

Patient Information leaflet

ARTHROSCOPIC SHOULDER STABILISATION

PROCEDURE

Shoulder stabilisations are performed for repeated episodes of dislocation or the shoulder sliding out of joint. Arthroscopic stabilisations are performed through several small puncture incisions using an arthroscope, small instruments and suture anchors to repair the torn cartilage [labrum] and ligaments. During the surgery the entire shoulder is inspected and all other abnormalities are addressed. The surgery is typically performed as an outpatient and you will be discharged home the same day. You will be in a sling for 4-6 weeks after surgery.

RISKS

As with all procedures, this carries some risks and complications.

COMMON [2-5%]

Pain: The procedure does involve incisions through soft tissue and will hurt afterwards. Pain medications will be prescribed in hospital and post-discharge home.

Stiffness: After surgery physiotherapy is started to walk on motion. Most of the time, stiffness will improve with rehabilitation but occasionally a permanent loss of motion may occur.

Recurrent instability/Dislocations: The shoulder may continue to dislocate despite adequate surgery. This risk is higher when secondary bone damage occurs in the shoulder from repeated dislocations. Occasionally this may require further open surgical procedures to attempt to correct.

LESS COMMON [1-2%]

Infection: Signs of infection include fevers, chills and red/painful/hot wounds with discharge. These can be treated with oral antibiotics but may require surgery to wash out the joint. Infection may spread to blood [sepsis] and require intravenous antibiotics.

RARE [< 1%]

Chondrolysis: Rarely the cartilage in the shoulder breaks down as a result of the surgery. This leads to a painful arthritis and a loss of function. Depending on your age and level of pain, this may require further treatments or surgery.

Nerve damage: There are a number of large and important nerves that run near the shoulder. These may be damaged during the operation. This may result in a temporary or more permanent numbness or loss of power. Paralysis of the arm or hand is extremely rare.

Blood clot/DVT: A blood clot may develop in the veins of the arm or legs. Very rarely the clot may break off in the bloodstream and travel to the lungs or brain. Potentially this could lead to breathing problems, stroke or even death.

Anaesthetic Complications [extremely rare]: Breathing problems, heart attack or stroke may occur under anaesthetic. This may lead to permanent disability or death.

Patient Information leaflet

RETURN TO ACTIVITY GUIDELINES [SCHOOL/WORK/SPORTS]

Estimated guidelines only--- will depend on individual improvement with surgery/rehabilitation

SEDENTARY/SITTING/DESKWORK [no use of affected arm]: 1-3 weeks [depending on pain control and mobility]

LIGHT WORK [below shoulder level]; 3 month

HEAVY WORK/CONTACT SPORTS: 5-6 months

DRIVING: You may drive once you are no longer wearing the sling or taking narcotic pain medications and can move your arm well enough to safely steer in an emergency setting. This time period may be different for each individual and cannot be determined by the doctor. Often this may be up to 6-12 weeks after surgery.