East Kent Hospitals University NHS Foundation Trust

Shoulder arthroscopy

Information for patients

You have been told that you need a shoulder arthroscopy. This leaflet will explain what this procedure is and what you need to know and do throughout the process.

If after reading this leaflet you still have questions or concerns, please speak to your surgeon or anaesthetist at your next appointment.

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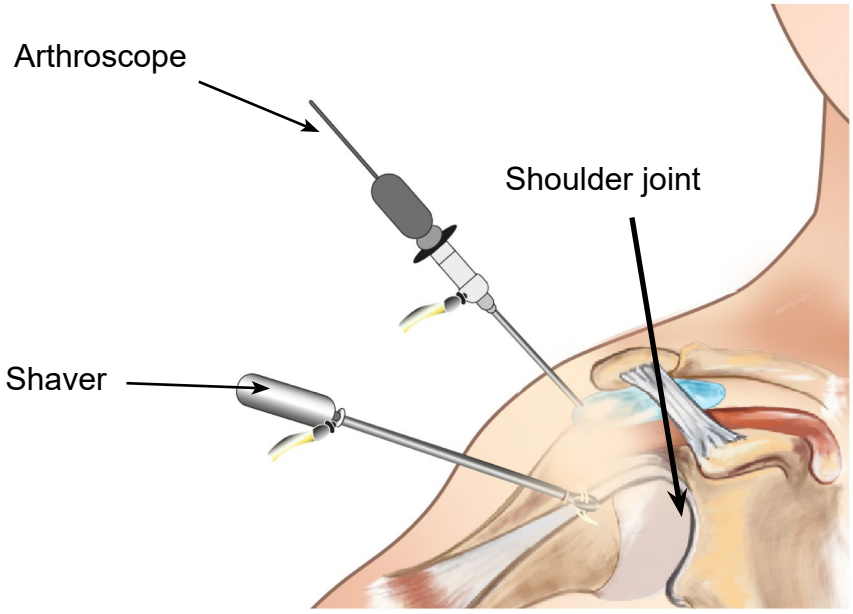
We care

If I have surgery, what will happen during my procedure?

You will have keyhole surgery, which allows your surgeon to see what is happening inside your shoulder and hopefully make a diagnosis.

Keyhole surgery is a type of operation that uses small incisions (cuts); the surgeon uses a camera and instruments to perform the surgery. The benefits of keyhole surgery are that the patient will have smaller scars and lower infection rates.

Once the procedure is finished, your doctor will stitch up any incisions made and dress your wound to keep it clean and prevent infection.



If during your surgery your surgeon finds other problems or further damage, they may need to do a repair or carry out further surgery at the time. This may include a debridement (clean up), tendon repair, or tendon release. Sometimes, it may be necessary to do a 2-staged operation to repair some of the damage.

The following are procedures you might need or may be carried out during your operation:

- **Examination under anaesthetic (EUA)**
  Your shoulder will be examined under anaesthetic (EUA). If it is found to be stiff with restricted movement due to a frozen shoulder, manipulation under anaesthetic (MUA) for release of the tight soft tissue may be needed.

- **Subacromial decompression (SAD)**
  In some cases, some extra bone can grow underneath the bone on top of your shoulder, this is called a “subacromial bone spur”. When that bone spur is large enough, it can start rubbing on the shoulder muscles beneath it, causing pain. If we find you have that, we could shave it away to make more space inside the joint and allow better movement.

- **Acromio-clavicular joint (ACJ) excision**
  The Acromio-Clavicular Joint is a small joint formed between the top of the shoulder blade (acromion) and the collarbone (clavicle) (between your shoulder and your neck). Due to wear and tear, this joint can cause pain or a “catching” sensation at the top of the shoulder, especially while doing certain movements. If necessary, we could remove a few millimeters of bone from each side of this joint which should reduce the pain because of removing the surfaces that are rubbing against each other and gives the joint more space to move.

- **Calcific deposit excision**
  Calcific deposits are accumulations of calcium inside the tendons. When it happens inside the rotator cuff, it can rub against the acromion and cause pain and a feeling of pinching at certain movements.

