

# Your hydrodilatation for frozen shoulder at The Royal Bournemouth Hospital



This leaflet from the Orthopaedic Department has been designed to answer any questions you may have

**Please bring this booklet into the hospital with you**

# Introduction:

This booklet tells you about having a hydrodilatation for frozen shoulder at the Royal Bournemouth Hospital. It is intended to be for patients who have decided to have the procedure after discussing the options, benefits and possible risks with their consultant or surgeon.

We have developed this guide to help answer any questions you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits, so please bring it with you.

This booklet is a general guide and there may be alterations in your management made by your surgeon or therapist. These alterations should take priority.

All members of the orthopaedic and radiology teams are committed to providing you with the highest standard in care and we look forward to welcoming you.

This guide belongs to:

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Your orthopaedic consultant is:

.....

Appointment Dates:

Surgery: .....

Follow up: .....

Other: .....

Pre-operative range of movement  
(staff use only)

	Flexion	Abduction	External rotation	Internal rotation
Pre op				
Post op				

We encourage your questions and enquiries;  
please write them here to ask at your next meeting

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# Your surgery

## What is this operation for?

This procedure is used for people who have a stiff shoulder and have difficulty moving their arm in its normal way. Most people will have been diagnosed with adhesive capsulitis otherwise known as a 'frozen shoulder'. In this condition, the capsule of the shoulder joint becomes tight and inflamed.

If physiotherapy and exercises fail to improve the movement of the shoulder, then a hydrodilatation may be offered to regain the movement that has been lost.

The aim of this procedure is to increase your movement and function so that you can return to normal activities.

## What is involved?

Hydrodilatation is a procedure that aims to improve the movement of the shoulder joint and decrease pain in the shoulder. It involves stretching the capsule of the joint by injecting a mixture of sterile saline and local anaesthetic.

Traditionally steroid has been injected into the joint at the same time to reduce pain and inflammation after the procedure. However due to concerns of the safety of using steroids throughout the Covid-19 pandemic, we will discuss the pros and cons of steroid use during the procedure with you, using the most up to date evidence and national guidance.

## Who will be doing the procedure?

A specially trained doctor known as a radiologist performs the procedure in the x-ray department using x-ray or ultrasound guidance to ensure the injection is accurately placed. They most commonly use ultrasound. The procedure will vary slightly according to which doctor you see, but the underlying aim remains the same.

## The procedure

### • X-ray guidance

You will be asked to lie on your back or front with your arm extended out to the side. Your skin will be cleaned and your shoulder covered with a sterile drape.

The radiologist will then inject your skin with local anaesthetic to numb the area. A fine needle will be introduced to the surface of the shoulder joint under x-ray guidance and a small volume of x-ray dye (contrast iodine) will be injected to ensure correct positioning.

### • Ultrasound guidance

Under certain circumstances the procedure is performed under ultrasound guidance. This is similar to a pregnancy scan where they will apply a gel and then the ultrasound head. You will be sat on a chair and they will use the ultrasound to guide the injection into the correct position into the back of your shoulder.

Around 20-30ml of saline and local anaesthetic will then be injected through the same needle to stretch the joint capsule.

## What can I expect to feel during and after the procedure?

The initial injection numbing the skin will feel like a sharp scratch. Once the area is numb you should feel very little. There may be a sensation of pushing and pressure. If you feel discomfort you must tell the doctor. Occasionally people have described a feeling of excess fluid in the shoulder. These symptoms should resolve within a few hours.

## What should I do prior to the procedure?

Please take your normal pain relief medicine one hour prior to your procedure. On the day of your procedure, please inform the nurse or doctor of any allergies you may have.

# Understanding the risk

Where we discuss risk with you we will use the following terms:

Term	People affected	Equivalent
Very common	More than 1 in 10	A person in a family
Common	Between 1 in 10 and 1 in 100	A person in a street
Uncommon	Between 1 in 100 and 1 in 1,000	A person in a village
Rare	Between 1 in 1,000 and 1 in 10,000	A person in a small town
Very rare	Fewer than 1 in 10,000	A person in a large town

## Risks of procedure

The procedure is completed under local anaesthetic so you will be awake during the procedure. Before going ahead with any procedure it is always important to know and understand the risks. Your consultant or member of their team will have discussed these risks with you prior to listing you for the procedure.

### Common

- Bleeding - you must inform the x-ray department immediately if you are taking any blood thinning medications such as Warfarin, Dabigatran, Apixaban, Rivaroxaban, Tinzaparin, Enoxaparin or Dalteparin, as this will increase your risk of bleeding.

### Uncommon

- Infection - there is a very small risk of infection, as with any joint injection. If your shoulder becomes swollen, painful and reddened, or you feel unwell and feverish, then you must attend your nearest hospital Emergency Department to ensure you have not developed an infection.

