



Shoulder Manipulation Under Anaesthetic & Arthroscopic Capsular Release

Reasons why your shoulder needs manipulation under anaesthetic or arthroscopic capsular release

Your shoulder has become inflamed and tight. Often this is due to a 'frozen shoulder'. This process most commonly starts without an apparent cause but is more common in people suffering from diabetes. Sometimes, the pain and tightness follows a minor accident or injury. About 20% of people with a frozen shoulder get it again on the other side.

Other people have a stiff shoulder following a major injury or after an operation. In this case the inflammation is often less of a problem but the tightness of the capsule due to scarring is preventing good movement.

About manipulation under anaesthetic and arthroscopic capsular release

The aim of the manipulation under anaesthetic (MUA) operation is to try and increase the range of movement in your shoulder. The tight capsule will be torn by forceful but careful and controlled stretching of the arm while you are asleep. A capsular release is an operation performed using keyhole surgery or 'arthroscopy'. In this case 2 to 4 small incisions (8-10mm) will be made around your shoulder in order for the arthroscope and the specialist releasing instruments to be passed into the joint. The scarring and tight capsule will be carefully released from the inside in order to improve your shoulder movements.

What are the risks?

- There is a small risk of infection
- There is a small risk relating to general anaesthetic.

- There is a very small risk that the upper arm may fracture when performing a MUA

What happens in surgery?

You will be escorted to theatre and will be taken to the anaesthetic room. Here, the surgeon and anaesthetist will greet you. You will require a general anaesthetic. If you have any questions regarding this you will have time to consult with your anaesthetist prior to your operation. A nerve block may be used before the operation, which means immediately following surgery your arm and shoulder will feel numb. This helps with pain but will wear off after 8-12 hours, so regular painkillers are advised and will be supplied by the hospital.

Do I need to wear a sling?

You will return from the operation wearing a sling; however, this is for comfort only whilst your arm is numb due the nerve block. Remember, this operation has been done to try and increase movement in your shoulder, so do not keep your arm in the sling for long periods without doing regular exercises. Discard the sling as soon as possible.

What should you expect afterwards?

Your shoulder may be sore for a period of up to 6 weeks afterwards. It is advised that you continue taking your painkillers as prescribed during this time. The use of ice packs may also help by reducing the amount of inflammation in your shoulder. Ice packs should be made from ice cubes in a plastic bag and wrapped in a damp tea-towel or pillowcase. Ice should never be directly applied to the skin as this can cause ice burns. Frozen peas or purpose made ice packs from the pharmacy are also ideal. The most effective duration of application of ice is



Shoulder Manipulation Under Anaesthetic & Arthroscopic Capsular Release

20-30 minutes every 2-3 hours.

Ice should not be used if you have diabetes, Raynauds's syndrome or in the presence of infection. Care should be taken if you have an existing heart condition. If you have, an existing heart condition, ice should not applied to the left shoulder.

If you have had an arthroscopy, you will have a dressing on your shoulder covering 2 to 4 keyhole wounds. Sutures are not always used and due to the amount of fluid passed through your shoulder during the operation, wounds may leak for 3 or 4 days. Wounds should be kept dry and your nurse will advise you regarding this.

When can I return to work?

This will depend on the type of work you do. If you have a desk-type job you will probably be off work for a week. However, if you are involved in lifting or manual work you may not be able to do these for 2 weeks / 4-6 weeks after a capsular release. Please discuss any queries with the physiotherapist or hospital doctor.

When can I drive?

You will normally be able to resume driving within one to two weeks of the operation. Check you can manage all the controls. It is also advisable to start with short journeys. The seat-belt may be uncomfortable initially but your shoulder will not be harmed by it.

When can I participate in leisure activities?

Your ability to start these will be dependent on the range of movement and strength that you have in your shoulder following the operation. Nothing is forbidden. Please discuss activities that you are interested in with your physiotherapist or consultant. Start with short sessions frequently, involving little effort and

gradually increases the intensity as your pain allows. You can try movements in water as soon as the wounds are healed. Doggy paddle or breast stroke may be easier initially. You can exercise the rest of the body immediately. Try to regain the natural swing of your arm as you walk .