  If a calcific deposit is found in the tendons, this can be removed to allow the tendon to heal and improve pain and function.

- **Rotator cuff repair**
  If your surgeon finds a rotator cuff tear during your arthroscopy, they may need to repair this torn tendon. The aim of this surgery is to re-attach the broken tendons to your bone.

  During this repair, your tendon will be repaired by stitching it back to the bone using a suture anchor (similar to a wall plug). Sometimes, the tear is too large for your surgeon to repair. If this is the case, either partial repair of the tear or a debridement (clean out) of the soft tissue is performed to relieve your pain. The repair should be protected until healing takes place (for initial healing - six weeks), this means you will need to wear a sling for that time.

  This will involve different aftercare advice to the Arthroscopic Subacromial Decompression. You will not be allowed to use your arm or drive for six to eight weeks after this procedure.

  If you wish the torn tendon not to be repaired, please let your surgeon know before surgery.

How can I prepare for my surgery?

You will have a preassessment appointment before your surgery, to check if you are ready and fit for surgery. You will also be swabbed for MRSA and Covid-19, if necessary.

Before surgery it helps if you try to get as fit as possible to avoid anaesthetic risk and/or failure of the surgery. It is important that you lose weight if you are above your ideal weight.

- **Smoking advice**
  It is important to stop smoking at least 30 days before your surgery. Studies have shown that wound healing is significantly delayed by smoking/nicotine, and the infection rate is much higher. Smoking also harms how your tendon heals following a repair, so smoking after your operation is also not advised.

  If you need support to stop smoking you can ask your GP for advice, or contact the Trust’s Stop Smoking Service either through the website www.ekhuft.nhs.uk/patients-and-visitors/services/stop-smoking-service, or call 0300 12 31 22 0, or text QUIT to 87 023.

- **How does eating a healthy diet help my recovery**?
  Recovering from surgery can take a long time and it is normal to get frustrated and anxious. But remember that while you are recovering, there are some things you can do to help your wound to heal. We suggest limiting the amount of alcohol you drink, stopping smoking, eating a healthy diet, drinking plenty of fluids (especially water), and staying active. If you need any extra support, do not hesitate to get in touch with us on the contact numbers listed at the end of this leaflet.

  Some painkillers (especially those containing Codeine) can cause constipation. To avoid this, please follow a healthy well-balanced diet rich in fruit, vegetables (including green leafy vegetables), nuts, seeds, wholegrains, and legumes, which contain the necessary fibre, and drink plenty of water. For more information on the importance of eating your 5-A-Day please go to the following web site www.nhs.uk/live-well/eat-well/5-a-day-what-counts/?tabname=food-and-diet

What happens on the day of my surgery?

- Please arrange for someone to pick you up from the hospital after your surgery, as you will not be able to **drive** yourself. Please make sure to arrange this before your surgery.

- To avoid complications with your anaesthetic, you should not **eat** anything for six hours before your surgery, or **drink** anything for two hours. You will be given further instructions during your preassessment.

- On the day of your surgery, you can take your **usual medication** as advised during your preassessment. If possible, do not take non-steroidal anti-inflammatory medication, such as ibuprofen and naproxen, for at least 10 days before your surgery, as they can affect how your wound heals. Please bring any medications that you are taking into the hospital with you.

- If possible, please **wear loose-fitting clothes**, as after surgery you will be wearing a sling.

- Bring your appointment letter with you, so you know which department to come to when you arrive at the hospital.

- At arrival, you will be asked to put a hospital gown on, and maybe a pair of compression stockings.

- You will see the anaesthetic and surgical team before your surgery to go through the consent form and discuss any questions you may still have. Remember you can withdraw your consent for treatment at any time.

- You may be tested for Covid-19. All appropriate precautions will be taken during your admission to minimise the risk of contracting the illness as per Healthcare England Guidelines.

For more information, please ask a member of staff for a copy of the Trust booklet **Information for patients having an operation/procedure a day case patient**, or scan this QR code.

What kind of anaesthetic will I need?

