

## INFORMATION FOR PATIENTS UNDERGOING SHOULDER ARTHROSCOPIC SURGERY

This sheet provides general advice only. It is provided to help reinforce any information provided by Dr. Soares during your consultation. If you have any questions after reading this sheet please contact the office and make an appointment to see Dr. Soares so he can answer your questions.

### **The Surgery:**

3 or 4 small ( each less than 1cm) incisions are made in the shoulder joint. An instrument, about the width of a ball pen is inserted into the shoulder joint through one of the incisions, and a telescope with camera attached is used to view the joint. Through another incision, instruments are passed into the shoulder which allow the damaged tissue to be dealt with. This may include trimming a bony spur (acromioplasty), trimming a swollen and painful bursa, repairing torn rotator cuff tendons or performing a capsular release.

**The risks:** The most common risks are listed below.

**Initial pain** – shoulder surgery is very painful..For the first two weeks you will wonder why you had surgery. BY six weeks after your surgery you will be on speaking terms again with Dr Soares. And usually by 3 months you will be friends again. Dr. Soares will provide you with pain killers to help manage your pain.

**Infection** – happens in less than 1 in a 100 patients. If you have a temperature of have increasing swelling and pain please notify Dr. Soares so he can arrange to assess you.

**Stiffness** – it is common to have a feeling of stiffness for upto 6 weeks after your arthroscopy. It is important that you work on maintaining and improving your range of motion.

### **Numbness:**

Occasionally patients have a small area of numbness near the skin incision. This is because a small nerve in the skin (too small to be seen with the naked eye) has been cut. This may recover over a period of upto six months. Occasionally the numbness does not recover.

**Frozen shoulder (adhesive capsulitis)** – this condition can occur in upto five out of a hundred patients (5%) after surgery. It usually comes on at between 6 and 8 weeks after surgery and is characterised by increasing pain and loss of movement. Sometimes Dr. Soares will treat this with a steroid injection to the joint and occasionally it may be necessary for you to have further surgery (capsular release).

**Ongoing pain** more than 6 weeks after the operation:

Overall seven out of ten patients (70%) tell me after their surgery that their pain has gone and they are happy. Two out of ten (20%) say they are better than before but still have some pain. One in ten (10%) say that they have had no improvement. This is usually because the arthritis in their shoulder is very advanced and they may require a further major procedure such as a shoulder replacement.

Simple exercises to perform include:

Pendulum exercises – lean forward at the waist with your back parallel to the ground an swing your arm like an elephant trunk.

Passive exercise – walk your fingers up the wall. Use your non injured hand to help elevate your injured arm.

At 3 weeks after your surgery and when Dr. Soares is happy with your wounds you can exercise in a pool . This will help you to regain muscle mass and strength. As you get stronger you can add resistance with a rubber band.

Please see the detailed shoulder exercise sheet <http://drdes.com.au/documents/Shoulderexercises.pdf>

PLEASE WRITE ANY QUESTIONS YOU HAVE SO YOU DO NOT FORGET TO ASK THEM WHEN YOU SEE DR. SOARES FOR YOUR REVIEW.