If a joint infection occurs it will need treating in hospital urgently, possibly with a joint washout and a course of intravenous and oral antibiotics.

### Rare

- Allergic reaction - there is a risk of severe allergic reaction or anaphylaxis to the iodine contrast

## Covid risk

As already mentioned, there is also an additional Covid risk with having a steroid injection. A member of our team will go through the Covid risk assessment to identify your own level of risk, so you can decide whether you would like the injection or not.

## What is the success rate?

Nationally there is a reported success rate of over 70% in improving the movement of the shoulder and over 90% in improving pain. Some people may get immediate relief, but for others it can take several weeks to achieve the full benefit. It is important to stress that improvement will only be achieved if accompanied by physiotherapy following the procedure.

# After your procedure

## What happens after the procedure?

Some people do have moderate discomfort, which can last for thirty minutes after the procedure. You may get some bruising where you had the injection and the numbness of the skin will last for several hours. You will stay in the x-ray department for 15-30 minutes before you are discharged home.

Most people will feel completely back to normal after 24 hours and are usually back to work the next day.

Please bring along someone to drive you home after the procedure as we advise that you don't drive or operate heavy machinery for the rest of the day following the procedure, as you may not be insured.

## Physiotherapy

Following the procedure you need to complete the following exercises. You will need to start these exercises as soon as possible and continue with them at home. An outpatient physiotherapy appointment will be arranged for you soon after your return home. If you have not heard from physiotherapy within two weeks of your procedure, please contact orthopaedics on 0300 019 6223.

You should complete all of the following exercises every two hours during the day until you attend your outpatient physiotherapy appointment. These exercises can be a little uncomfortable so you may wish to do these after you have taken some pain relief medication.

It is essential to continue with the exercises to maximise the improvement in your movement.

### Exercise 1: pendulum exercise

Lean forwards with your good arm supporting you on a table. Let your operated arm hang down and relax. Swing your arm forwards and backwards 10 times, side to side 10 times and in a circle 10 times. This can be repeated more if comfortable. Gradually increase the size of the swing/circle.



### Exercise 2: assisted flexion

Lying on your back, support your operated arm with your other arm and lift it over your head. Try not to arch your back. Hold for 5 seconds. Repeat this five times as far as is comfortable.

### Exercise 3: assisted abduction

Standing up, hold onto the ends of a long stick (a walking stick, a broom handle, a golf club or a long umbrella could be used). Use your 'good' arm to push the stick and your operated arm out and up away from your side. Repeat this 10 times as far as is comfortable.



### Exercise 4: capsule stretch (1)

While sitting or lying on your back, place your hands behind your head. Gently stretch your elbows backwards. Hold this stretch for 30 seconds and repeat three times.



## Exercise 5: capsule stretch (2)

While sitting or standing, take the hand of your operated arm across your body towards the opposite shoulder. Give gentle assistance from your other arm. Hold this stretch for 30 seconds and repeat three times.

## Exercise 6: capsule stretch (3)

Standing up, try to get your operated arm behind your back. Try to assist with your good arm to get your other arm as far up your back as possible. Hold this stretch for 30 seconds and repeat three times.



## What happens when I go home?

### Outpatient physiotherapy

We will arrange an outpatient physiotherapy appointment for you at the hospital closest to where you live. This appointment is very important as they will measure how much movement you are achieving in your shoulder after the procedure. The physiotherapist will progress your exercises and assist you in your recovery. You will be required to attend a few physiotherapy appointments and continue your exercises regularly between these sessions.

### Clinic review

You will receive an appointment through the post for a review with your consultant or a member of their team. We would like to see you 6 weeks and 12 weeks post procedure. We will ask you to fill out some questionnaires each time to review your progress.

### What if it fails?

If your shoulder does not improve, we can discuss further options with you at your clinic reviews. The other options may include a keyhole surgical release (arthroscopic capsular release) or MUA (manipulation under anaesthetic).

# Contacts

## Cancellation

If you are unable to attend your appointment, please contact us immediately so that we can offer your appointment to another patient..

## Useful Contacts

Royal Bournemouth Switchboard: **01202 303626**

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Orthopaedic inpatient physiotherapy: **0300 019 6223**

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Radiology Bournemouth Hospital: **0300 019 4286**

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t: 01202 303626 w: [www.uhd.nhs.uk](http://www.uhd.nhs.uk) : @UHD\_NHS : @UHDTrust : @uhd\_nhs



Addressograph

# Shoulder manipulation under anaesthetic acknowledgement of understanding

I have read and understood this booklet with information regarding shoulder manipulation under anaesthetic. This includes:

- Risks to this surgery
- What to expect before my surgery
- What to expect from my surgery
- What to expect after my surgery
- Exercises and after care

Signed: .....

Date: .....

This sheet will be stored in your medical records before your surgery