This procedure is usually performed under general anaesthetic (you will be asleep for the procedure). However, you may be offered the option of “awake anaesthesia” during your surgery to avoid putting a tube into your windpipe. This may be discussed and decided with you and the anaesthetist on the day of your surgery. Should you be suitable for this type of anaesthesia, it is important to understand and be assured that you will be kept comfortable, and you will not feel any pain during your procedure. Patients describe their experience after this type of “awake anaesthetic” as if waking up from a usual night’s sleep, as it is often supplemented with some light sedation. If you need any more information, please speak to your anaesthetist before your procedure.

In addition, a local anaesthetic or nerve block is used during your operation. As a result, your shoulder and arm may feel numb for a few hours after your operation. **It is important to take your pain medications during this time, to allow a gentle and easier control of pain when the nerve block wears off and your shoulder is likely to be sore and uncomfortable.**

What are the complications and risks?

As with all surgery, there are a few risks and complications with shoulder arthroscopies. These are rare and will be discussed with you before your surgery.

Anaesthetic risks will be discussed with your anaesthetist on the day of your surgery.

General risks for surgical procedures

Risks of any surgical procedure are low but do happen and may include the following.

- **Bleeding**: this could happen during your surgery; we will do our best to stop it as soon as possible. However, some oozing could still happen after your surgery. For more information on what to do if your wound continues to bleed at home see the advice on page 7.

- **Wound infection:** we do everything we can to avoid this but an infection might still happen. If your wound becomes increasingly red or swollen after your surgery, please contact your GP or surgical team for advice.

- **Deep vein thrombosis (DVT) and/or pulmonary embolism (PE)**. These are blood clots which form in the blood stream and can be serious conditions. Compression stockings and other measures might be taken by the hospital to avoid them. For more information, please ask a member of staff for a copy of the Trust’s DVT or PE leaflets available through the Trust web site www.ekhuft.nhs.uk/patientinformation

- **Soft tissue (nerve/tendon/blood vessel) injury** could happen during surgery. We will try our best to avoid any damage.

- **Continued pain and Chronic Regional Pain Syndrome (CRPS)**. This is a condition where a person has persistent, severe, and debilitating pain. Although most cases of CRPS are triggered by an injury, the resulting pain is much more severe and long-lasting than normal.

- **Stiffness/loss of movement** that may cause frozen shoulder (your shoulder is painful and stiff for up to several months beyond the usual period expected for the stiffness to recover from a simple procedure). This could be avoided or improved if you take adequate pain relief and do the exercises listed at the end of this leaflet as your pain allows.

- **Failure of surgery** or a need to **redo the surgery**. If your surgeon is unable to complete your surgery successfully or the repair fails, other options or further treatment can be discussed after your surgery.

If you have any questions or concerns about these complications, please speak to your surgeon either during your clinic appointment or before your surgery.

How long will I stay in hospital?

This procedure is usually carried out as a day operation, so you should be able to go home the same day.

After your operation, you will be taken to the ward until it is safe for you to be discharged home. You will be seen by your surgeon, surgical care practitioner, and/or physiotherapist before you go home. They will show you exercises to do and give further advice to guide you through your recovery.

If you need to stay in hospital overnight, this will usually be explained to you during your preassessment appointment. If you have to stay overnight, make sure you bring with you items you may need, such as hygiene items (toothpaste and toothbrush), a dressing gown, slippers, and your usual medication. Also, we suggest you bring a book or magazine, in case there is a delay.

Will I be in pain after my surgery?

This surgery may be uncomfortable, you will need appropriate pain relief in the period after your surgery. If your anaesthetist has given you a nerve block, your shoulder and arm may feel numb and weak. You may not feel any pain immediately after your surgery, as the block may take 12 to 24 hours to wear off completely.

However, it is very important that you take your pain relief as advised and as early as you can before the nerve block wears off; this will help you to keep on top of your discomfort. It is advisable to take your painkillers regularly for the first few days. If possible, avoid non-steroidal anti-inflammatory medication, such as ibuprofen and naproxen, for at least 10 days before your surgery and six weeks following surgery. This is because anti-inflammatory medication could slow down the healing process.