When will my physiotherapy start?

You will need to start exercising immediately after your operation. A list of exercises are at the end of this booklet. You will require outpatient physiotherapy and this is usually done at the hospital nearest to where you live. This will be arranged through the hospital and you will receive a letter at your home address asking you to call and make a suitable appointment or a telephone call making an appointment for you. Commitment to your physiotherapy regime is crucial in order to get the best outcome from surgery. Should you fail to receive any contact regarding physiotherapy, feel free to contact us and we can look into this on your behalf.

Do I need to come back to clinic?

Yes. Your surgeon will request an outpatient appointment for you. This is usually at around 2-4 weeks although sometimes later. When you come to clinic you will be seen by a member of your consultant's team. This may include senior registrars, clinical fellows, junior doctors or a nurse practitioner. Each will be happy to discuss with you any problems or further questions you have. Further appointments will be made after this as necessary.

Confidentiality

The Trust is committed to keeping your information safe and secure, and to protecting your confidentiality. For more information about how we do this please read the Trust's leaflet: Ensuring Information Confidentiality. This is available in waiting areas, on the Trust website

Shoulder Manipulation Under Anaesthetic & Arthroscopic Capsular Release

or can be requested through the Communications team on 0121 685 4379.

Contact Information

PALS

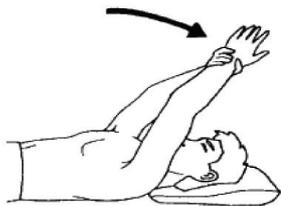
0121 685 4218

Therapy Services

0121 685 4120

Exercises

Use painkillers and/or ice packs to reduce the pain before you exercise. It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. However, if you experience intense and lasting pain (e.g more than 30 minutes) reduce the exercises by doing them less forcefully or less often. If this does not help, discuss the problem with the physiotherapist. Certain exercises may be changed or added for your particular shoulder. Do short frequent sessions (e.g. 5-10 minutes, 2 hourly) rather than one long session. Gradually increase the number of repetitions you do, the numbers stated here are rough guidelines.

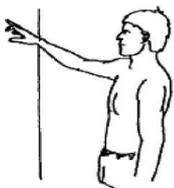


Lying on your back with elbows straight

Use one arm to lift the other arm up keeping it as close to your ear as possible. Go as far as you can over your head. Hold for 3 seconds.

Repeat 10 times

© PhysioTools Ltd

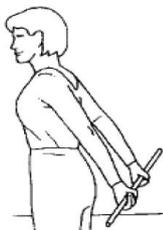


Stand facing a wall.

'Walk' your fingers up the wall as high as possible. Reverse down in the same way.

Repeat 10 times.

© PhysioTools Ltd

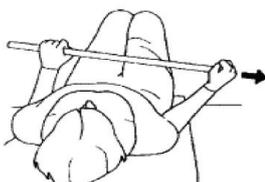


Stand holding a stick or a broomstick behind your back with your elbows straight.

Lift the stick upwards away from your body.

Repeat 10 times.

© PhysioTools Ltd



Lying on your back with elbows against your body and at a right angle. Hold a stick in your hands. Move the stick sideways thus pushing the arm to be exercised outwards.

Repeat 10 times.

Shoulder Manipulation Under Anaesthetic & Arthroscopic Capsular Release



Lying on your back with hands behind your neck and elbows pointing towards the ceiling. Move elbows apart and down to touch the floor.

Repeat 10 times.

© PhysioTools Ltd



Stand or sit. With one arm bring a towel over your shoulder behind your back. Get hold of the towel with the arm to be exercised.

Pull upwards bringing the lower arm up as far as possible. Hold approx. 3 secs.

Repeat 10 times.

© PhysioTools Ltd



Stand with arms behind your back. Grasp the wrist of the arm you want to exercise. Slide your hands up the back.

Repeat 10 times.

© PhysioTools Ltd



Stand or sit.

Lift your arm up sideways with thumb leading the way.

Repeat 10 times.