

Surgery for Shoulder Instability

You have been advised that you need an operation for your unstable shoulder. The shoulder can come completely out of joint (i.e *dislocate*), or partially out of place (i.e *subluxate*). This is usually due to tearing or stretching of the ligaments around the shoulder.

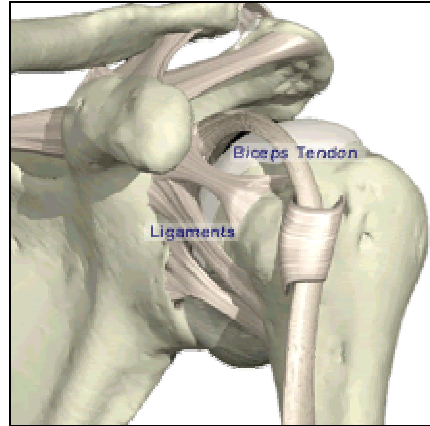
The operation involves tightening the ligaments and reattaching the ligaments to the socket (glenoid) of the shoulder. Small screws, which remain in the shoulder, are used for this.

The operation involves looking inside the shoulder with an arthroscope. This is a camera that sends an image of the inside of your shoulder to a screen (as shown in the diagram). Instruments are inserted into the shoulder through other small incisions at the top and at the front of your shoulder. When the operation is done “arthroscopically” there is usually less pain, less scarring and less post-operative stiffness of the shoulder.

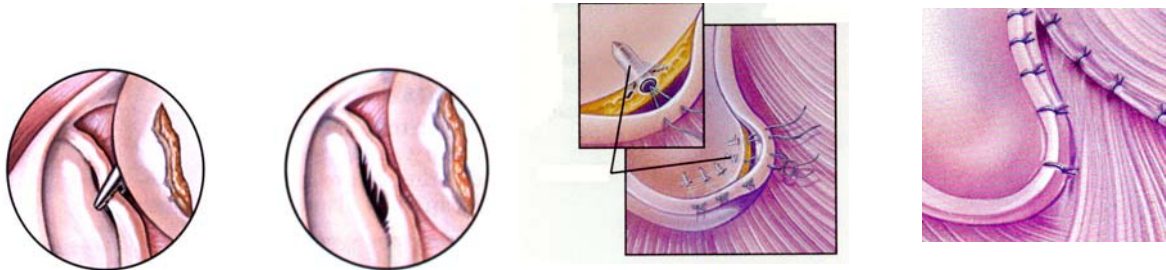
1. You will only need to remain in hospital for the day.
2. Stop taking any anti-inflammatory tablets seven days before your operation.
3. If you smoke, now is a good time to stop. This will reduce the risk of complications.
4. Do not eat or drink anything, including water, for six hours before surgery.
5. Arrange for someone to drive you home after your operation.
6. Make an appointment to see me 7-14 days after your surgery.
7. You will be given written instructions on how to look after your shoulder when you leave hospital.
8. You will be in a sling for 4-6 weeks following the surgery.
9. Exercises to regain the movement and strength of the shoulder are commenced after your arm comes out of the sling and continue for 6 months.
10. Light clerical type of work can begin 1 week following the operation as long as your arm is kept in a sling. Non clerical work can begin after 6-8 weeks. Heavy manual work and contact sports can be begin 4-6 months following surgery. The exact timing depends on how you progress following your operation.



The arthroscope is inserted into the shoulder. The inside of the shoulder is visualized.



The shoulder is normally held in place by ligaments and tendons.



The arthroscope is used to reattach the ligaments to the socket and to tighten the loose ligaments. This is done by using arthroscopically placed sutures and suture anchors.

Risks & Complications:

As with any operation, arthroscopic shoulder stabilisation surgery has risks. These include stiffness, infection, nerve injury, blood clots and recurrent instability problems.

Arthroscopic shoulder stabilisation surgery, in my hands, is successful in over 90% of cases.