Take pain relief regularly to try and keep your level of discomfort at a bearable level at all times. This allows the inflammation (redness, swelling, and heat) and pain to settle. **Do not wait until your shoulder is very painful to take the pain relief, as it is then more difficult to control.**

What painkillers will I be sent home with?

- Surgical patients might be given some of the following painkillers, depending on their age, body weight, and individual circumstances, unless told otherwise by their doctor.

- Take each painkiller as advised on your prescription.

  - Tablet paracetamol, 1g every four to six hours (no more than 4g per day).
  - Codeine Phosphate, 30 to 60mg every six to eight hours.
  - Tablet Tramadol, 50 to 100mg every eight hours.
  - Oramorph, 10 to 20mg every hour, as needed.
  - Anti-inflammatories may be prescribed; but you should try and take as few as possible immediately after your surgery.

  Please note that Codeine, Oramorph, and Tramadol should not be taken together; you should only take one of the three at any one time.

Ice packs or bags of frozen peas may also help reduce your pain. Wrap the pack/bag with a cloth and place it on your shoulder for up to 15 minutes. Do not use these peas for eating once they have defrosted.

If your pain continues and is not controlled with the medication you have been advised to take, then please contact your GP. You may also contact the East Kent Upper Limb Team if you need further help.

If you notice your wound area is becoming more painful, red, hot, and/or discharging pus (thick yellow discharge), you may be developing an infection. Contact your GP or your surgical team for advice as soon as possible.

How do I care for my wound(s) at home?

If you had a repair through **keyhole surgery,** there will be few (three to five) wounds.

It is important to keep your wound and dressing dry and in place until your wound is well healed, and have your stitches removed at your two week follow-up appointment with your GP practice nurse or at the hospital, with your surgeon or your nurse practitioner (surgical care practitioner). You will be told where your follow-up appointment is going to be before you leave the hospital.

If the dressing gets wet or bloodstained, you can change them yourself by carefully placing a dressing from a pharmacy. If you are unable or have difficulties doing this yourself, you can ask a relative or a friend to change it for you, or you can make an appointment with your GP practice nurse to do it for you.

If you are being seen by your GP practice nurse for a wound check 10 to 14 days after your surgery, please make sure the nurse reads the following. These instructions are for healthy looking surgical wounds only.

- ***Colourful stitches are non-absorbable and need to be completely removed to avoid them getting buried under the patient's skin.**

- ***White/clear stitches are absorbable. If any suture knots have been made outside the patient's skin, please remove these to avoid suture abscesses. Thank you.**

***The appearance and material of the sutures can be different from Trust to Trust, but these are the most common.**

If a wound does not seem to be healing appropriately, please leave the stitches/knots in place and make another appointment to remove them in few days.

How long will my wound(s) take to heal?

Wounds usually take between 10 to 14 days to heal.

The area around your wounds may have some numbness, which is usually temporary. You may feel occasional sharp pains or 'twinges', as well as itching near your scar as it settles.

What if my wound bleeds at home?

There may be minor bleeding or clear fluid oozing from your wound in the first day or two following surgery. If your dressing gets wet or bloodstained, you may need to replace it. You can change this yourself by carefully placing a dressing from a pharmacy. If you are unable to or have difficulties doing this yourself, you can ask a relative or a friend to change for you, or you can arrange an appointment with your GP practice nurse to do it for you. You should be able to control this bleeding or oozing by pressing firmly but gently on your wound for 15 minutes.

If you are worried about the bleeding, you can contact the hospital on the number given to you (during normal working hours) or attend a walk-in centre or Emergency Department (after hours).

Can I have a bath or shower?

You should have a ‘dry wash’ or a shallow bath instead of a shower. This keeps your arm in the correct position and prevents your dressing and sling from becoming wet.

While your wound is still healing:

- do not use soaps, lotions, creams, or powders on your wounds, to avoid any infection getting into your wound(s); and
- keep your wound(s) dry at all times.

You can go back to normal cleaning routine once your wound is completely healed.

