

Day Surgery Unit

Shoulder Arthroscopy

The procedure

- Arthroscopic surgery of the shoulder is usually carried out under a general anaesthetic with an additional regional anaesthetic that numbs the shoulder and arm.
- The instrument used during an arthroscopy is called an arthroscope (a small telescope) which is connected to a television screen.
- The arthroscope is inserted through a small incision (10mm) in the back of your shoulder.
- This allows the surgeon to access a clear image of the inside of the shoulder and assess the extent of any damage.
- Once the extent of the damage has been determined further small incisions may be made to allow various specialist instruments to be inserted into the joint to trim and repair the damaged areas.
- At the end of the operation the shoulder joint is washed out and the incisions closed with sutures.

After the operation

- After your operation you will be able to sleep/rest for a while.
- You will be offered a drink of water on your return to the ward, and soon after this you will be allowed to start eating and drinking normally if you feel hungry.
- The nursing staff will monitor you closely when you first return to the ward, which means that your shoulder and arm will be checked along with your blood pressure and temperature.
- The anaesthetist will make sure that you are prescribed some pain relief for on the ward and for when you go home.
- You will return to the ward with a large pressure dressing over the wounds on your shoulder; this dressing will be removed before you go home, and some light adhesive dressings will be applied.

When you go home

- Once you feel well enough to go home (normally two to three hours after your operation) your nurse will advise you on what you need to do when you are at home.
- An information leaflet on general anaesthetics and brachial plexus blocks will also be given to you, any special reminders/instructions will be written on the back.

- Pain relief will be given to you and the nurse will explain what they are and when you need to take them. If when you are at home, the pain relief is not effective enough, please see your GP.

Wound healing and dressings

- Your wounds need to be kept clean and dry for five days. If your wounds are closed with stitches they will need to be removed by your practice nurse after 10-14 days.
- Watch for any signs of infection such as: unpleasant smell or discharge, increasing pain, hot area around wounds and an unexplained temperature.
- If you experience any of these symptoms please consult your GP, just to check that there is no infection present.

Physiotherapy

Physiotherapy is a vital part of the post-operative recovery. An outpatient referral will be made for you as Physiotherapists do not visit the Day surgery Unit.

1. Patients that have not had a shoulder stabilisation or rotator cuff repair will be able to commence light mobilisation of the shoulder as soon as they have full sensation back.
2. Patients that have had a shoulder stabilisation or rotator cuff repair will need to immobilise the shoulder for a period of time after the operation, and will be informed of how long this period will need to be.

Returning to work

If your job is of a sedentary nature, then you may return to work approximately two weeks after the procedure.

If you are in a physically demanding job you may need longer off work, and you will be advised of this on discharge from hospital.

The amount of time you will require off work following your arthroscopy is decided by the surgeon, so these figures may change depending on how well your surgery went.

Driving

You will be unable to drive for a period of time after your operation, and this will be dependent on what you have had done during your arthroscopy and your insurance company. The surgeon/nursing staff will advise you of when you are able to drive.

Follow-up appointment

You will normally require a follow-up appointment in the clinic, and this will be sent to you in the post two to three weeks after your operation.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: patient.information@addenbrookes.nhs.uk

Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقے سے درکار ہوں تو برائے مہربانی اس شعبے سے پیشکش انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: 01223 216032 یا patient.information@addenbrookes.nhs.uk

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

Document history

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