

Arthroscopic capsular release



Information for patients

Orthopaedics - Upper Limb



Introduction

The Upper Limb Unit team would like you and your family to understand as much as possible about the operation you are going to have.

This booklet provides more details about your surgery and gives you advice on your recovery and rehabilitation.

Please feel free to ask any questions you may have at your next clinic appointment.

What is an arthroscopic capsular release?

Arthroscopic capsular release is a surgical procedure to improve movement in the shoulder.

A stiff shoulder may sometimes be called a 'frozen shoulder'; or you may have developed stiffness following an injury or a previous operation to your shoulder. As you are aware, having a frozen shoulder can be a very painful condition and it limits the amount you can move your arm.

You probably find it difficult lifting your arm up, turning it outwards and putting it behind your back.

What is the shoulder capsule?

The capsule is the lining of the shoulder joint. It is normally a fairly loose membrane to allow you to easily stretch your arm in all directions.

When you have a 'frozen shoulder' the capsule tightens up and therefore limits the amount of movement you can do, this can also make it painful to move. Surgery involves cutting through the tight capsule and therefore 'releasing' it. This should give you more movement and less pain.

How is the operation carried out?

The operation is carried out under a general anaesthetic, usually as a day case. This means you will go home on the day of your operation. Some patients who have other medical conditions may require an overnight stay in hospital.

The procedure is carried out as keyhole (arthroscopic) surgery. An arthroscopy is an operation using a specially designed small telescope linked to a TV camera which allows your surgeon to look inside your shoulder joint. There will be 2-3 small scars on the back, side and front of your shoulder. This allows the surgeon to examine the shoulder joint and then use very small instruments to release the capsule where it has tightened up the most.

You will probably have some discomfort, bruising and swelling to your arm after your surgery, which is normal. The anaesthetist may put an injection into the side of your neck to numb your shoulder. This may last for up to 24 hours. You will be given painkillers after the surgery to take home with you. Good pain relief is essential after this operation.

What are the benefits of having an arthroscopic capsular release?

The benefit of this operation is increased shoulder movement and hopefully decreased pain.

Are there risks of having an arthroscopic capsular release?

As with most types of surgery, there are risks and complications which can occur unrelated to the capsular release. These can include:

- Anaesthetic risks
- Chest infections
- Blood clots in the legs (deep vein thrombosis)

- Blood clots in the lungs (pulmonary embolism)

Rare complications that can occur specifically with a capsular release include:

- **Re-stiffening of the joint** though your physiotherapist will advise you of appropriate exercises to minimise this risk.
- **Infection** can be a serious complication but the risk is very small.
- **Damage to the nerves** can occur as many of the large nerves and blood vessels that enter the arm pass closely to the site of the operation; but it is very rare that any permanent damage occurs.

These risks are very small but if any occur, further treatment or an operation may be necessary.

Are there any alternatives?

Alternative treatments usually involve a course of physiotherapy and/or an injection in your shoulder to help pain relief.

What happens if I agree to a capsular release?

If you and your surgeon agree that a capsular release is necessary, you will be asked to attend a pre-assessment clinic a few weeks before your surgery.

Consent

As with any procedure, we must seek your consent beforehand. Staff will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

What will happen at my pre-operative assessment appointment?

At the Pre-operative Assessment Clinic the nurse will assess your state of health and will organise any necessary tests. This may include blood tests, urine tests, an ECG (heart tracings) and x-rays.

Our aim is to start discharge planning at this appointment. We will ask you questions about your home situation. It is important for you to ask for any extra help that you feel you may need when you go home, so that plans can be put in place as soon as possible. This will help to avoid any unnecessary delays in you going home.

When will I know the date of my operation?

You may be given a provisional date at the Pre-Operative Assessment Clinic and this will be confirmed by letter.

How long will I be in hospital for?

This operation is generally carried out as a day case procedure unless you have any other medical conditions which may require you to stay over night.

If you are having your operation as day surgery, you will need to have someone to collect you from the hospital and stay with you overnight

After your arthroscopic capsular release

Will I have any stitches?

An arthroscopic wound does not usually need stitches. There will be a small dressing/plaster over the wounds whilst they heal. Your shoulder may initially appear swollen and during this time your wounds may leak a blood stained watery fluid; this usually settles after 24-48 hours. You may find that your shoulder and the surrounding area bruises, which again is normal.

Keep all wounds dry until completely healed.

How should I expect to feel?

After the operation, it may take up to 6 weeks for the post-operative soreness of your shoulder to settle down. It is vital that you get your shoulder moving with the help of a physiotherapist after the operation; otherwise it will stiffen up again.

Is there anything I should look out for when I go home?

It is important you seek medical advice, if you experience any of the following

- A marked increase in pain
- A dramatic reduction in shoulder movement
- Redness or swelling around the wound
- An increase in wound leakage/discharge
- Flu like symptoms such as a high temperature and feeling unwell

If you are worried and require further information, please contact your GP or the hospital on one of the numbers listed at the back of this leaflet.