Why am I wearing a sling after my surgery?

You will return from surgery wearing a sling; this is usually used for the first couple of days following your surgery. The sling is only there to keep your arm comfortable. It may be taken off as much as you wish and discarded as soon as possible. We encourage you to use your arm.

If you had a repair during your surgery, you might need to use a sling for four to six weeks following your operation. The sling protects your repair while it heals. If this is the case, you will be given further instructions about how to wear your sling.

What is the best position to sleep in?

To begin with sleeping might be difficult. Take regular painkillers and try to support your shoulder with pillows, by placing them behind it. If you lie on your back, a pillow under your arm and elbow may make you feel more comfortable. You may also find it easy to lay on your non-operated side.

When can I drive again?

The advice from the DVLA is that you should not drive until you are physically capable of controlling a motor vehicle and can perform an emergency manoeuvre safely and confidently. This will take longer if any structures needed to be repaired during your surgery.

Please arrange for someone to collect you from hospital and take you home after your surgery.

When can I return to work?

You can return to work as soon as you feel able to. It will take longer to return if you had further surgery during your procedure. Your surgeon will advise you on the amount of time you will need to be away from work; you can ask for a sick note before you leave the hospital.

When can I start my normal daily activities?

These can be resumed as soon as you feel able. There are no restrictions but use soreness as your guide and stop if your shoulder feels uncomfortable.

An appointment will be made for you to see a physiotherapist after your discharge from hospital. This appointment will usually be three to four weeks after your surgery. You will be monitored by a physiotherapist throughout your rehabilitation.

Your physiotherapist can tailor your treatment depending on your personal objectives.

Will I have a follow-up appointment?

Before you leave the hospital, a follow-up appointment will be made for you at the Upper Limb Unit. At this appointment you will be reviewed by the physiotherapist, surgical care practitioner, or surgeon. They will check your progress, make sure you are moving your arm correctly, and give you further instructions and exercises as appropriate.

What if I have any questions or concerns?

If you have any questions or concerns, please contact your surgical care practitioner, surgeon, or physiotherapist. Their contact details are listed on the last page of this leaflet.

If you notice your wound area is becoming more painful, red, hot, and/or discharging pus (thick yellow discharge) you may be developing an infection. Contact your GP or your surgical team for advice as soon as possible.

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation

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Contact details

• Consultants and their secretaries

Hospital site	Consultant	Secretary name	Contact number
Kent and Canterbury Hospital, Canterbury	The teams listed below work at Kent and Canterbury Hospital as well		
Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate	Mr Sathya Murthy	Tracy Blackman	01843 23 50 68
	Mr Georgios Arealis	Donna Cannon	01843 23 50 83
William Harvey Hospital, Ashford	Mr Paolo Consigliere	Heather Littlejohn	01233 61 62 80
	Mr Jai Relwani	Dione Allen	01233 61 67 37
	Surgical Care Practitioner	Patricia Velazquez-Ruta	07929 37 53 81

• Physiotherapists

Hospital site	Physiotherapist	Contact number
Buckland Hospital, Dover	Abi Lipinski	01304 22 26 59
Kent and Canterbury Hospital, Canterbury	Sarah Gillett (inpatient)	01227 86 63 65
	Darren Base	01227 78 30 65
Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate	Caroline Phillpott (inpatient)	01843 23 45 75
	Martin Creasey	01843 23 50 96
Royal Victoria Hospital, Folkestone	Ailsa Sutherland	01303 85 44 10
William Harvey Hospital, Ashford	Cindy Gabett (inpatient)	01233 63 33 31
	Chris Watts	01233 61 60 85

• Surgical Preassessment Units

Hospital site	Contact number
Kent and Canterbury Hospital, Canterbury	01227 78 31 14
Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate	01843 23 51 15
William Harvey Hospital, Ashford	01233 61 67 43

• Fracture Clinics

Hospital site	Contact number
Kent and Canterbury Hospital, Canterbury	01227 78 30 75
Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate	01843 23 50 56
William Harvey Hospital, Ashford	01233 61 68 49