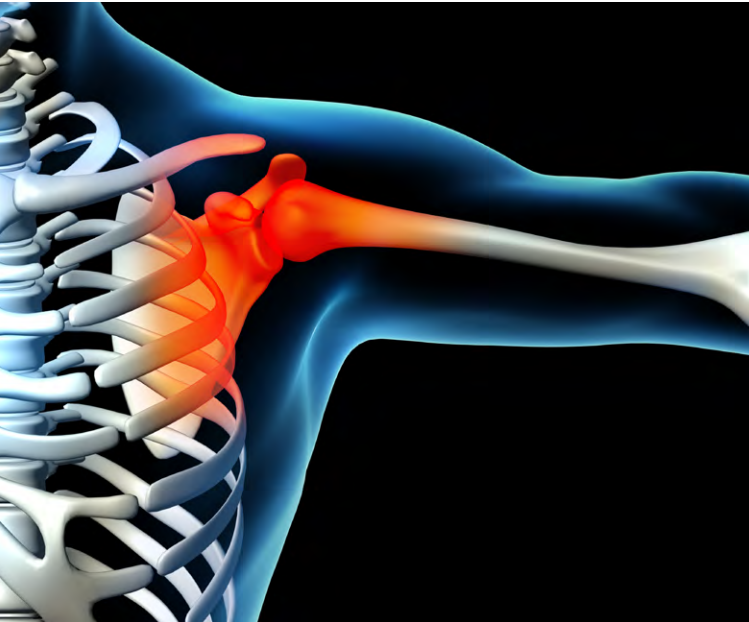




SPORTS SURGERY CLINIC

*Specialists in Joint Replacement, Spinal Surgery,
Orthopaedics and Sport Injuries*



Arthroscopic Capsular Release

Ms. Ruth Delaney
Consultant Orthopaedic Surgeon



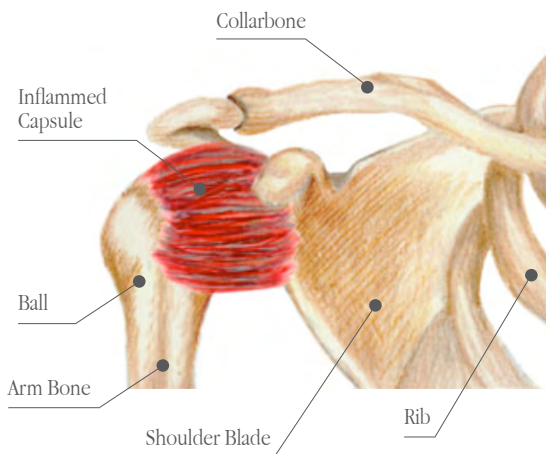
Introduction

Capsular release surgery is performed when there is significant shoulder stiffness and pain due to adhesive capsulitis, or frozen shoulder. This can be primary or idiopathic (i.e. with no known cause) or secondary to shoulder surgery or trauma. In either case, it is an inflammatory process in the capsular tissue and ligaments around the shoulder that causes them to become thickened and inflamed. The initial approach to treatment involves anti-inflammatory medications, corticosteroid injections, in some cases oral steroids for a very short period of time, and in many cases gentle physiotherapy. If these measures fail, then capsular release surgery may be appropriate.



Prior to your capsular release surgery, it is very important that you set up your physiotherapy appointments in advance and have them scheduled to start the day after your discharge from the hospital.

You will typically stay one night in the hospital after surgery to facilitate immediate physiotherapy and shoulder motion while in hospital. Therefore, you should book your first post-operative physiotherapy appointment for day two after surgery. You will be sent home with a detailed physiotherapy prescription for you and your physiotherapist to follow. You need to attend physiotherapy 5 times the first and second weeks, then 4 times a week for the next week, then 3 times, and then once to twice a week depending on your progress. You will have a home exercise programme to follow daily. The success of your capsular release procedure depends in large part on your immediate post-operative rehabilitation.



Arthroscopic Capsular Release Surgery

The surgery is performed under general anaesthesia. This is an arthroscopic (“keyhole” surgery), with a number of small, 5mm incisions. The thickened, inflamed capsular tissue is divided and released, using a combination of small instruments. Inflamed tissue within the shoulder joint (synovitis) is removed. If there is severe inflammation of the biceps tendon, as is commonly found, the tendon may also be released from within the joint (biceps tenotomy). The space above the shoulder joint and under the point of the shoulder, called the subacromial space, may also have some inflamed tissue or bursitis, and this will also be removed if found.

Risks

There is a very small risk (<1%) of bleeding, infection, damage to nerves, or shoulder stiffness. You will be given antibiotics by the anaesthetist at the beginning of surgery to minimise the risk of infection.

Post-operative Care

Pain Control

It is normal to have some swelling around the shoulder and some discomfort or pain after surgery. As the fluid used during surgery to expand the shoulder joint is gradually reabsorbed by your body, the swelling will decrease over 2-3 days after surgery. The post-operative pain should be controlled by pain medicine and ice. Apply ice, in the form of ice packs or crushed ice/frozen peas wrapped in a damp cloth, to the shoulder frequently (approximately 20 mins at a time, at least 2-3 times a day). It is important to have good pain control to allow you to participate fully in your post-operative rehabilitation.

Sling

You will be placed in a basic sling or collar and cuff at the end of your surgery. This sling is for comfort only and should be discarded as early as possible. Shoulder motion is strongly encouraged. The arm can be used normally for activities of daily living. The physiotherapist will work with you in the hospital immediately after your surgery to begin gently moving the shoulder in order to maximise gains in motion achieved at surgery.

Wounds

There will typically be a number of small incisions about the shoulder, covered by waterproof dressings. Leave the waterproof dressings in place for 10 days to allow wound healing. You may shower 72 hours (3 days) after surgery, but do not soak the shoulder in the bath or go into a pool until after cleared to do so at your follow up appointment with Ms. Delaney. Skin stitches are absorbable and do not need to be removed.

Follow up Appointments

An appointment will be made for you to see Ms. Delaney approximately 2 weeks after surgery.

Ring the office at 01-526 2335 to confirm this appointment.

Rehabilitation

See above. Physiotherapy will commence immediately after surgery. Once your wounds have healed at about 2 weeks post surgery, you will be strongly encouraged to do your shoulder exercises in a swimming pool, as this has been found to be very beneficial for stiff shoulder problems.

Driving



You must not drive while in the sling or while taking narcotic pain medication. Ms. Delaney will advise when you may begin driving.

Return to Work

Return to work depends on the nature of your occupation. You need to discuss this with Ms. Delaney. Physiotherapy needs to be a priority in the first two weeks after surgery and it is usually advisable to be off work for this period of time.

Return to Work

Return to leisure activities and sports will depend on the type of sport and your rehabilitation progress. Ms. Delaney and your physiotherapist will advise you on the timing of your return to sport. Once you have regained full, comfortable shoulder range of motion, you can resume strengthening exercises for your shoulder and gradually return to leisure activities involving the shoulder.



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