

# Your Anterior Shoulder Stabilisation Surgery 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**

Website: [www.rbch.nhs.uk](http://www.rbch.nhs.uk) ■ Tel: 01202 303626

# Introduction:

This booklet tells you about having an anterior shoulder stabilisation at the Royal Bournemouth Hospital. It is intended to be for patients who have decided to have surgery after discussing the options, benefits and possible risks with their Consultant or Surgeon.

We have developed this guide to help answer any questions that 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, anaesthetist or therapist. These alterations should take priority.

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

This guide book belongs to:

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Your orthopaedic consultant is:

.....

Appointment Dates:

Surgery: .....

Follow up: .....

Other: .....

Goals:

Goal 1: .....

Goal 2: .....

Goal 3: .....

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

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# Educational information

## What is this operation for?

This type of shoulder surgery is commonly performed if you have repeated anterior shoulder dislocations or an unstable shoulder. A fall or injury can stretch or tear the ligaments and/or cartilage rim of the shoulder joint socket. Also, the bony surfaces of the joint can be damaged because of recurrent dislocations. This results in pain and instability at the shoulder joint.

The surgery aims to restore the stability of the shoulder by repairing soft tissues or adjusting the bony surfaces. This will improve your function and allow you to return to everyday activities. The surgery relies on the bony surfaces of the ball (humeral head) and socket (glenoid) being largely intact. Your surgeon will usually have assessed this with an MRI scan.

## Understanding Risks

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 surgery

Surgery should not be undertaken lightly and it is always important to know the risks before proceeding. Your consultant will have discussed these risks with you prior to listing you for surgery.

### Common

- Scars
- Failed healing of repair
- Need for further surgery
- Stiffness
- Pain

### Uncommon

- Infection
- Bleeding
- Deep Vein Thrombosis or Pulmonary Embolism
- Injury to nerves and/or blood vessels
- Recurrence of instability
- Anchor failure
- Early wear of articular cartilage

Additionally there are risks associated with the anaesthetic used for the operation; your anaesthetist will discuss these with you.

Occasionally during surgery, we find that the injury is worse than your MRI scan suggested, and the planned operation is no longer appropriate. If this is the case, we will end the procedure and offer you an alternative at a later date.



# Before your surgery

## Pre-Assessment

The Pre-admission department from Royal Bournemouth Hospital will contact you with the appointment information. If you have any questions about your appointment please call the Pre-Admission Department (see useful contacts at back of booklet).

The visit to the pre-operative assessment clinic may require you to be at the hospital for several hours. It is important to attend this appointment or your surgery will be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a nursing assessment and preoperative tests will be done. These tests may include:

- X-rays
- Blood and urine tests
- ECG (Electrocardiogram)

You may be seen by other health care professionals during the visit. These include:

- Pre-Assessment Specialist Nurse
- Anaesthetist
- Ward Doctor

Please bring the following to your pre-operative assessment appointment:

- All your current medications
- A list of allergies including the type of reaction.

## Actions to take before your surgery

Once you have your date for surgery you can do several things to aid preparation for your operation and to improve your recovery.

## Planning ahead

It is important to plan and make arrangements for how you will manage when home. Stocking up your freezer with easy cook items is advised (particularly if you live alone), as you may find daily tasks such as cooking more difficult initially after your operation. If you have family or friends who can stay with you or visit regularly this may make your recovery easier both for helping with household tasks and moral support.

## Smoking

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking, benefit from long term improvements to general health, decrease the risks associated with anaesthetic and have a better outcome from surgery.

If you are interested in stopping smoking please speak to your pre assessment nurse or GP for advice and services available.

## Weight

Even though you may feel fit and healthy at your current weight, patients with a higher body mass index (BMI) are more likely to experience potentially serious complications both during and after surgery.

If you are keen to lose weight before your surgery please speak to your pre assessment nurse or GP for advice and services available.

## Cancellation

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

# Arriving for your surgery

## Day of surgery

### Eating and drinking:

If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs. Please follow the instructions given to you about when to stop eating and drinking before your operation.

