

Arthroscopic Capsular Release of the Shoulder

Arthroscopic Capsular Release

This procedure is undertaken to help release thick and tightened tissue structures in adhesive capsulitis or frozen shoulder.

This procedure may be required when other treatment has not improved the symptoms you are experiencing.

This surgery is done arthroscopically, by inserting devices through a small incision into the joint. You will normally be allowed home on the same day.

When you arrive in hospital you will report to the Day Case unit where you will be greeted by the nursing staff, who will look after you.

After the operation

Initially your arm may be numb because of the nerve block that will be used. It is important to protect it in the sling at this time (usually only 24 hours). Then you need to take it off as soon as possible to start moving the shoulder.

Pain control

It is important to have effective pain control following this procedure. You will be given pain medication by the nurses and if you need further information on this speak to your GP or a pharmacist.

After the operation you will be seen by a physiotherapist to start exercising (see over page). This can be started from the first day after your operation, once sensation and control return.

You must perform the exercises regularly to achieve full benefit from this operation.

The exercises include:

Hand and elbow exercises

Keep your fingers, hand and wrist moving as normal. Take your sling off regularly to practise bending and straightening your elbow. Also with the elbow at a right angle turn the palm of your hand up and down.



Do this daily, of each.

Pendular exercises

Lean forwards (holding on if required) relax the arm and allow it to become heavy. Once relaxed, begin moving the arm forwards and backwards, from side to side and in small circles, clockwise and anti-clockwise. Do not force the movement it should be very relaxed and the weight of the arm should help create momentum, like a pendulum.



Do this daily, of each.

Shoulder shrugs and shoulder blade exercises

Practice shrugging your shoulders up towards your ears and down fully again.

Also sit up straight and practise trying to gently pull your shoulders back and pulling your shoulder blades down.

Do this daily, of each.

Active-assisted movements

You can start these as pain allows. These include, clasp your hands together and reaching up. You can also walk your fingers up the wall (in front and to the side).



Do this daily, of each.

Stretches in to flexion, internal and external rotation

Put your operated hand behind your back and use your other hand to stretch it up.

Also hold a walking stick or broom in your hands, bend your elbows to 90 degrees and keep your elbows tucked into your side. Move the stick in a parallel motion in front of you, making sure to hold the stretch when you have taken the movement as far as you can go.

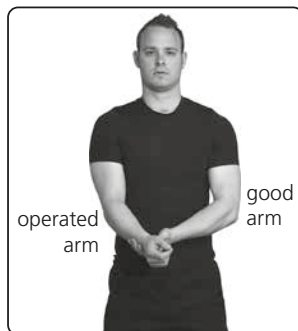


Do this daily, of each.

Isometric cuff exercises

This exercise starts to gently strengthen the muscles around the shoulder.

Stand with your elbow bent and kept into your side. With your good arm resisting the operated arm practice pulling in and pushing out. Your operated arm should not move very much.



Hold for 10-15 seconds.

Do this daily, of each.

You will be referred for ongoing physiotherapy closer to home by the ward physiotherapist.

You must continue doing these exercises regularly until you are reviewed by your local physiotherapist.

Discharge information

It is useful to prepare prior to surgery so that you have easy meals and shopping prepared.

You can also use pillows to help support the arm at night and to make it comfortable.

After your operation you need to exercise the shoulder and use it regularly to improve the movements.

Other information

You can resume normal activities gradually as your pain and movement allow.

You potentially can drive from 1 week after the operation, however this is dependent on both pain and if you feel safe and ready to.

If further information or advice is required, the **Aftercare Physiotherapists** can be contacted on **01392 403509**.

Your physiotherapy referral has been sent to:

If you haven't heard after two weeks, please contact the above department or ward physiotherapist.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

© Royal Devon and Exeter NHS Foundation Trust

Designed by Graphics (Print & Design), RD&E