



Shoulder Stabilisation

Post operative patient information

The shoulder joint is a ball and socket joint. This joint is designed to give a large amount of movement. This is due to a large ball that articulates with a small shallow socket, this also means that it has a tendency to be too loose. There are various structures, which help to keep the joint in position. The most important ones are:

- a) Ligaments; which hold the bones together
- b) A rim of cartilage; which deepens the socket (labrum)
- c) Muscles; which keep the shoulder joint in the correct position and in balance. Therefore the coordination of these muscles is essential.

Shoulder dislocation

Most shoulders dislocate forwards and/or downwards. Sometimes the ball partly comes out of the socket. This is known as subluxation. However backward (posterior) dislocation of the ball can happen too, however this is uncommon.

When the first dislocation or subluxation occurs, ligaments are stretched and the labrum is torn in front of the shoulder. A percentage of people who have a shoulder dislocation have persistent symptoms of instability afterward. That is because the ligaments no longer keep the joint in position. This is particularly when the arm is lifted upwards and outwards.

About your shoulder stabilisation operation

The operation aims to tighten and/or repair the over-stretched and damaged ligaments, rim of cartilage and muscle. Different types of operation are done to achieve this, but normally it is the ligaments deep around the shoulder joint that are tightened up and the labrum repaired.

The operation can usually be done as a keyhole procedure (arthroscopic). Under certain circumstances it is necessary to do a more extensive open surgery called the Latarjet procedure. The Latarjet procedure is done when there is bone loss from the ball or socket or when the keyhole surgery fails. You will have a full discussion about the type of operation you should have and why with your surgeon.

What are the risks and complications?

1. **Anaesthetic** complications; such as sickness, nausea or rarely cardiac, respiratory or neurological complications. (Less than 1%)
2. **Infection.** These are usually superficial wound problems. Deep infection may occur in Less than 2% of cases.
3. Very rarely **damage to an important nerves** (axillary nerve) around the shoulder can result in a serious complication of paralysis of a muscle around the shoulder joint. In the Laterjet procedure, a different nerve (the musculocutaneous nerve) is at risk of damage. If damaged, this can reduce the strength in your elbow joint (3%).
4. Stiffness and pain in and around the shoulder. (Less than 1%)
5. A need to re-do the surgery. The repair may fail and the shoulder becomes unstable again. This occurs in about 5–20% of cases done keyhole and 3% of Laterjet procedure.
6. Very rarely, one of the anchors used to repair the tissues can back out resulting in shoulder damage.

Frequently asked questions

Is it be painful?

It is quite normal for there to be pain initially after this operation. You will be given pain-killers to help reduce the discomfort whilst you are in hospital. A prescription for continued pain medication will be given to you for your discharge home.

You may find ice packs over the area helpful. Use a packet of frozen peas, placing a piece of wet paper towel between your skin and the ice pack. Until it is healed, also use a plastic bag to protect the wound from getting wet. Leave on for 10 to 15 minutes and you can repeat this several times a day.

How long do I wear a sling for?

Your arm will be immobilised in a sling for about 4-6 weeks. This is to protect the surgery during the early phases of healing and to make your arm more comfortable. You will be shown how to get your arm in and out of the sling by a nurse or physiotherapist. You are advised to wear the body strap to keep your arm close to your body. Only take the sling off to straighten your elbow.

You may find your armpit becomes uncomfortable whilst you are wearing the sling for long periods of time. Try using a dry pad or cloth to absorb the moisture.

If you are lying on your back to sleep, you may find placing a thin pillow or rolled towel under your upper arm helpful.

What exercises do I need?

For the first 2 weeks you will not be moving the shoulder joint. Prior to your discharge from the ward, you will be shown exercises to maintain movement in your neck, elbow, wrist and hand and you need to continue with these at home. Close chain pendular exercises will start at weeks.

Outpatient physiotherapy will be arranged to start about 4-6 weeks after your operation. You will start an exercise programme to gradually regain movements and to strengthen your shoulder. 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 about wound care?

Keep the wound dry until it is healed. This is normally for 12 to 14 days. You can shower/wash and use ice packs but protect the wound with cling film or a plastic bag and water proof dressings.

Avoid using spray deodorants, talcum powder or perfumes near or on the scar.

Normally your stitches will be removed at 2 weeks when seen in the outpatient department.

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.

Things to avoid doing?

In the first 4-6 weeks:

Do not be tempted to remove your arm from the sling to use your arm for daily activities.

For 6–8 weeks:

Avoid moving your arm out to the side and twisting it backwards.

For example; when putting on a shirt or coat, put your operated arm in first. Try not to reach up and behind you (e.g. seat belt in car).

Do not force this movement for 12 weeks (3 months).

These movements stretch the capsule and ligaments that have been tightened and repaired. This will compromise your surgery and might lead to recurrence of instability.

What are the stages of recovery?

This can be divided into 3 stages.

Stage 1: Sling on, some movement of the shoulder (first 4-6 weeks after surgery)

You will basically be one handed, immediately after the operation for the first 4-6 weeks. This will affect your ability to do everyday activities, especially if your dominant hand (right if you are right handed) is the side of the operation. You are only allowed some movements, namely elbow, wrist and finger exercises and close chain pendular movement of the shoulder.

Activities that are affected include dressing, eating, preparing meals and bathing. You will probably need someone else to help you. You may also find it easier to wear loose shirts and tops with front openings.

Stage 2: Regaining movements (6 – 10 weeks after surgery)

After 6 weeks you can gradually wean off using the sling and you would have started outpatient physiotherapy. You will be encouraged to use your arm in front of you, but not to take it out to the side and twist it backwards (see 'things to avoid' on previous page). Exercises will help you regain muscle strength and control in your shoulder as the movement returns. The arm can now be used for daily activities, initially these will be possible at waist level but gradually you can return to light tasks with your arm away from your body.

Stage 3: Regaining strength (10 weeks after surgery)

After 10–12 weeks you will be able to increase your activities, using your arm away from your body and for heavier tasks. You can start doing more vigorous activities but contact sports are restricted for at least 6 months (see leisure activities section). You should regain the movement and strength in your shoulder within 6–8 months. Research has shown that after 2–5 years, about 90% of people have a stable shoulder with few limitations. Vigorous sports or those involving overhead throwing may require adaptation for some people, although many return to previous levels of activity.

When can I drive?

This is likely to be 6-8 weeks after your operation. Check you can manage all the controls and it is advisable to start with short journeys. In addition, check your insurance policy. You may need to inform the insurance company of your operation.

When can I participate in sports?

Your ability to start these will be dependent on the range of movement and strength that you have in your shoulder following the operation.

Example of some Common sports:

Cycling - 10 to 12 weeks

Gentle swimming - 10 to 12 weeks

Racquet sports using operated arm - 16 weeks

Contact sports - 6 months