

**Your Stabilisation procedure**  
**Information for Patients**

This leaflet will provide you with general information about the anterior stabilisation procedure. It will briefly explain the operation procedure and provide guidance on the recovery process, including rehabilitation expectations.

**Background information**

The shoulder joint is a ball and socket joint. The shoulder joint's stability is dependant on the following:-

1. The labrum. This is a cartilage structure which increases the depth of the socket. If damaged the shoulder can become less stable.
2. The capsule and ligaments. These structures hold the ball and socket together. If stretched or torn the shoulder can become less stable.
3. The rotator cuff muscles. This group of muscles helps to maintain alignment of the ball in the socket during movement. If weak or damaged the shoulder can become less stable.
4. The bones. If the bones are damaged during dislocation they can stop moving smoothly against each other and shoulder can become less stable.

The procedure is performed to improve the stability of your shoulder joint by repairing the damage caused following recurrent dislocations or a traumatic dislocation.

A keyhole (arthroscopic) procedure is usually performed. A small telescope and instruments are used to help to avoid a big wound and complications associated with this. Two to three small cuts are made around the shoulder where the instruments and telescope with the camera enter the joint to perform the procedure. Occasionally, open surgery is performed to repair the labrum.

### **Long term benefits of stabilisation**

- Improved shoulder stability
- Pain relief
- Increased ability to perform functional activities

Recovery may take up to 6–9 months for full benefit. However, you should start to notice the vast majority of recovery within 6-12 weeks.

### **Ward Admission**

Bring limited items when you come into hospital as storage space is limited.

Try to avoid bringing large amounts of cash or valuable items.

You should bring the following items:

- Any medicines you take regularly
- Any walking aids you use
- Comfortable, loose clothes
- Nightdress/pyjamas
- Flat supportive shoes/slippers with back support – big enough to allow for your foot to swell a little
- Wash bag - soap, toothpaste, deodorant etc.

### **Consenting to the operation**

Before you have your surgery you will be seen by Mr Dattani who will discuss the operation with you. It is important that you understand why you are having surgery and all the risks associated with it. You will be asked to sign a form consenting to the surgery.

### **Anaesthetic**

You will be seen by an anaesthetist before your operation who will discuss different forms of anaesthesia. The operation is usually performed under general anaesthesia (fully asleep) and is supplemented with a nerve block (inter scalene block) this involves an injection of local anaesthetic to numb the nerves that supply the feeling and muscles around the shoulder. It greatly reduces the feeling of pain, and also makes the arm heavy until the block wears off. It reduces the requirement for pain killers after your operation.

### **What are the risks of having a Stabilisation procedure?**

All operations have risks both from the anaesthetic and the procedure itself. However most of these complications are relatively minor and easily treatable, but may mean you need to stay in hospital longer.

<b>Risks</b>	<b>Information</b>
<b>Pain</b>	The procedure involves moving soft tissues and removal of bone, which may be uncomfortable for up to 6 months afterwards.
<b>Bleeding</b>	A small amount of bleeding is inevitable with this operation. Very rarely you may develop significant bruising.
<b>Infection</b>	Sometimes a wound can become infected and show signs of inflammation (i.e. red, hot, itchy). This will require treatment with antibiotics.
<b>Scar</b>	The operation will leave two to three small scars around the shoulder. Poor wound healing may lead to thickened scars.
<b>Frozen Shoulder</b>	A restricted range of movement in the shoulder sometimes occurs. Physiotherapy, injections and sometimes further surgery can help.
<b>Nerve damage</b>	There are a number of important nerves in the tight area around the shoulder. Damage can cause symptoms of muscle weakness or numbness along the arm. This is an extremely rare occurrence.
<b>Open procedure</b>	If the surgeon is unable to reach the area with the telescope they may need to make a slightly larger cut. If you do not wish this to happen, you should discuss this with the surgeon.

### **After the Operation**

After the operation you will be taken to one of the recovery rooms and may have several drips attached with nurse supervision. You will be wearing an oxygen mask.

### **Pain Control**

The nerve block will wear off after 24-48 hours and therefore it is important to start taking your prescribed pain killers to control the pain. You should expect some pain and stiffness to continue for 6-12 weeks.

## **Ice**

When you go home you may want to use an icepack on your shoulder to try and reduce your pain and swelling; however you **must not** use an icepack if there is still numbness around your shoulder or you cannot feel any cold sensation. You should not use this for more than 10-15 minutes at a time. It is important that your wound does not get wet so make sure any icepacks you use are well wrapped up, i.e. with a tea towel.

## **Wound Care and Washing**

Your wound must remain dry until it has healed; reducing the risk infection. Your wound should heal within 10-14 days. You may take a shower and use an icepack as long as you keep the wound covered and dry with a waterproof dressing. Avoid the use of spray deodorants and powder near the scar. The nurses will discuss wound care with you prior to your discharge. The wounds are either closed with steristrips or stitches that require removing 10-14 days post operatively. This will happen at your first clinic appointment.

