicle accident) or be repetitive shoulder movement (eg throwing). To repair the injury, the surgeon will use anchors thus improving stability of the shoulder.

Bankart Repair

A Bankart lesion results in an injury to the front (anterior) part of the lining of the shoulder joint called the Labrum. This is usually injured as a result of a dislocated shoulder. To repair the Labrum, anchors are used by the surgeon thus improving stability of the shoulder.

Manipulation Under Anaesthetic

The main indication for this type of operation is primarily frozen shoulder. During this operation, the surgeon will move the shoulder into its greatest possible range of movement to break down any adhesions or scar tissue which caused the original pain and stiffness.

Capsular Release

A capsular release is indicated for patients diagnosed with a frozen shoulder. This operation aims to free the joint to gain greater range of movement and reduce pain. This operation is key hole surgery where the lining of the joint (the capsule) is reduced using special radio frequency probes.

Shoulder Hemiarthroplasty

A shoulder hemiarthroplasty is also known as a partial shoulder replacement. Here only the Humeral Head (upper arm) portion of the shoulder joint is replaced. This type of surgery is indicated in patients who have serious arthritis or

have sustained a fracture to the Humerus Head following trauma.

Reverse Total Shoulder Replacement

A Reverse Total Shoulder Replacement is often used in patients who have developed “Cuff Tear Arthroplasty”. This is a combination of complex shoulder arthritis and a large tear to the Rotator Cuff muscles.

With a conventional total shoulder replacement, the Rotator Cuff muscles are required to stabilise and power the arm during a range of motion. However, in a patient with a large rotator cuff tear, these muscles are no longer functional. Therefore, a reverse shoulder replacement is performed as it relies on different muscles.

Subpectoral Biceps Tenodesis

This procedure is indicated for the treatment of partial or full-thickness biceps tendon tears, severe biceps tendonopathy, or biceps instability associated with rotator cuff tears. Biceps tenodesis involves detaching the long head of the bicep muscle from the superior labrum in the shoulder and reattaching it to the humerus bone just below the shoulder.

Biceps Tenotomy

In a biceps procedure one of the biceps tendons is cut to release it from its attachment to the bone. The aim of this procedure is to reduce the pain and will aid successfullness of additional procedures performed.

Open Reduction Internal Fixation (ORIF)

This surgery is conducted to support a fracture in the shoulder. It involves metalwork and screws being used to fix the fracture into a stable position.

OCCASIONAL COMPLICATIONS FOLLOWING SURGERY

- infection
- blood vessel, nerve or tendon damage
- blood clot
- numbness
- swelling
- scarring
- joint stiffness

DEEP VEIN THROMBOSIS

Following injury or surgery, there is an increased risk of getting a blood clot or DVT (Deep Vein Thrombosis) most commonly in your calf, thigh, pelvis or arm, although this could occur in any muscle.

Signs of a DVT

- **Pain.** Localized pain in a specific muscle.
- Sudden increase in **swelling** of the soft tissue below the joint.
- Increase in **temperature** in the area of pain.
- **Redness** of the local area.

Unfortunately, a DVT can be present without these signs and similarly the presence of these signs does not always indicate a DVT.

IF YOU SUSPECT ANY SIGNS OF A DVT, PLEASE SEEK URGENT MEDICAL ADVICE

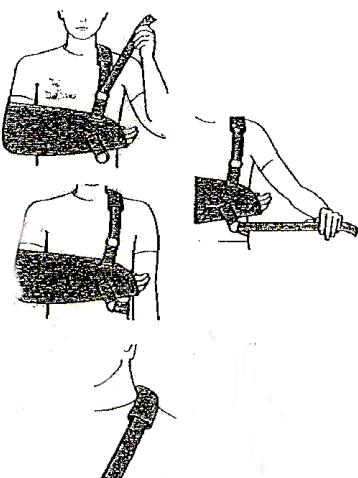
AFTER YOUR OPERATION

On return to the ward, your arm may be numb and you may not be able to move it because you have had a “nerve block” but this will wear off after several hours. It will affect your ability to move and feel your arm.

You will be given pain relief in the hospital and tablets to take home with you. It is important that you take regular pain relief to enable you to undertake your exercises. It is usual to feel some discomfort post surgery. This will improve with exercise and regular pain relief medication.

USING A SHOULDER IMMOBILISER

Before your operation, you will be provided with a sling. This will be applied whilst you are in theatre. Your Physiotherapist will show you how to apply and remove the sling.



Position the elbow in the pocket of the sling and apply the neck of the strap across the back and over the unaffected shoulder.

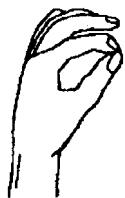
Feed the loose strap end through the ring and fasten the Velcro. Ensure your elbow is at 90°.

The length of time the sling is to remain on is dependent on the type of surgery performed. Your Physiotherapist will inform you regarding this.

The sling is only to be removed when performing the following exercises and when washing and dressing.

ELBOW AND HAND EXERCISES

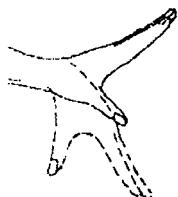
These are important to lessen the risk of developing a Deep Vein Thrombosis. It will also help reduce stiffness and maintain range of movement in the elbow, wrist and finger joints.



