



Manipulation under Anaesthetic (MUA) and Arthroscopic Release for the treatment of Frozen Shoulder

Post operative Patient information

Why the shoulder requires manipulation under anaesthetic

Shoulder inflammation and tightness is commonly known as 'frozen shoulder'. This can start without apparent cause. Sometimes the pain and tightness follows an injury, or after an operation. Frozen shoulder appears to be associated with diabetes, particularly insulin dependent diabetes. It can be a problem for 12 to 24 months, sometimes even longer.

Generally it has two main phases. The first phase is of increasing pain and stiffness. In the second phase the problem is mainly of stiffness. Normally it resolves with time. Treatment is initially to reduce pain and then to increase movement in the second phase. If physiotherapy fails to improve movement then manipulation under anaesthetic (MUA) and/or arthroscopic release may be offered.

Manipulation under anaesthetic (MUA) and/or arthroscopic release

The aim of the operation is to try and increase the range of movement in your shoulder and reduce pain. The Manipulation includes stretching the joint under general anaesthetic in multiple directions to release the joint of its contracted scarred capsule. If that fails or the patient has frozen shoulder related to diabetes, post surgical or post traumatic stiffness then an arthroscopic procedure would be performed release the shoulder.

This involves putting a camera in the joint and releasing the scar using a special instrument that cuts and dissolves the scar.

Are there risks and complications?

These are very rare but still can happen;

a) **Anaesthetic** complications; such as sickness, nausea or rarely cardiac, respiratory or neurological complications. (Less than 1%)

- b) **Infection**. These are usually superficial wound problems. Deep infection may occur in Less than 1% of cases.
- c) npersistent **pain** and/or **stiffness** of the shoulder. 15–20% of patients will still have symptoms after the operation.
- d) **Nerves** and **blood vessels** damage around the shoulder. (Less than 1%)
- e) Need to **redo the surgery** (revision). In less than 5% of cases, further surgery may be needed within 10-15 years.
- F) **Fracture** of the bone while manipulating. This is very rare since the manipulation is done gently.

I personally have not encountered this complication in over 10 years as a consultant.

Frequently asked questions

Will it be painful?

It is not unusual for there to be an increase in pain initially after this operation, especially when the local anaesthetic block of the arm wears off. Regular pain killers keep the pain at bay and help you do your shoulder exercises more efficiently.

You may find ice packs over the area helpful. Leave on for 10 to 15 minutes and you can repeat this several times a day. This would be first choice if the joint feels warm and inflamed.

Do I need to wear a sling?

When you are in hospital your arm may be placed in a sling. This will support your arm on your side. For home, you are given a sling for comfort only. Do not feel you have to use it. Remember this operation has been done to try and increase movement, so do not keep your arm in the sling for long periods without doing regular exercises. Discard the sling when you feel able. Try to rest with your arm supported out to the side, or in front of you.

Do I need to do exercises?

Yes, very important ! The exercises are designed to try and maintain any increased movement achieved at surgery. You will be shown exercises to move your shoulder and **you must continue with these at home**

straight away. This will be helped by you controlling the pain and swelling with pain killers and ice packs.

Outpatient physiotherapy will be arranged to start as soon as possible. If you **have not got an appointment within 1 week**, phone the hospital and ask for the physiotherapy department.

You will start an exercise programme to gradually regain movements and the exercises will be changed as you progress.

You will need to get into the habit of doing regular daily exercises at home for several months. They will enable you to gain maximum benefit from your operation.

What do I do about the wound and the stitches?

You will not have any stitches, only small sticking plaster strips over 1 or 2 small wounds. Keep the wounds dry 10-14 days.

When do I return to the clinic?

This is usually arranged for approximately 2 weeks after your discharge from hospital to check how you are progressing. Please discuss any queries or worries you have at this time. Appointments are made after this as necessary.

In the first 2 weeks you are controlling pain and swelling. You need to keep moving the shoulder straight after surgery and do your exercises for few months.

Applying heat will loosen the joint and help your exercises. Apart from using pain killers, swelling and pain after exercises can be controlled with ice packs.

By 2-3 weeks after surgery you should be able to get your arm to shoulder level with no difficulty. By 6-8 weeks you should be able to get your arm almost to full forward movement. Putting your hand behind your back could be still painful and limited. Improvement in range of movement will continue for 6 months to a year and therefore you need to continue exercising.