If you normally take prescribed medicines in the morning, please continue to take these on the day of surgery, apart from tablets you have been specifically told not to take by the pre-assessment team. Take them with a sip of water.

Please do not drink alcohol for 24 hours before surgery.

### Arrival:

You will come into hospital on the same day as your operation. You will need to present yourself to the Sandbourne Admissions Suite to be admitted for surgery. Most anterior stabilisation procedures are performed as day surgeries. Normally you will be able to go home on the day of the operation, however you may be required to stay overnight depending on the time of your operation and your recovery.

Please note the time you are instructed to arrive at hospital is not the time your operation will take place. It is necessary for you to come a few hours before the time of your operation so that you can be admitted and prepared for surgery.

When you arrive at the Sandbourne Admissions Suite, a nurse will check you in. You may also be visited by the surgeon and anaesthetist before your operation. You will then be asked to put on a hospital gown. All patients who are able will walk to theatre for their operation accompanied by a member of our nursing staff. You will be asked to remove any loose items such as glasses and false nails prior to your surgery.

# Your surgery

## Anaesthetic

An anterior shoulder stabilisation is performed under a general anaesthetic. This means you will be unconscious throughout the operation. You may also have a nerve block which will assist with pain control. The nerve block will affect sensation and muscle strength in the arm. This will make your arm numb and heavy and it can take 24 to 48 hours before this wears off completely.

## Surgical Procedure

You may have one incision or three smaller incisions around the shoulder joint. The soft tissues or bony surfaces are then repaired by your surgeon to give you a stable shoulder.

## Closure and dressing

Once the surgery is finished, the incision will be closed with stitches and covered with dressings. When you wake up from the anaesthetic your arm will normally be in a sling.

## What happens after the operation? (while I am in hospital)

We hope that you will be able to go home on the same day as your procedure, however depending on the time of your surgery, your recovery and your home situation you may be required to stay overnight. You must have someone at home with you for the first twenty four hours while you recover from the anaesthetic.

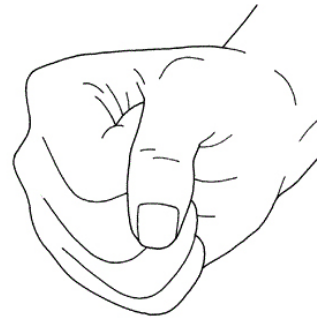
# After your surgery

## Physiotherapy

Following your operation you will be seen by a physiotherapist to go through the following exercises and advice with you. Physiotherapy is important to get the most out of your shoulder after the operation. We advise you to complete the following exercises at least 4 times a day unless otherwise stated.

### Exercise 1: Wrist and hand

Make a fist with your fingers and then open up your hand. Repeat 10 times every hour. Keep your wrist moving also.



### Exercise 2: Elbow flexion/extension

You should take your arm out of the sling to bend and straighten your elbow fully 10 times. This will stop it from becoming stiff whilst you wear the sling.



### Exercise 3: Neck side flexion

Facing forwards, gently take your right ear down towards your right shoulder. Hold for 5 seconds and slowly return your head to the starting position. Next, take your left ear towards your left shoulder and hold for 5 seconds before slowly returning your head to the starting position. Repeat this three times on each side.

## What happens when I go home?

### Will I have a sling?

You should wear your sling for as long as your consultant and physiotherapist instruct you to. This is usually for 3 to 6 weeks. When you are wearing the sling ensure your forearm is well supported and do not allow your hand to be lower than your elbow. You may take it off for washing and dressing and to do your exercises. The sling will support the weight of your arm and prevent you from moving your shoulder too much. When your arm is out of the sling, ensure it remains by your side as the repair needs to be protected and given time to heal. You should wear your sling at night time in bed.

### Rest

It is important that you have a balance between exercise and rest. You will be expected to complete your exercises at least 4 times a day. You will, however, need to ensure that you spend some of the day resting your shoulder.

