



University Hospitals Dorset
NHS Foundation Trust

Your anterior shoulder stabilisation at University Hospitals Dorset (UHD)

Introduction:

This booklet is about having an anterior shoulder stabilisation at UHD.

This guide will explain what will happen before, during, and after your surgery. Please bring it with you to the hospital.

This is a general guide. Your hospital team might change your treatment. If this happens, follow their advice instead of what is in the guide.

Educational information

What is this operation for?

This surgery is needed if your shoulder keeps slipping out at the front. Doctors call this an anterior dislocation. The shoulder may also feel loose and unstable. It often happens after an injury or fall.

The shoulder is a ball-and-socket joint. Strong tissues, called ligaments and cartilage, hold it in place. If the shoulder slips out at the front, these tissues can stretch or tear. The bone at the front of the joint may also get damaged. This can cause pain and make the shoulder come out again.

The aim of the operation is to make the shoulder stable. This should reduce pain and lower the chance of another dislocation.

The surgeon may:

- repair the soft tissues at the front of the joint
- fix or smooth the bone at the front of the socket to improve stability

Risks of surgery

All operations carry risks. Your surgeon will explain these to you before your procedure..

Common risks (2-5%)

- scarring
- pain
- bleeding
- stiffness or loss of movement

Less common risks (1-2%)

- the shoulder may still dislocate or partly dislocate (subluxation)
- infection
- reduced shoulder function
- problems with implants or anchors used in the repair

Rare risks (<1%)

- injury to nearby nerves or blood vessels
- raised or thick scars (hypertrophic or keloid)
- delayed wound healing

Very rare risks (<0.1%)

- ongoing pain
- complex regional pain syndrome (CRPS), which causes severe and long-lasting pain
- blood clot in the leg (deep vein thrombosis (DVT))
- stroke
- heart attack (myocardial infarction)
- death (extremely rare)

There are also risks linked to the anaesthetic. Your anaesthetist will talk to you about these before your surgery.

Before your surgery

Pre-assessment appointment

You will need a pre-assessment before surgery. We cannot give you a surgery date without this. We will send you the details.

The appointment may take a few hours. A nurse or therapist will check if you are fit for surgery.

Please bring:

- **a list of all medicines you take and their doses (include herbal or over-the-counter medicines)**
- **a note of any allergies**
- **a list of past operations**

Sometimes you may need more tests. If so, we will explain why. You may also need another appointment.

Once we know you are fit for surgery, we tell the admissions team. They will contact you when a date is free.

Actions to take before your surgery

There are things you can do to prepare once you are on the list for surgery. These will help your operation go smoothly and support your recovery.

Planning ahead

Think about how you will manage at home after surgery. This is very important if you live alone. Some daily jobs, such as cooking or cleaning, may be harder at first. Try to fill your freezer with simple meals you can heat up. This will make life easier while you heal.

If family or friends can stay with you, or visit often, it will help. They can support you with housework and daily tasks. Having support can also make recovery feel more positive.

Stopping smoking

Smoking can slow down healing and increase the chance of problems after surgery. If you stop smoking, you lower the risks linked to the anaesthetic. Stopping also improves the results of your operation and your long-term health.

If you would like help to stop smoking, speak with your pre-assessment nurse or your GP.

Weight management

Your weight can affect your safety during and after surgery. A healthy weight makes problems less likely.

Body mass index (BMI) is one way to check if your weight is right for your height. If your BMI is high, there is a greater risk of serious problems during or after surgery.

If you want to lose weight before your operation, speak with your pre-assessment nurse or your GP.

What to do if you are unable to attend your surgery date?

If your surgery date doesn't suit, please contact us as soon as possible. This allows us to reschedule and offer the slot to someone else. Call the admissions team on **0300 019 4919**.

Day of surgery

Day of surgery

Eating and drinking:

You must have an empty stomach for surgery. If you eat or drink too close to the operation, you could be sick. This can harm your lungs.

Your surgery may be cancelled if you do not follow the instructions.

Only stop medicines if the pre-assessment team told you to. Take all other morning medicines as normal, with a small sip of water.

Do not drink alcohol for 24 hours before surgery.

Arrival at the hospital

You will come to hospital on the same day as your surgery. Your letter will tell you where to go and what time to arrive.

When you arrive, a nurse will check you in. They may take your blood pressure and sometimes a blood test.

The surgeon will see you before surgery. You can ask any questions.

Before surgery, you will change into a hospital gown. You must remove piercings, jewellery, glasses, false nails, and dentures.

Your surgery

The anaesthetic

Before surgery you will meet the anaesthetist. They will explain the anaesthetic. They will check it is safe for you and answer your questions.

For shoulder surgery you will have a general anaesthetic and a nerve block. The nerve block is an injection near your collarbone. It makes your arm numb from shoulder to hand for up to 24 hours.

After surgery your arm may feel numb and weak. Be careful not to knock or injure it while the block wears off.

The surgery

The surgeon will make small cuts around your shoulder. A thin tube with a light and camera (arthroscope) goes into one cut. This lets the surgeon see inside the joint. Through the other cuts, they use tools to repair or tighten the tissues.

If the damage is worse, a larger cut may be needed. Sometimes, a piece of bone is added to the front of the shoulder to make it stronger. This is called a **Latarjet procedure**.

Closure and dressing

After the surgery the cuts will be closed with stitches or strips. They will then be covered with a dressing.

Straight after the surgery

You will be taken to the recovery area. A nurse will stay with you the whole time. They will check things like your blood pressure, heart rate, and oxygen levels. If you feel sick or have any pain, tell the nurse. They can give you medicines to help this. Once your nurse is happy you have recovered, you will be moved to the ward.

