

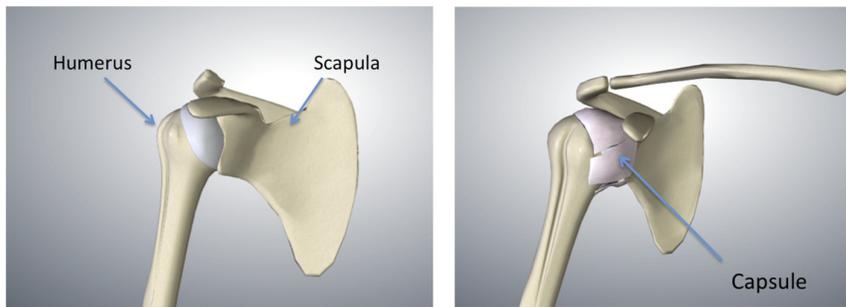
FROZEN SHOULDER (ADHESIVE CAPSULITIS) AND ARTHROSCOPIC CAPSULAR RELEASE

This information aims to help you understand your condition and gain maximum benefit from your treatment. It covers the most commonly asked questions. However, every individual is different, and you should ask as many questions as you like.

SHOULDER ANATOMY

The shoulder (glenohumeral joint) is a ball and socket joint. The ball is at the top of the arm bone (the humerus). The socket is the glenoid which is part of the shoulder blade (scapula).

The glenohumeral joint is surrounded by a sleeve of soft tissue (the capsule) that holds the bones together. The capsule is normally relatively loose, allowing the shoulder to have the greatest range of movement of any joint in the body.



FROZEN SHOULDER

When a frozen shoulder develops the lining of the joint becomes inflamed and then becomes thickened and stiff. Inflammation causes pain and the thickened capsule means that shoulder movement is restricted. It is more common in women than men. Most affected people are aged 40-60.

Typically there are 4 stages:

Painful phase: the inflammation develops but the capsule is yet to get thick. So the shoulder is painful but range of motion is close to normal. It can be difficult to make the diagnosis in this stage

Freezing phase: inflammation (and pain) continues. Stiffness is now present.

Frozen phase: inflammation (and pain) resolve but the stiffness remains

Thawing phase: the stiffness slowly resolves

Each phase typically lasts 6-12 months. Complete recovery may occur but up to 50% of patients continue to have some mild symptoms after 5 years.

THE OPERATION

Surgery typically results in a rapid improvement in pain and range of motion. Approximately 75% improvement is usually seen after 6 weeks.

The aim of the operation is to cut the thickened and inflamed capsule from the inside.

You will come to hospital on the day of surgery. You will have a general anaesthetic. A nerve block may also be used. Arthroscopic (keyhole) surgery is performed. The thickened inflamed capsule is cut. The surgery usually takes 1 hr.

AFTER SURGERY

You may go home either on the same day or the day after surgery

You will see a physiotherapist before you leave hospital.

A sling is worn for comfort. Most people discard it after a few days.

The speed of recovery is variable. It can be rapid or seem slow. Most improvement occurs in the first 6 months.

The end of recovery is around 12-24 months after surgery.

Further general information is available in the 'Information for patients undergoing surgery' leaflet.

APPOINTMENTS AFTER SURGERY

10-14 days; 6 weeks, 3 months, 6 months, 12 months.

REHABILITATION EXERCISES

Specific rehabilitation exercise sheets will be given to you in hospital and during your follow-up visits.

Only do the exercises shown to you in hospital and demonstrated to you in clinic. Unless other procedures are carried out at the same time the sling can be removed as comfort allows. Your therapist will suggest whether you can do the exercises yourself at home or would be better with regular supervised physiotherapy sessions. You will need to get into the habit of doing the exercises several times a day for around 6 months.

MILESTONES

Most patients will remove the sling after a few days

There are no restrictions on the shoulder, so all activities are allowable immediately but may be limited by post-operative pain.

DRIVING

You cannot drive while you are using a sling.

Once you have removed the sling you can drive when you feel that you have full control of the vehicle. It is your responsibility to make this decision.

LIFTING

There are no restrictions on lifting other than what pain allows.

LIKELY OUTCOMES

The main aim of surgery is to improve range of motion and pain. Patient satisfaction rates after surgery are around 95%. 50% of patients experience significant pain relief within the first week after surgery; 90% after 3 months.