

# **Your shoulder manipulation under anaesthetic (MUA) at University Hospitals Dorset (UHD)**

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

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

Website: [www.uhd.nhs.uk](http://www.uhd.nhs.uk)

## **Introduction:**

**This booklet tells you about having a knee arthroscopy at University Hospitals Dorset (UHD). It is for patients who have decided to have surgery after discussing the options, benefits, and possible risks with their consultant's team.**

**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. There may be changes in your treatment made by your surgeon, anaesthetist, or therapist. These changes should take priority.**

# Educational information

## What is this operation for?

This procedure is used for people who have a stiff shoulder and have difficulty moving their arm in the normal way. You may have 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 manipulation under anaesthetic (MUA) may be offered to regain the movement that has been lost.

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

## 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

- Failure to improve range of motion or pain

### Uncommon

- Infection
- Injury to nerves or blood vessels
- Fracture of the arm bone or shoulder blade
- Shoulder dislocation

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

# Before your surgery

## Pre-admission assessment

Once you have been listed for surgery by your consultant's team, you will need to have a pre-admission assessment to check if you are fit for surgery. The pre-admission department will contact you with the appointment information.

Your appointment with the pre-admission assessment team could last several hours. In the clinic you will have an assessment by one of the nurses.

When attending your pre-admission assessment appointment, please bring the following with you:

- a list of your prescribed medication including the dosages - a prescription printout is ideal
- a list of any herbal or over the counter medications you take
- a list of any allergies you have and the type of reaction
- a list of any past operations you have had (particularly if you have had these carried out in other NHS trusts or in the private sector)
- reading glasses (if required) as there will be important documents to complete and sign during the appointment.

Sometimes the findings of your pre-admission assessment will mean you need more tests or treatment before you are given a date for surgery. Examples of these can be scans of your heart such as echocardiogram (ECG), lung function testing, or iron infusions. The reasons these may be needed will be explained to you. Often these tests and treatments are carried out by other teams, so you may need to attend further appointments which can take time to arrange.

You will not be given a date for your surgery until you have had your pre-admission assessment and any additional tests. The staff carrying out these assessments will not be able to tell you when you will have your surgery. The admissions team will contact you with a date for your operation once they have been told you are fit for surgery.

## 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 procedure. 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 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.

## What to do if you are unable to attend your appointment/surgery

If you are unable to attend your pre-assessment appointment or your surgery date, please contact us immediately so we can reschedule and offer this slot to someone else on the waiting list.

# Arriving for your surgery

## Day of surgery

### Eating and drinking:

Please follow the instructions given to you about when to stop eating and drinking before your operation. 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.

**If you have not followed the correct fasting instructions your operation will be cancelled.**

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 still water.

Please do not drink alcohol for 24 hours before surgery.

### Arrival:

You will come into hospital on the same day as your operation. Your admission letter will tell you where to go and what time to arrive. Most shoulder MUAs are performed as day surgeries and you will be able to go home on the day of the operation, however you may need to stay overnight depending on the time of your operation and your recovery.

When you arrive, a member of the nursing team will admit you. You will also be visited by the surgeon and anaesthetist before your operation. You will have the chance to ask any questions you may have. In preparation for theatre, you will be asked to put on a hospital gown and remove piercings, jewellery, and any other loose items such as glasses, false nails, and dentures.

# Your surgery

## Anaesthetic

A shoulder MUA is performed under a general anaesthetic. This means you will be unconscious throughout the procedure. 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. It can take 24 to 48 hours before this wears off completely.

## Surgical Procedure

During the procedure, the joint will be stretched by the surgeon to regain maximum movement in the shoulder joint. They may also put an injection of local anaesthetic or steroid into the joint to help with pain control.

## Will I have a sling?

If you have had a nerve block as part of your anaesthetic you will be given a sling to support the arm initially. Once your sensation and movement has returned, which is usually within 1-2 days you should stop using the sling, as it will discourage you from moving the arm.

## 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 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

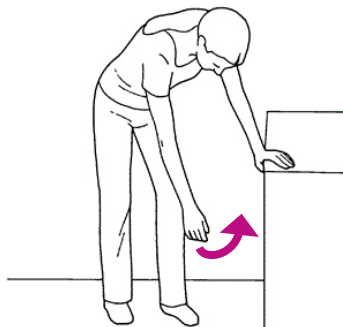
Following your operation you will be seen by a physiotherapist to go through the following exercises and advice. You will need to start these exercises as soon as possible and continue with these at home. An outpatient physiotherapy appointment will be arranged for you soon after your return home.

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 uncomfortable so you should do these after you have taken your pain relief medication as advised by your nurse or doctor.

**It is essential to continue with the exercises so that you maintain the range of movement that your surgeon has achieved.**

### 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.



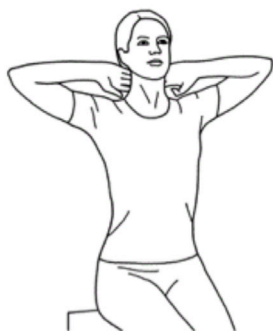
### Exercise 2: Assisted flexion

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 5 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)

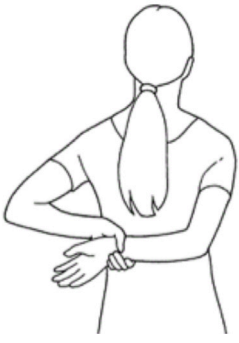
In sitting or lying on your back, place your hands behind your head. Gently stretch your elbows backwards. Hold this stretch for 30 seconds and repeat 3 times.

### Exercise 5: Capsule stretch (2)

While sitting or standing, take the hand of your operated arm across your body towards the opposite shoulder. Lift your elbow to the height of your shoulder, and give gentle assistance from your other arm to pull your arm across your body. Hold this stretch for 30 seconds and repeat 3 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 3 times..

# **What happens when I go home?**

## **Dressings**

The nurses will give you any advice about dressings before you go home from hospital.

## **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 operation. 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**

A follow-up appointment with your consultant's team will be made for you. You will receive details of this appointment following your discharge from hospital. The appointment is generally 6-8 weeks following your operation. At this appointment they will check your progress and answer any questions you may have.

# **Returning to activities**

## **When can I return to work?**

This depends on the type of job that you have. Manual workers may not be able to return to lifting duties for 6 weeks, however if you have a desk based job then you may return to work sooner. Your physiotherapist or surgeon can give you further advice.

## **When can I start to drive again?**

You can normally start to drive within 2 weeks of the operation. You must have the strength and confidence to be in complete control of the vehicle. You should check your insurance policy too as you may need to inform your insurance company of your operation.

## **When can I return to leisure activities?**

It is advisable to start with shorter, gentler activities first. You can exercise the rest of your body immediately. You can gradually return to full activity as pain and movement allows. This will be guided by your physiotherapist.

# 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:	<b>01202 303626</b>
Main orthopaedic ward:	<b>0300 019 6223</b>
Pre-assessment:	<b>0300 019 4102</b>
Admissions:	<b>0300 019 4919</b>

The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW

Author: **Aaron Bailie** Date: **June 2024** Version: **Four** Review date: **June 2027** Ref: **011/21**

t: 01202 303626

w: [www.uhd.nhs.uk](http://www.uhd.nhs.uk)



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