We hope you will be able to go home the same day as your surgery.

After your surgery (in hospital)

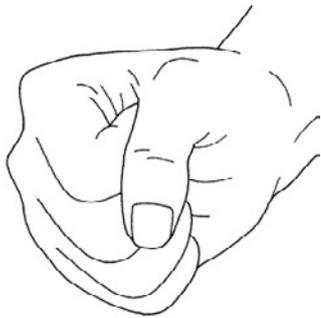
Will I have a sling?

You will return from theatre in a sling. Wear your sling for as long as your surgeon and physiotherapist tell you. This is usually for three weeks. When you are in the sling, keep your forearm supported. Don't let your hand hang lower than your elbow. You can take it off to wash, dress, and do your exercises. You should wear the sling the rest of the time. This includes in bed. The sling helps support your arm and stops your shoulder from moving too much. When your arm is out of the sling, keep it by your side. This is so your shoulder can heal.



What exercises should I do?

After your surgery, a physiotherapist will see you. Doing your exercises is important for your recovery. Try to complete them at least four times a day, unless told otherwise..



Exercise 1: Wrist and hand

Make a fist, then straighten your fingers. Repeat 10 times every hour.

Exercise 2: elbow bend and straighten

Take your arm out of the sling. Keep your elbow by your side. Bend your elbow, bringing your hand towards your shoulder. Then straighten it again. Repeat 10 times.



Exercise 3: neck stretch

Look forward. Gently lower your right ear towards your right shoulder. Hold for 5 seconds, then return to the start. Repeat on the left. Do 3 times each side.

Exercise 4: arm lift in front (assisted)

Bend your elbow to a right angle and support it with your unoperated side.

Lift your arm out in front of you. No higher than shoulder level.

Return slowly. Keep your shoulder relaxed.



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Exercise 5: arm lift to the side (assisted)

Bend your elbow to a right angle and support it with your other hand.

Lift your arm out to the side, no higher than shoulder level.

Return slowly. Keep your shoulder relaxed.

Repeat 10 times.

Exercise 6: arm lift to the side (assisted)

Bend your elbow to a right angle and rest against your body.

Use your other hand to rotate your arm outwards to neutral (fingers pointing forward). Do not go further.

Keep your shoulder relaxed.

Repeat 10 times.



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Exercise 7: shoulder blade squeeze

Sit or stand.

Pull your shoulder blades back and down.

Hold for 3 seconds, then relax.

Repeat 10 times.

What happens when I go home?

How will I manage daily tasks?

You will not be able to use your operated arm for at least three weeks. It must stay in the sling, except when washing, dressing, or doing your exercises.

Some things may be harder:

- **Getting around:**

If you normally use a walking stick in the arm that had surgery, try using the other hand. You may need a different walking aid. Ask the physiotherapist at the hospital. You should stand from a chair without using the operated arm. Avoid low chairs. Adding a cushion can make standing easier.

- **Washing and dressing:**

Sit down and rest your arm on a pillow when it is out of the sling. Wear loose, front-opening clothes. When dressing, put your operated arm in first. When undressing, take it out last.

- **Washing and dressing:**

Cooking may be difficult. Freeze some meals or buy ready-made ones before your operation.

Rest

Balance exercise with rest. You need to do your exercises at least four times a day, but also make sure you rest your shoulder.

Pain relief

As the nerve block wears off, your arm and shoulder may hurt. Take painkillers as advised. This will make you more comfortable and help you keep up with your exercises.

Sleeping

It is best to lie on your back or the opposite side. Use a pillow for support if needed. Wear your sling at night for as long as your surgeon or physiotherapist tells you (usually three weeks).

Dressings and stitches

Your wounds will be closed with stitches or strips and covered with splash-proof dressings. You can shower but avoid soap or rubbing the area. Your wound will be checked 10–14 days after surgery, usually by your GP nurse.

Physiotherapy follow-up

You will be referred to your local hospital for outpatient physiotherapy. Your first appointment is usually 2-3 weeks after surgery.

Surgical follow-up

You will also have a follow-up with your consultant's team about six weeks after surgery. They will check how you are healing.

Expectations

Daily activities

You should be able to start gentle daily activities with your operated arm after about 3–6 weeks. Walking is encouraged throughout your recovery to keep you fit and healthy.

Returning to work

When you return depends on your job. If your work involves heavy lifting or manual tasks, you may need at least three months before going back. Ask your surgeon or physiotherapist for advice if you are unsure.

Leisure activities

Your physiotherapist will guide you on returning to sport and hobbies. As a guide:

- Swimming, golf, or racket sports: usually after 3-6 months.
- Contact sports: wait at least 6 months. These carry a higher risk of your shoulder becoming unstable again.

Driving

You must not drive for at least six weeks. You need enough strength to be in full control of the car. Start with short journeys and have someone with you at first.

Check your insurance policy. Some companies need to know about your operation before you drive again.

Frequently asked questions

Who should I contact if I have questions?

If you have any questions, you can ask your surgeon or physiotherapist on the day of the surgery.

What should I bring with me to hospital?

What to bring

- This booklet
- All current medications in their original boxes
- Elbow crutches or walking sticks if you use them
- Flat trainers or shoes
- Mobile phones/books
- Telephone numbers of friends/relatives
- Glasses and case

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Please remove nail varnish and piercings.

Useful Contacts

Main orthopaedic ward: **0300 019 6223** (24 hours a day, 7 days week)

Pre-assessment: **0300 019 4102** (Monday to Friday 9am until 4pm)

Admissions: **0300 019 4919** (Monday to Friday 9am until 4pm)

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