

# **Arthroscopic plication stabilisation of the Shoulder**

## **The Operation rationale.**

When a shoulder dislocates (comes out of joint) or subluxates (partly comes out of joint) the capsule (lining of the joint) stretches. This is seen more commonly with people with lax joints. We call it multidirectional instability if it is unstable in more than one direction. Here there is no labral damage but a stretched capsule.

The stitches are meant to reduce the volume of the joint and tighten the capsule.

## **General Advice**

You will usually only be in hospital for a day or overnight.

A doctor/physiotherapist will see you before you go home. You will be given exercises to do after the procedure.

An outpatient physiotherapy appointment will be arranged before you are admitted to hospital. The post operative physiotherapy programme plays an essential part in your recovery.

You will be able to drive and return to work as soon as you feel able but you should avoid overstretching your shoulder for six weeks.

## **Complications**

As with all surgery there is a risk of some complications. These are rare, but you should be aware of them before your operation. They include:

Complications relating to the anaesthetic.

Infection., Stiffness, Restretching of the capsule. This may mean that the procedure needs to be repeated. And Nerve damage. This is very rare.

If you require further information please discuss with the doctors either in clinic or on admission.

## **Guidelines for patients following Capsular Plication stabilisation of the shoulder.**

### **Introduction**

When the shoulder dislocates (Comes out of joint) or subluxates (partly comes out of joint), the lining (capsule) of the joint can become stretched. Using stitches in the capsule (the covering of the joint), the capsule of the joint can be shrunk so that the joint can be restabilised. This mechanically tightens the joint and makes the sensory mechanism within the joint more sensitive so that the muscles respond earlier to stabilise the joint.

## General guidelines

### Pain:

A nerve block may be used during the surgery, which means that immediately after the operation the shoulder and arm often feel completely numb. This may last a few hours. After this the shoulder may well be sore and you will be given painkillers to help whilst in hospital, which you should continue to take at home if necessary. Ice packs may also help reduce pain.(ask the surgeon or physiotherapist).

### Wearing a Sling:

You will return from theatre with your arm in a sling. The arm should be rested in the sling until the majority of the soreness has settled. This should only take a couple of days. However it is important that you start moving the arm and using it for daily activities as soon as possible. You should avoid forcing the shoulder and stretching it for the first six weeks.

### The Wound:

This is a keyhole operation usually done through two or three small 5mm puncture wounds. There will be no stitches only small sticking plaster strips over the wounds. These should be kept dry until healed. This usually takes four to seven days.

### Driving:

You may drive as soon as you feel able and can manage all the controls safely.

### Returning to work:

You may return to work as soon as you feel able.

### Leisure activities:

These can be resumed when you feel able but you should avoid activities, which may stretch your shoulder for at least six weeks.

### Follow up appointments:

You will have an appointment with the physiotherapist and a follow up appointment will be made at The Reading Shoulder Unit at three weeks. Here you will be seen by either the doctor or specialist physiotherapist, to assess your progress.

## **Exercises:**

These are an important part of the procedure, re-educating the muscles around the shoulder and stabilising the joint. Your physiotherapist will guide you through the exercise programme. It is essential that this be carried out regularly.