### Pain relief

As the nerve block wears off and the feeling returns to your arm and shoulder, it may feel painful. You should therefore take painkillers as advised by the nursing staff. This will keep you more comfortable and allow you to complete your exercises.



## **Sleeping**

Lying on your back or on the opposite side will be most comfortable. A pillow can be used for additional support. You should wear your sling at night time, for length of time (usually 3 to 6 weeks) you have been told.

## **Dressings and stitches**

You will have stitches or steri-strips to close the wounds on your shoulder and these will be covered by waterproof dressings. This means that you can have a shower but you should not use soap or rub over the area, as this will cause the dressing to peel off. The nursing staff will advise you regarding having your wound checked and the removal of stitches. This will normally be 10 to 14 days following your operation and will be performed by the practice nurse at your GP surgery.

## **Outpatient physiotherapy**

We will arrange your outpatient physiotherapy appointment at the hospital closest to where you live. The physiotherapist will progress your exercises and assist you in your recovery. You will be required to attend physiotherapy appointments regularly and continue your exercises between these sessions. Your first appointment is likely to be around 2 weeks after surgery.

## **Clinic review**

You will also receive an appointment through the post for a review with your consultant or member of their team. This will be about 6 weeks after your operation. They will be able to monitor your progress and answer any questions you may have.

## **How will I manage everyday activities?**

Before you come into hospital, think about and practice how you will manage everyday tasks when you return home after your operation. Bear in mind that you will not be able to use your operated arm as this will need to be kept in the sling for 3 to 6 weeks (except when washing and dressing or to complete your exercises). Examples of activities which you may find difficult are:

- **Mobility:**

If you currently use a walking aid in the hand which is being operated on, you need to consider whether you could use it in the other hand or whether an alternative walking aid may be required. You may need to discuss this with the physiotherapist on your admission. You will need to be able to stand up from a chair without using your operated arm. You may need to consider avoiding sitting on low furniture or placing an extra cushion on the chair to sit on. This may make it easier to stand up.

- **Personal Care:**

Getting washed and dressed needs to be done carefully. Sitting down is usually best as you can support your arm on a pillow while it is out of the sling. Loose clothing with front fastenings are usually easiest to put on. When getting dressed, dress your operated arm first. When getting undressed, this arm comes out last.

- **Food preparation and cooking:**

Freezing some meals or stocking up on ready meals is a good idea as food preparation and cooking will be difficult following your operation.

## Expectations

In general, you should be able to perform gentle daily activities using the operated arm from 4 to 6 weeks after surgery. Regular walking is encouraged to keep your body fit and healthy whilst recovering from surgery.

### When can I return to work?

Returning to work depends upon the nature of your surgery and job. Manual workers generally require at least 3 months before returning to heavy lifting. Please ask the physiotherapist or your surgeon if you are unsure when you can start.

### When can I return to leisure activities?

Your outpatient physiotherapist will advise you about returning to sports, depending on your surgery and your recovery. As a guide people can often return to activities such as swimming, golf and racket sports three to six months after surgery. You will need to wait for at least 6 months after surgery to return to contact sports and be guided by your surgeon and physiotherapist. Participating in contact sports increases the possibility that your surgery could fail.

### When can I start driving again?

You will not be able to drive until at least six weeks after your operation. You must feel you have the strength and confidence to be in complete control of the vehicle. Your outpatient physiotherapist will be able to guide you when it is appropriate that you can start to drive. You should start with short journeys initially, with someone accompanying you. You should check your insurance policy too as you may need to inform your insurance company of your operation.

# Frequently asked questions

## 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

Royal Bournemouth Switchboard: **01202 303626**

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Ward 12: **0300 019 4770** (Mon - Friday - anytime)

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Sandbourne Suite: **0300 019 6104** (Mon - Fri - 8am to 9pm)

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Pre-Assessment: **0300 019 4102** (Mon - Fri - 8.30am to 4.30pm)

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Orthopaedic Admissions Dept.: **0300 019 4919** Option 2 (Mon - Fri - 9am to 4pm)

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Addressograph

# Anterior Shoulder Stabilisation Surgery

## 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