

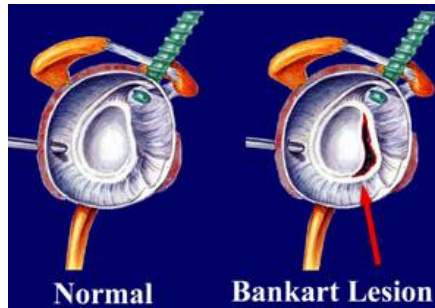
Shoulder Arthroscopy Information Pack

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GENERAL INFORMATION

The shoulder joint is a shallow ball and socket joint connecting the upper arm (humerus) to the body. The ends of the bones are covered by cartilage which allows the joint surfaces to glide smoothly (like the inside of a non stick frying pan). The ball part of the joint is called the humeral head whilst the shallow socket is the glenoid and is part of your shoulder blade (scapula) . The shallow socket allows the shoulder to move easily in all directions and is reinforced by a structure known as the labrum. It is best to think of this like a reinforcing tyre around the socket. The labrum will often tear after a dislocated shoulder and may then not be able to help keep the shoulder in joint if the arm goes into certain positions. Shoulder movement is controlled by the rotator cuff muscles which can be torn after a fall onto the shoulder. This can lead to pain and weakness of shoulder movement and in extreme cases stiffness. Injuries to the labrum or rotator cuff can be assessed and repaired using arthroscopic surgery.

WHAT IS ARTHROSCOPIC KEY-HOLE SURGERY ?

Arthroscopy is used to confirm and treat many causes of shoulder and mechanical symptoms without making a large incision. Generally speaking 2 to 3 small cuts are made to insert a thin telescope-like instrument attached to a video camera and other small surgical instruments. The joint is expanded with fluid to make visualization of the joint easier. Once the procedure is complete the small cuts are closed with dissolving stitches and approximated with tape. The shoulder is dressed with a bulky dressing and an elastic bandage is applied.

PRE-ADMISSION INFORMATION

You should not eat or drink anything after midnight prior to the day of surgery.

The shoulder should not be shaved as this may increase the risk of infection.

You should purchase hair removing cream like **NEET or NAIR** in order to remove any arm or chest hair on the side to be operated on. This is done the evening before surgery. Please be careful to follow the manufacturer's instructions prior to use. **PLEASE DO NOT REMOVE HAIR FROM YOUR ARMPIT**

Wash your shoulder and chest at home on the morning of the operation with the antiseptic sponge provided.

A sponge with antiseptic wash (betadine or chlorhexidine) should have been provided to you at your last outpatient appointment. If you did not receive this or have mislaid it please contact the clinic for a replacement. Make sure you are not allergic to either one.

DISCHARGE INFORMATION

Unless specified the procedure will be performed as a day case

-you may have stay over night if live more than an hour from the hospital

You should have someone to drive you home and spend the night with you.

- this is for your own safety.

WARNING SIGNS:

Call your doctor/ GP/ A&E if you have any of the following:

Chills or fever above 38 degrees centigrade.

Excessive bleeding through the dressing

Undue pain in-spite of rest, icing and pain-killers

Numbness, or discoloration of the arm or hand (pale or blue)

Pain: Some pain should be expected. This is reduced by injecting some freezing (anesthetic) into the joint during surgery and by prescribing some pain-killers. If the pain-killers make you unwell notify your doctor.

Ice packs can also control pain and swelling. This is done for 15 –20 minutes every hour for the first 24 hours. Crushed ice or a bag of frozen peas should be wrapped in a thin damp towel before applying around the shoulder joint. You should sleep on your back or on the non-operated side.

Wound Care: Remove the bulky dressing after 24-48 hours. The sticky dressing on your skin stays on until your first appointment following surgery, approximately 2 weeks after your operation. Some oozing into the dressings is normal.

Diet: You are permitted to have some fluids soon after surgery and can resume normal eating habits when you feel able to do so. Some pain-killers cause constipation. This can be avoided by drinking plenty of water (6-8 glasses per day) and including high fibre in your diet.

Showering: You can have a light shower 24-48 hours after surgery over the sticky dressings. Avoid soaking in the tub or swimming pool.

Activity: Your arm will be in a sling after the operation, you will be advised how long that this needs to be worn. You will be given details with regard to your physiotherapy regime.

Remember undue pain not eased with simple pain killers is a warning sign.

Activities of Daily Living: Ask your doctor regarding when you may return to work, driving and sport.