Will I have to wear a sling?

You may have your arm supported in a sling for 24 hours after your operation. This is for comfort only and is not there to stop you moving your arm. You need to move your arm as soon as possible ensuring adequate pain relief.

How will I sleep?

Sleeping can be uncomfortable if you try to lie on your operated side. We recommend you lie on your back or the opposite side. Pillows can be used to provide support and comfort.

When can I drive again?

People will vary as to how soon they are able to perform this task safely. We would advise you not to drive until you have enough movement and stretch in your arm to control the car safely.

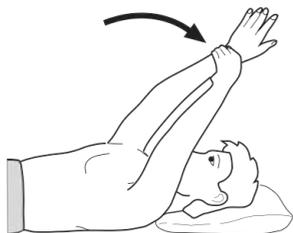
What exercises will I need to do after the operation?

The first 6 weeks following surgery are very important. Most of your recovery of movement happens during this time. You will be given exercises by a physiotherapist to begin stretching your shoulder immediately whilst you are still in hospital. Your exercises are important if you are going to get the most out of your shoulder after the operation.

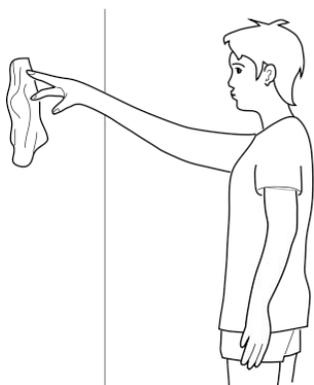
It is quite normal to experience aching, discomfort or stretching during and after your exercises but please be guided by your level of discomfort, you can do too much!

The following exercises are examples of exercises you can begin after the operation.

Try to do 5 repetitions of each exercise. Repeat every 2 hours if you can.



1. Lying on your back, use your good arm to help lift your operated arm up to the ceiling and behind your head as far as you can to stretch your shoulder.



2. Slide your hand up the wall as far as you can on a cloth to stretch your shoulder.

Use your other hand to help if you need to.



3. Slide your hand up the wall sideways on a cloth to stretch your shoulder outwards.

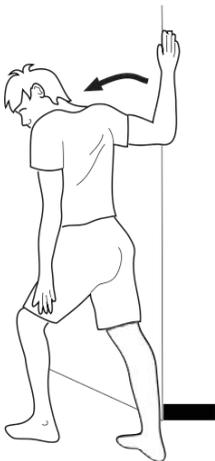


4. Lying on your back with hands behind your neck and elbows pointing towards the ceiling.

Move elbows apart and down to touch the floor/bed.

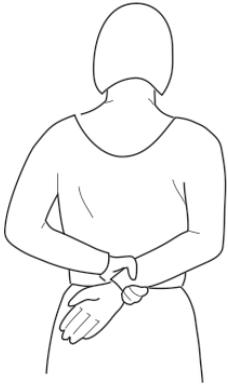


5. Stretch your operated arm over to the opposite shoulder by pushing at the elbow with your good arm.



6. Bend your elbow and support the forearm against a door frame or corner.

Rotate your body away from the arm until the stretching can be felt in the shoulder.



7. With arms behind your back grasp the wrist of your operated arm and gently pull it up your back.



8. Stand in a doorway with your elbow close to your body and bent at a right angle.

Place your hand against the wall and rotate your body away to feel a pull at the front of your shoulder.

Will I have to come for physiotherapy?

As already mentioned, you should be starting to stretch your shoulder immediately after the operation. You will also have frequent appointments to see a physiotherapist to help progress your exercises and monitor your progress. Initially, you will be attending for physiotherapy as often as 2-3 times a week to make sure your shoulder gets moving. As your movement progresses, you will be seen once a week.

Is that the end of my treatment?

You will be seen in the Orthopaedic Clinic at approximately 2 weeks and 6 weeks following your operation by a member of your surgeon's team. This may be your surgeon's specialist physiotherapist or occupational therapist to check your progress.

If you are worried about your shoulder, please contact a member of the Upper Limb Team. The telephone numbers are at the end of this booklet.

When can I resume my normal activities?

This depends upon your symptoms. Most people are comfortable by 6 weeks after surgery.

Most people feel able to return to light work (no heavy lifting) around 2-4 weeks following a capsular release. You may feel that if your work involves heavy/overhead work that you would return after 4-6 weeks.

Who should I contact if I have any concerns?

Physiotherapy Department: **0114 226 6457**

Mr Potter's secretary: **0114 226 6381**

Mr Booker's secretary: **0114 226 6381**

Mr Thyagarajan's secretary: **0114 271 4025**

Mr Ali's secretary: **0114 271 4025**

Day Surgery Unit: **0114 226 6010**

Should you have any concerns regarding your care whilst in hospital please discuss these with the nurse looking after you or the ward manager.



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