## **Sling**

You will be given a body belt sling to wear for 2 weeks. This must be worn 24 hours a day: Excluding taking the arm out to wash and regularly exercise the arm. After 2 weeks you can wean out of the sling as comfort allows.

## **How do I get dressed?**

It is easier to use front button shirts and pull-up trousers with an elastic waistband in the first few weeks. When dressing put the operated arm into sleeves first and when undressing take the un-operated arm out first, followed by the operated arm.

## **Armpit Hygiene**

To wash under your arm lean forward slightly while your arm is out of the sling as if you were doing the elbow straightening exercise. Lean forwards slightly so that your arm hangs slightly away from your body. You should then be able to wash and apply deodorant.

## **Follow-up appointments**

### **Week two** - Shoulder physiotherapist and dressings nurse

Your home exercise programme will be checked, as will your wound and if needed stitches removed. A physiotherapy referral will be made if appropriate.

### **Week six** – Mr Dattani

The progress of your rehabilitation will be checked and changed if necessary.

### **Week twelve** – Mr Dattani

This is a review to ensure a good recovery has been made and no further treatment is needed.

If all goes well you will not need any further appointments. If your progress is slower than anticipated further appointments will be arranged to ensure your recovery is as good as it can be.

## **How will I progress and what should I avoid doing?**

### **Day 1 until follow up at 2 weeks**

- Body belt: wear for two weeks only removing for showering and to regularly exercise your arm and shoulder.
- Shower: when showering keep your arm by your side
- Exercise: do not move your shoulder apart from performing gentle pendular exercises and moving your hand from resting on your stomach to a pointing forwards position.

Start moving your neck, elbow, wrist and hand, and complete the below exercises.

You may find that your whole arm becomes slightly swollen and stiff, particularly if you do not move it. To prevent this happening you should do the following exercises 10 times 3-4 times a day from day 1.

- Avoid:** - Any movements and exercise that cause pain or apprehension  
- Lifting objects with your operated arm



## Hand & Wrist Exercises

Keep clenching your hand into a fist and then straightening your fingers  
With fingers straight move them wide apart and then back together  
Move your wrist round in circles



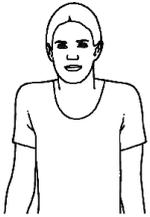
## Elbow Exercises

With operated arm out of the sling, fully straighten and then bend your elbow. Use your other arm to help if necessary.  
With you arm bent to 90° turn your forearm so that the palm of your hand faces up and then down.



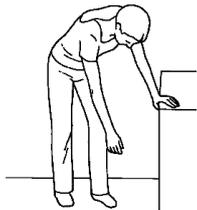
## Neck Exercises

Do not let your neck become stiff. Slowly turn your head from side to side and then tilt it each side.



## Shoulder Blade Squeezes

To prevent your shoulders becoming hunched post-op pull your shoulder blades together, hold for 5seconds and then relax.



## Shoulder – Pendulum Exercises

While standing let your operated arm swing down by your side. Gently swing your arm in circles, side to side and then forwards and backwards.  
Use this position to wash in your armpit.

### 2 – 6 weeks

Exercise: You will be given guidance on increasing your range of movement passively and starting to strengthen your shoulder muscles in a static position  
Do not lift your arm above 90 degrees in front of you or turn your arm out beyond your hip until 4 weeks

### 6 – 8 weeks

Exercise: You will be given guidance on increasing your shoulder range of movement actively.

You are still advised not to lift anything with your operated arm.

### 8–12 weeks

Exercise: You will be given guidance on maintaining your shoulder range of movement, increasing your muscular strength, stability and endurance in different functional positions.

At this stage you will start to gradually return to functional activities, i.e. light work or household duties, lifting light objects.

### **12–20 weeks**

You should be working on;

- Restoring full movement, strength and endurance of the shoulder
- Gradually returning to strenuous work activities
- Gradually returning to recreational and sport activities

### **When will I be back to normal?**

#### **Returning to work**

The speed at which you can return to work is entirely dependent on the job you do. For rough guidance we advise:

- 2 weeks off for light/sedentary work
- 4-6 months for manual occupations or sustained overhead postures.

#### **Driving**

If you normally drive, you can start driving again after 6 – 8 weeks dependent on pain levels, range of movement and strength in the arm and shoulder. You should not start driving until you feel you have enough movement and strength in your arm to drive safely and once you have consulted with your insurance company.

#### **Returning to sport**

The following are rough guidelines and you should discuss with the physiotherapist at the 2 week follow up before undertaking any sport.

- Swimming – Breast stroke 6 weeks and freestyle 3 months
- Throwing or overhead athletic activities – 4 months
- Racquet and non-contact sports – Competitive at 4 months, avoid overhead activities in sports for 3 months
- Contact sport – 6 – 8 months providing adequate strength regained.