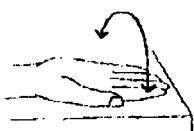
With your thumb, touch each fingertip.
Repeat 10 times.



Make a fist (thumb over fingers).
Straighten your fingers and bring them apart. Repeat 10 times.



Bend and straighten your wrist, keeping fingers straight throughout the exercise.
Repeat 10 times.



Alternately turn palm up and down, keeping your elbow still.
Repeat 10 times.



While standing, bend and then straighten your elbow. Repeat 10 times.

These exercises should be completed 3 times per day to maintain good function of your arm and hand during your recovery.

SHOULDER EXERCISES



Stand or sit. This exercise is important for posture and to improve muscle strength in your shoulder blades. Move your shoulder blades gently back and down. Hold 5 seconds. Repeat 10 times.



Stand facing a wall. Keep your upper arm close to the side with elbow at a right angle. Push your fist against the wall at 30% of your maximum voluntary contraction. Hold 5 seconds. Repeat 5 times, 3 to 4 times a day.



Stand with your back against the wall. Keep your upper arm close to the side and elbow at a right angle. Push the elbow back against the wall at 30% of your maximum voluntary contraction. Hold 5 seconds. Repeat 5 times, 3 to 4 times a day.



Stand or sit. Hold your arm close to your body with your elbow at a right angle. Try to move your hand inward, resisting the movement with the other hand. There should be no movement. Hold 5 seconds. Repeat 5 times, 3 to 4 times a day.

WASHING AND DRESSING

It is advised that you keep your stitches/sutures dry following your surgery. To wash under your armpit, lean gently forward and use your flannel/towel to wash gently underneath. Be careful not to move the shoulder too much.

Always dress your operated arm first. Your Therapist will demonstrate how to dress to minimise your pain.

WOUND CARE

On your return from theatre, you may have stitches or steristrips and a bandage dressing. The nursing staff will change your dressing whilst on the ward and advise you on when the dressing needs changing and when your stitches will be removed – usually 10 - 14 days after surgery.

The nurses will also provide information on when the surgeon wants to see you again.

You are advised not to drive or return to work until your surgeon has seen you. Inform your insurance company when you do start to drive to make sure your insurance covers you following your operation.

Please keep your dressing/wound clean and dry until fully healed.

If you have any concerns about your wound after you go home, contact the ward you were on or the Therapy Team.

ICE THERAPY

If advised by your Physiotherapist, you may use ice as an adjunct to your exercise programme.

Benefits of Using Ice

Ice may be used to:

- Decrease pain
- Decrease temperature
- Decrease muscle spasm
- Decrease swelling
- Promote repair

How to Apply Ice

- Thoroughly expose the part to be treated.
- Fill a small plastic bag with ice cubes or frozen vegetables.
- Wrap the area to be iced in cling film and wrap the cubes/ vegetables in a damp towel.
- Place the ice pack on the area for no longer than twenty minutes.
- Remove the ice pack at regular intervals to check your skin. It should be salmon pink colour. If it is fiery or red hot, consult your physiotherapist.

After applying ice, you should allow 2-3 hours for your skin to regulate in temperature before applying the ice again.

If you are diagnosed with, or worried about, an infection, deep vein thrombosis or have decreased sensation over your shoulder **DO NOT APPLY ICE**.

Ice Burns

These occur very easily but can be avoided if simple precautions are followed. Remove the ice pack if it becomes too painful (some degree of discomfort can be expected but this should not be excessive).

If you have any questions, please contact the Therapy Team on:-

Southport Physiotherapy Department – 01704 704150
Ormskirk Physiotherapy Department – 01695 656861

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Manager/Sister/Charge Nurse if you have any questions or concerns.

REHABILITATION

If you have any concerns or questions regarding your rehabilitation, please contact either your named therapist on the number provided or the Head of Therapy and Rehabilitation Services on 01704 704147.

We would be grateful for any feedback on our orthopaedic service. Please go to NHS Choices website – www.nhs.uk

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS FOR AFTER YOU HAVE LEFT HOSPITAL

Please read this booklet.

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

Please read this booklet.

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION AFTER YOU HAVE LEFT HOSPITAL

H Ward (01695) 656903
Southport Physiotherapy (01704) 704150
Ormskirk Physiotherapy (01695) 656268
G Ward (01695) 656526

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111
Stop Smoking Helpline (Sefton) - 0300 100 1000
Stop Smoking Helpline (West Lancashire) - 0800 328 6297

**Please call 01704 704714 if you need
this leaflet in an alternative format**

Southport and Ormskirk Hospital NHS Trust

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Wigan Road, Ormskirk, L39 2AZ
Tel: (01695) 577111

Southport & Formby District General Hospital
Town Lane, Kew, Southport, PR8 6PN
Tel: (01704) 547471

FOR APPOINTMENTS

Telephone (01695) 656680
Email soh-tr.appointments@nhs.net

Please remember to complete the **attached Friends and Family Test**.

Alternatively, you can complete the *Friends and Family Test* on-line by going to: southportandormskirk.nhs.uk/FFT
Thank you

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