

## Risks

This is generally a safe and successful operation, but there is some risk associated with most procedures. For a shoulder arthroscopy they include:

**Infection of the cuts** - this is a small risk; if the wounds get red, swollen and painful and you have a raised temperature, you should contact your GP.

**Bleeding** – occasionally there can be bleeding into the joint. If it becomes very swollen and painful, you should come to the Hospital emergency department, as the blood may need to be removed.

**Restricted movement**, stiffness or a frozen shoulder may occur. It is important to exercise in order to reduce the incidence of this occurring. Please speak to your surgeon before your operation if you have any concerns about these risks.

## Any further questions?

Please contact the orthopaedic specialist

Nurse on: 020 7288 5659 / 3799

Monday – Friday, 9.00am – 5.00pm.

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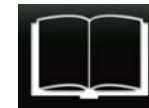
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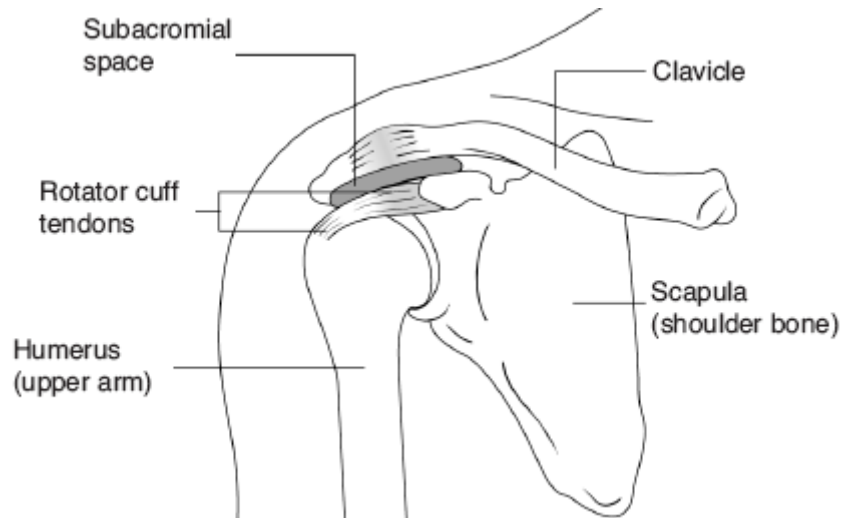
# Shoulder arthroscopy

A patient's guide



.... caring for you 

A shoulder arthroscopy is a keyhole operation to examine the inside of your shoulder joint using a slim telescope. The subacromial space, an area immediately above the shoulder joint is also examined with a view to removing bone and soft tissue, which may be pressing on the adjacent tendons. See the diagram.



The procedure may be performed under a general anaesthetic or regional anaesthetic and may require an overnight stay in hospital.

### Reasons for having an arthroscopy

- To confirm the diagnosis.
- To remove pressure on the rotator cuff tendons, which may be causing pain. See the diagram.

### Going home

- Following a general anaesthetic, please make sure that a friend or relative takes you home and stays with you for the first 24 hours.
- Do not drive, drink alcohol, operate machinery (including a kettle) or make important decisions for at least 24 hours to allow the effects of the anaesthetic to wear off.
- You should continue to take any painkillers that you need as instructed. Your recovery will be faster if you are free of pain.
- Your large covering bandage can be removed after 24 hours. You can keep the sling for comfort.
- Important - please do the shoulder exercises as instructed by your physiotherapist; this will help your shoulder to return to normal more quickly.
- Driving – you should check with your surgeon once you have been given the all clear, and your insurance company before you resume driving.
- Work - you can go back to work after a week if you feel able to do so.
- Avoid contact sports and heavy lifting as advised.

- Following this inspection of the joint, the telescopic camera can then be moved to give a view of the subacromial space.
- If a problem is spotted, such as a bony lump or soft tissue pressing on a tendon, then instruments to repair or remove the problem can be used through a second cut.
- A biopsy (a small sample) of tissue may be taken and sent to the laboratory for further investigation.
- Pictures may be taken of the inside of the joint; you can have copies if you wish.
- Your wound/s will be closed with steristrips (paper strips) or stitches (surgeon's preference). A dressing and possibly a large covering bandage.
- You may also have your arm in a supporting sling.

#### **After the operation**

- You will return to the ward to recover for about three hours.
- You can have light refreshments as soon as you feel like it.
- You will be given painkillers and anti-inflammatory tablets if you need them. Please do not hesitate to ask.
- A physiotherapist will give you advice and exercises to help your shoulder to recover.
- A letter will be sent to your GP. You may ask for a copy if you wish.

- To take a biopsy - a small sample of the soft tissue or bone may be taken for further investigation in the laboratory.
- To repair a torn rotator cuff - if the tear is small, sometimes it can be left to heal itself or it can be repaired during the arthroscopy. If it is a severe tear then the surgeon may need to make a larger cut to repair the damage. Your surgeon will discuss this with you beforehand if it looks as if it might be necessary.
- To stabilise a shoulder if you suffer from a recurrent dislocation which have failed to improve with treatment from the physiotherapist.

#### **Treatment choices**

The alternatives to surgery may include doing nothing or taking painkillers and anti-inflammatory medication. Physiotherapy can help and may include treatment with an ultrasound, heat/cold therapy or interferential (electrical stimulation) therapy. Physiotherapy will also help you to control the shoulder blade muscles and includes exercises to maintain a good posture.

A steroid injection may be helpful. This works by reducing the inflammation in the subacromial space, allowing you to move your shoulder more easily. The pain may be temporarily worsened following the injection and there is also a risk of you tearing your rotator cuff tendons following an injection. You should discuss these alternatives with your specialist doctor before coming to a decision.

### Preparation for the examination

You may have a Magnetic Resonance Imaging (MRI) or ultrasound scan, which can give detailed pictures of the inside of the shoulder and will help confirm the doctor's diagnosis. A few weeks or as advised before your surgery, you will have a medical check-up with a nurse.

#### This may include some or all of the following:

- your medical history
  - a blood test
  - your blood pressure
  - your weight
  - an x-ray
  - a heart tracing, an Electrocardiography (ECG).
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- Please bring with you any medications you are taking in their containers. If you take warfarin, aspirin or any other blood-thinning drug you should stop taking it a few days before your operation.
  - Please tell the nurse if you have diabetes or any allergies.
  - Please note the operation will not go ahead if the medical check-up has not been done.
  - Please remove any jewellery and nail varnish before you come into hospital.

If you are having a general anaesthetic you must not eat anything for six hours before your operation. You may sip water until two to three hours before the surgery.

### On the day of your operation

Please go to the day treatment centre on the date and time given in your appointment letter.

- Your temperature will be taken when you come into hospital, to check that you do not have a fever. Surgery may be postponed if you are unwell on the day.
- Your surgeon will see you and ask you to sign a consent form to confirm that you understand the procedure and agree to go ahead with it.
- This may happen earlier at the pre-assessment check-up.
- Your shoulder will be marked with a felt-tip pen.
- The anaesthetist will see you to discuss your anaesthetic.
- Please ask any questions that you may have about the procedure.

### The operation

- You will normally have a general anaesthetic and be asleep throughout.
- The surgeon may place you on your side or in a 'deck chair' position for the operation.
- The arm may be stretched out a little during the operation by attaching some weights.
- A small cut is made on the back of the shoulder; into this the doctor passes a slim telescopic camera, which transmits pictures onto a screen. Sterile fluid is introduced into the joint under pressure to give a better view.