



Patient information

Having a shoulder arthroscopy

This leaflet provides some information about having a shoulder arthroscopy. The treatment described here may be adapted to meet your individual medical needs, so it's important to follow your surgeon's advice.

Please raise any concerns or questions with your surgeon or nurse. It is natural to feel anxious before hospital treatment, but knowing what to expect can help.

What is shoulder arthroscopy?

Shoulder arthroscopy is a "keyhole" operation that is used to look inside and treat the shoulder joint. During the procedure a tube-like telescope called an arthroscope, which is about the thickness of a pencil, is inserted into the shoulder joint.

The operation is usually performed under general anaesthesia, which means that you will be asleep during the procedure. You may also be given a regional anaesthetic during the operation. This is an injection that numbs your shoulder so that it is not painful when you wake up.

For more information, please see the separate Spire Healthcare patient information leaflets *Having a general anaesthetic* and *Having a local anaesthetic or sedation*.

The operation is routinely performed as a day-case, with no overnight stay, although some people stay in hospital for one night. Your surgeon will explain the benefits and risks of having a shoulder arthroscopy, and will discuss the alternatives to the procedure.

Preparing for your operation

The hospital will send you a pre-admission questionnaire. Your answers help hospital staff to plan your care by taking into account your medical history and any previous experience of hospital treatment. You will be asked to fill in this questionnaire and return it within three days.

What are the risks?

Arthroscopy is a commonly performed and generally safe operation. For most people, the benefits in terms of improved symptoms, or from having a clear diagnosis of a joint problem, are greater than the disadvantages. However, all surgery carries an element of risk. This can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted but mostly temporary effects of a successful treatment. An example of a side-effect is feeling sick as a result of the general anaesthetic or painkillers. There is likely to be some pain and stiffness around the joint, which may last a few weeks. This can make moving around quite uncomfortable at first.

Complications

This is when problems occur during or after the operation. Most people are not affected. The possible complications of any surgery include excessive bleeding during or soon after the operation, infection and an unexpected reaction to the anaesthetic.

Specific complications of arthroscopy could include accidental damage to the inside of the joint or a loss of feeling in the skin over the shoulder. It is also possible to develop a blood clot in a vein in one of the legs (deep vein thrombosis, DVT), but this is not common.

The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain how the risks apply to you.

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If you normally take medication (eg tablets for blood pressure), continue to take this as usual, unless your surgeon or anaesthetist specifically tells you not to. If you are unsure about taking your medication, please contact the hospital.

Before you come into hospital, you will be asked to follow some instructions.

- Have a bath or shower at home on the day of your admission.
- Remove any make-up, nail varnish and jewellery.
- Follow the fasting instructions given in your admission confirmation letter.

Typically, you must not eat or drink for about six hours before the operation. However, some anaesthetists allow occasional sips of water until two hours beforehand. When you arrive at the hospital, a nurse will explain how you will be cared for during your stay. The nurse will help you prepare for theatre and will do some simple tests, such as measuring your blood pressure and heart rate, and may ask you for a urine sample.

Your surgeon will usually visit you before the operation. This is a good time to ask any unanswered questions. You may be asked to put on support stockings to help prevent blood clots forming in the veins in your legs.

Consent

If you are happy to proceed with the shoulder arthroscopy, you will be asked to sign a consent form. This confirms that you have given permission for the operation to go ahead. Please see the back of this leaflet for further information about the possible side-effects and complications of this operation. You need to know about these in order to give your consent.

About the operation

A small cut (about 5mm long) is made in the skin around the shoulder that is being treated. Sterile fluid is put in to the joint to help produce a clearer picture. Another small cut is made for the arthroscope.

Your surgeon then views the joint, looking directly through the arthroscope, or at pictures it sends to a video monitor. If necessary, other instruments can be inserted to repair any damage or remove material that may be interfering with movement or causing pain in the shoulder.

At the end of the procedure the fluid is drained out of the joint. The cuts are closed, usually with stitches. Shoulder arthroscopy normally lasts for 30 to 60 minutes.

After your operation

You will be taken from the operating theatre to the recovery room, where you will come round from the anaesthesia under close supervision. After this, you will be taken back to your room where a nurse will monitor your heart rate and blood pressure at regular intervals. Dressings will cover the small wounds, and the arm on the side of the operation will be in a sling. If you have had regional anaesthesia, your arm will feel numb, and you may not be able to control it properly.

Back on the ward

You will need to rest on your bed until the effects of the anaesthesia have passed. If you are sore, you may require painkillers. These can usually be taken every four to six hours. Please discuss pain relief with your nurse, anaesthetist or surgeon. When you feel ready, begin to drink and eat, starting with clear fluids.

Before you go home, your surgeon may visit you to discuss the outcome of the operation. A physiotherapist will also visit to help you to get the joint moving and to discuss exercising at home.

Going home

If your operation has been planned as a day-case, you will be able to go home once you have made a full recovery from the anaesthesia. However, you will need to arrange for someone to drive you home. You should try to arrange for someone to stay with you for the first 24 hours. Before you go home, the nurse will advise you about caring for the healing wounds and may arrange a follow-up appointment with your surgeon.

After you return home

If you need them, continue taking painkillers as advised by the hospital. General anaesthesia can temporarily affect your co-ordination and reasoning skills, so you should not drive, drink alcohol, operate machinery or sign legal documents for 48 hours afterwards.

You may find that there is some swelling and discomfort in your shoulder for around two weeks after surgery. Take it easy for at least a few days and avoid strenuous exercise or lifting.

The joint area needs to be kept clean and dry for about a week. Use waterproof plasters over the wounds when you take a shower and avoid soaking your shoulder in the bath. For more information, please see the separate Spire Healthcare patient information leaflet *Caring for surgical wounds*.

It's crucial that you continue with the exercises recommended by the physiotherapist, as these will aid healing and help you to recover more quickly. You must follow your surgeon's advice about driving and returning to work. You shouldn't drive until you are confident that you could perform an emergency stop without discomfort.

Most people can return to work within two to three days, but it may be longer if your job involves lifting or carrying. Follow your surgeon's advice about going back to your usual physical activities and sports. He or she will give you detailed instructions based on your lifestyle and the outcome of your arthroscopy. If you develop any of the following symptoms, please contact the hospital immediately as they may indicate that you have an infection:

- the wound becomes hot, red or swollen
- the wound oozes or bleeds
- you feel unwell and have a fever or high temperature.