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Patient Information Sheet Capsular Release for Frozen Shoulder (Adhesive Capsulitis)

What's the problem?

Frozen shoulder is an inflammatory condition of the shoulder, that is broken into three phases. In the first PAINFUL phase, an acute inflammatory reaction causes an overwhelming pain response in the shoulder. It can be triggered by relatively innocuous events such as minor trauma. The second or FROZEN phase sees a reduction in pain, but a really stiff shoulder. The final THAWING phase occurs over a number of months or years, and sees a gradual increase in range of motion. Conditions such as diabetes worsen



How can you treat it?

The natural history without treatment of Frozen Shoulder is to gradually get better, over a long period of time – at least 2 years. Some interventions can help speed this process up. The include a steroid injection into the shoulder, or alternatively a procedure called a hydro-dilatation. This involves the injection of saline into the shoulder at pressure, until the shoulder capsule is released. It can be very uncomfortable to withstand, but has some variable benefits in reducing pain and stiffness in the shoulder.

The Operation:

An arthroscopic capsular release is keyhole surgery. A camera is inserted into your shoulder. The scar tissue surrounding the shoulder and enveloping the rotator cuff tendons is inspected and released. In total you will have 3-4 incisions of 1cm length surrounding the shoulder. A manipulation of the shoulder is performed at the end to confirm an improved range of motion.

The Anaesthetic:

You will be asleep for the duration of the operation (ie a general anaesthetic). The anaesthetist will talk to you about a nerve block before the operation, which helps with pain relief and generally lasts 24-48 hours. This is normally done while you are sedated/half asleep just prior to the operation.

What are the Risks of this Operation?

• <u>Stiffness:</u>

Whilst a capsular release can improve your range of motion and pain significantly, you may not return to your previous level of mobility immediately. Physiotherapy after your operation will help to improve your outcome.

These notes have been prepared by Mr Simon Lau. They are general overviews and information aimed for use by his patients. They reflect Mr Lau's views, opinions and recommendations. They do not constitute medical advice. The contents are provided for information and education purposes only. Please seek Mr Lau's specific advice with any questions regarding medical conditions and treatment.



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• Infection:

If it occurs, will usually only be a superficial wound infection to the top most layer of the skin. It is very rare after arthroscopic surgery (less than 0.2%)

Benefits:

Most patients have a significant improvement in their pain and range of motion after surgery. Further gains in range can be achieved with ongoing physiotherapy, and as the frozen shoulder continues to thaw.

What can I expect?

You will wake up with your arm in a sling after your surgery. If you have had a nerve block, you shouldn't feel any pain till the next day. The nurses will provide you pain relief and the next morning a physio will see you to go through some exercises you can do to mobilise your shoulder. These exercises will change over the next few months but you should try to do them regularly to maximise your rehabilitation.

Most patients stay overnight in hospital after surgery, before going home. A number of allied health staff (physios, occupational therapists) will make sure you have adequate support at home before discharge. An appointment will be made for you for a wound check at 2 weeks, and another appointment with Mr Lau at 6 weeks.

What should I avoid doing?

There are no significant restrictions after a capsular release. In the first two weeks, you should use a sling for comfort only. Ongoing exercises with your physiotherapist should help maximise your range of motion gains.

Return to ...?

- <u>Work:</u> depends what you do. Desk based work can be done from 2 weeks post operatively, if you can do these tasks single handedly. Otherwise generally 6-8 weeks before you can use both hands freely whilst seated, and return to more manual work.
- **Drive:** in Australia, you can't drive unless you are in full control of both your arms. Therefore, whilst you're in a sling, you cannot drive. Generally 6 weeks post operatively.
 - **<u>Sports/Hobbies</u>** (may vary depending on the size/nature of your rotator cuff tear):
 - Gentle swimming: after 6 weeks
 - Gardening (light tasks only): 6 weeks
 - o Golf, tennis: after 3 months

Concerns or Questions?

If you have any concerns post operatively, or you would like further information, please contact Mr Lau through the VBJS on 03 5752 5020 or via email at <u>admin@vbjs.com.au</u>

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