

Frequently asked questions: Arthroscopic Shoulder Surgery

Will it be painful?

Although you will only have small scars, this procedure can be painful due to the surgery performed inside your shoulder. The following pain control methods may be used to ensure you have as little discomfort as possible:

- A local nerve block, known as an interscalene block
- Pain killers and anti-inflammatory medications, taken regularly on discharge from the hospital

Interscalene block

You will generally have a nerve block for the surgery, known as an interscalene block. The Anaesthetist will discuss this in details with you before the surgery.

An interscalene block is a nerve block in the neck used to provide a heavy numbness in the shoulder and arm (in a same way that a dentist can numb a tooth) so that the shoulder surgery can be carried with excellent pain relief.

The benefits of an interscalene block are:

- Reduced risk of nausea and vomiting and sedation
- Earlier to leave hospital
- Early intake of food and drink
- Excellent pain control
- Lighter general anaesthetic with speedier recovery from the anaesthetic
- Less chance of an overnight stay at the hospital. Your anaesthetist, Mr Mattern and you need to decide jointly whether you are suitable for an interscalene block.

Painkillers

You will be given painkillers (either as tablets or injections) to help reduce the discomfort whilst you are in hospital. A one week prescription for continued pain medication will be given to you for your discharge home. Keep the pain under control by using medication regularly at first. It is important to keep the pain to a minimum, as this will enable you to move the shoulder joint and begin the exercises you will be given by the Physiotherapist. If you require further medication after these are finished, please contact the rooms or visit your General Practitioner (GP).

Will I need to wear a sling?

Your arm will be immobilised in a sling for a number of weeks. This protects the repair during the early phases of healing and makes your arm more comfortable. A Nurse or Physiotherapist will show you how to take the sling on and off safely. You will be told post operatively how long you will need to wear the sling for. The sling will then gradually be used less as the repair heals and the muscles regain their strength. If you are lying on your back to sleep, a pillow under your upper arm/elbow can make it more comfortable. You may find placing a thin pillow or rolled towel under your elbow helpful.

Do I need to do exercises?

Yes. At first, you will only be moving the joint for specific exercises that the Physiotherapist will show you. You will be referred for continued physiotherapy as an outpatient.

You will need to get into the habit of doing regular daily exercises at home for several months. You will also need to commit to attending physiotherapy regularly from 2 weeks post operation. This will enable you to gain maximum benefit from your operation.

What do I do about the wound?

Your wound will have a shower-proof dressing on when you are discharged. You may shower or wash with the dressing in place, but do not run the shower directly over the operated shoulder or soak it in the bath. Pat the area dry, do not rub. You may have stitches/clips that will need to be removed/trimmed at the rooms post operatively. The nursing staff will advise you when this can happen; it is usually between 10 to 14 days after your operation. Avoid using spray deodorant, talcum powder or perfumes on or near the wound until it is fully healed. Please discuss any queries you may have with Mr Mattern

When do I return for followup?

This is usually arranged for approximately 2 to 3 weeks after you are discharged from hospital, to check on your progress. Please discuss any queries or worries you may have when you are at the clinic. Appointments are made after this as necessary.

Are there things that I should avoid doing?

Although your tendon has been repaired by surgery it takes time to heal and then strengthen. During this time it is important to achieve a balance between protecting the repair and avoiding stiffness.

Avoid anything other than gentle everyday activities for the first 3 weeks, especially those taking your elbow away from your body. Keep it in the sling, except when you are doing your exercises.

There may be other movements that are restricted for you. You will be told if this is the case by the Physiotherapist.

Do not lie on your operated side whilst still wearing the sling. Do not let your elbow move or stretch across the front of your body. This can happen at night when you are lying on the side that has not been operated on. So once you stop using the sling; place your arm on pillows in front of you.

Within these general instructions be guided by pain. It is normal for you to feel discomfort, aching and stretching sensations when you start to use your arm. Intense and lasting pain (e.g. for 30 minutes) means that you should reduce that particular activity or exercise. Avoid sudden, forceful movements involving weight.

When can I drive?

You cannot drive while you are wearing the sling. After that, the law states that you should be in complete control of your car at all times. It is your responsibility to ensure this and to inform your insurance company about your surgery.

Complications

One of the key positive changes seen in modern medicine is the concept of “shared decision making”. Decisions regarding surgical treatment are best taken jointly between the surgeon and an informed patient. In addition to Mr Mattern explaining the procedure, you must take the opportunity to ask and clarify what concerns you the most, no matter how trivial you feel your concern may be!

All surgical procedures are associated with a degree of risk. Your surgical team will do everything possible to minimise the risks and complications. Below is a list of some risks and complications associated with common shoulder surgical operations, but these may differ depending on the exact type of surgery you are having.

General complications of any shoulder surgery

- **Pain** levels felt after surgery vary depending on the type of surgery, individual pain thresholds, nature of the problem for which surgery was done and various other factors. Pain beyond 2-3 months may indicate ongoing inflammation which may need injections to help improve.
- **Stiffness** after shoulder surgery is common and occurs as a result of preexisting pathology, surgical scarring and prolonged post-operative protection in a sling. Most stiffness improves by 6 months, however some patients may require injections or further procedures to help the stiffness.
- **Bleeding** during or after surgery is very uncommon, occurring in less than 1% of patients. It is common to have oozing from the arthroscopic wound ports after surgery as the blood-stained sterile water used during surgery drains out.
- **Infection** of the surgical wound is rare with arthroscopic surgery. Early diagnosis of post-operative infection has a significantly better outcome compared to delayed diagnosis. After your operation, you should contact the rooms immediately if you get a temperature, become unwell, notice pus in your wound, or if your wound becomes red, sore or painful.
- **Unsightly scarring** of the skin is uncommon and most surgical scars have disappeared to a thin pale line by one year after surgery. If you are concerned about your scar please discuss treatments to improve scar healing.

- **Nerve injury** is rare (less than 0.5%) with most shoulder operations, but some larger operations have a higher risk and this will be discussed with you by your surgeon.
- **Vascular injury** is very rare (less than 0.5%) after shoulder surgery.
- **Anaesthetic related** complications such as sickness and nausea are relatively common. Heart attacks, lung infections and neurological problems such as strokes are rare, occurring at less than 1 person in 1,000, but have been reported to occur.