

Arthroscopy of the Shoulder

Patient Information

What is arthroscopy?

Arthroscopy (also called 'keyhole' surgery) is performed to diagnose and treat problems in the shoulder, elbow or wrist joint. It involves examining the inside of the joint using a special telescope inserted through small cuts in the skin. Your surgeon will be able to treat some problems using special surgical instruments, without making a larger cut (open surgery).

Your surgeon has recommended an arthroscopy of the shoulder. However, it is your decision to go ahead with the operation or not. This document will give you enough information about the benefits and risks so you can make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

What are the benefits of surgery?

An arthroscopy should give your surgeon precise details about the problem with your joint. You will usually have had other tests and scans to diagnose the problem. However, being able to closely examine the joint will help your surgeon to decide on the best treatment for you.

The benefits of keyhole surgery are less pain afterwards and, in some cases, a quicker recovery than after open surgery.

Are there any alternatives to surgery?

Problems inside a joint can often be diagnosed using special tests such as CT scans and MRI scans. However, they do not show early damage to the surface of joints, damage to small ligaments or how bad any damage is.

What will happen if I decide not to have the operation?

Your surgeon may not be able to decide on the best treatment for you.

If you need an arthroscopy to treat a problem, your symptoms may get worse. However, some problems get better on their own or if you change your activities.

What does the operation involve?

You should remove any rings from your hand before you come into hospital.

The operation is usually performed under a general anaesthetic. However, sometimes a regional block is used where the nerves to the arm are numbed using local anaesthetic drugs.

Your surgeon will use a small frame to support your arm. They will inject fluid into the joint which helps them to perform the operation. Your surgeon will usually make about two to four small cuts, about half a centimetre long, around the joint. They will place a small telescope through one of the cuts so they can examine the joint. They will place surgical instruments through the other cuts if they need to treat any problems with the joint (see figure 1).

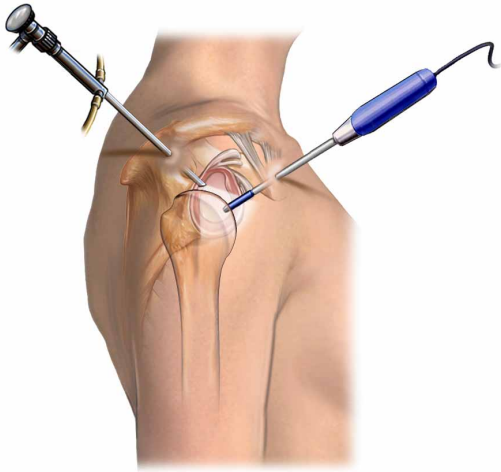


Figure 1
Arthroscopy of the shoulder

Your surgeon can clean the area under your shoulder blade and make the area larger, so there is more room for your muscles and tendons to move. This procedure is called subacromial decompression. Your surgeon may also be able to repair any small tears in the muscles or tendons.

At the end of the operation, your surgeon will close any cuts with stitches or adhesive plasters.

What can I do to help make the operation a success?

• Lifestyle changes

If you smoke, try to stop smoking now. There is strong evidence that stopping smoking several weeks or more before an anaesthetic reduces your chances of getting complications.

If you are overweight, losing weight will reduce your chances of developing complications.

If you need help to stop smoking or lose weight, ask a member of the healthcare team or your GP for advice.

• Medication

You should continue your normal medication unless you are told otherwise.

Let your surgeon know if you are on warfarin or clopidogrel. Follow your surgeon's advice about stopping this medication before the operation.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- **Bleeding** during or after surgery. It is unusual to need a blood transfusion.
- Infection in the surgical wound, which usually settles with antibiotics. Occasionally the wound needs to be drained.
- **Unsightly scarring** of the skin, although arthroscopy scars are usually small and neat.

3 Specific complications of this operation

- **Bleeding into the joint** (risk: 1 in 100). This causes swelling and pain. You may need a further arthroscopy to wash out the joint.
- **Infection in the joint** (risk: less than 1 in 100). If this happens, you will need antibiotics and sometimes another operation to clean out the joint.
- **Severe pain, stiffness and loss of use of the arm and hand** (Complex Regional Pain Syndrome) (risk: less than 1 in 100). The cause is not known. If this happens, you may need further treatment including painkillers and physiotherapy. It can take months or years to improve.
- **Damage to nerves** around the joint leading to weakness, numbness or pain (risk: less than 1 in 100). This usually settles on its own but may be permanent.
- **Blood clot** (thrombosis) in the axillary vein near your armpit. If this happens, you will get a swollen arm and will need further treatment.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. Your surgeon and physiotherapist will tell you how long you need to keep your arm supported.

You should be able to go home later on the same day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

Any stitches are usually removed about one to two weeks after the operation.

Your physiotherapist may give you exercises and advice to help you to recover from the operation. Follow any instructions carefully to improve the chances of getting strength and movement back in your joint.

Your surgeon, physiotherapist and occupational therapist will tell you when you can return to normal activities. You should avoid contact sports and lifting anything heavy until they have told you that it is safe. It can take up to three months to get back to normal activities.

Do not drive until you are confident about controlling your vehicle, and always check with your insurance company first. If your surgeon repaired a tear in one of your shoulder muscles, you should not drive for at least two months.



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• The future

Most people who have treatment have a major improvement. However, it does take time for pain to lessen and movement to increase. Symptoms often come back with time. If this happens, you may need another operation.

If your surgeon performed the arthroscopy to get precise details of the problem with your joint, a member of the healthcare team will ask you to go to a follow-up clinic. At the clinic, your surgeon will let you know the results and any further treatment you need.

Summary

Arthroscopy of the shoulder allows your surgeon to diagnose and treat problems affecting the joint, without the need for a large cut in the skin. This may reduce the amount of pain you feel and speed up your recovery after surgery.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Paying for your operation

The costs of an Arthroscopy of the Shoulder are covered by most medical insurance policies. However, we strongly advise you to check with your insurer before you are admitted to the hospital. If you are paying for your own treatment, the cost of the operation will be explained to you, and confirmed in writing, when you book the operation. Your consultant's secretary or the hospital can give you an estimate beforehand.

Further information

You can also get further information from:

- **Your local BMI Hospital**
- www.aboutmyhealth.org - for support and information you can trust
- Reflex Sympathetic Dystrophy and Complex Regional Pain Syndrome UK at www.rsd-crps.co.uk
- American Academy of Orthopaedic Surgeons at www.aaos.org
- NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)
- www.eidohealthcare.com

Tell us how useful you found this document at www.patientfeedback.org

Acknowledgements

Author: Prof John Stanley MCh Orth FRCS (Ed) FRCSE

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