

Dislocated shoulder

(Northern services)

Other formats

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What is a dislocated shoulder?

The shoulder is a ball and socket joint. Dislocation occurs when the ball-shaped end of the upper arm bone pops out of the cup shaped socket which is part of the shoulder blade.

What causes a dislocated shoulder?

A dislocated shoulder may occur if the shoulder is pulled very hard or twisted. Injuries are usually caused through playing sports or after falls but can rarely occur without injury.

Men, women and children can all have dislocated shoulder injuries.

What are the symptoms?

The main symptom is severe pain and loss of shoulder movement. The shoulder will appear different to the other shoulder; it will not have the normal rounded appearance. If there is some damage or stretching to the nerve during the dislocation then you may have altered sensation in that arm and hand. This usually resolves spontaneously when the dislocation is reduced.

How is it diagnosed?

The healthcare professional will examine your shoulder for any tenderness over the surrounding muscles and bones and may assess the movement of your shoulder. Often an x-ray will be performed to confirm the diagnosis.

How is it treated?

The doctor will perform a procedure to push the ball of the upper arm back into the socket.

This is known as 'reducing' the dislocation. The severe pain usually stops once the shoulder has been reduced.

This procedure will be performed under some sedation to ensure that you are relaxed and that the procedure is as comfortable and as painless as possible.

You may feel a little sleepy following the sedation and you will be observed in the accident and emergency department until you are fully recovered. **Do not drive for at least 24 hours after sedation.** Separate advice will be provided following sedation.

Occasionally, the procedure fails in the Emergency Department and you may be required to have this procedure performed in the operating theatre, especially if the presentation post shoulder dislocation is late. This is due to muscle spasm around the shoulder joint. In this case the procedure will be performed by the orthopaedic doctors in the operating theatre under anaesthesia to relax the muscles.

A sling will need to be worn to keep the shoulder in place and to allow recovery of the injured ligaments.

Keep your elbow, wrist and fingers moving to prevent stiffness.

Take over-the-counter pain killers as required and seek GP advice if these are not sufficient.

You may find that sleeping upright with extra pillows for the first few weeks is more comfortable.

What is the prognosis or expected outcome of treatment?

Over the next few weeks your injury should start to repair itself. However, full recovery may take two to three months and in some instances much longer.

After the first shoulder dislocation, there is an increased risk of recurrence. This is because the muscle and soft tissue holding the joint in place can become stretched.

Follow up

Fracture clinic follow-up will be arranged before you leave the Emergency Department. If you don't live locally, contact your local emergency department or your GP to arrange follow-up.

Avoid taking part in contact sports for the next two months. Ask the treating team in fracture clinic for further advice.

Further information

If you have any other concerns about your shoulder, please contact your GP or the A&E department on 01271 322480.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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