

Mr. Jochen Fischer

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Arthroscopic release of frozen shoulder

You've been listed for an operation called arthroscopic release of frozen shoulder. You should have received most of the information during your last consultation with me. While the operation is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

Infection: There is always a small risk of infection following any surgery. The risk is small. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection. Deep infection affecting the inside of the joint is even rarer, but this could damage the joint permanently unless it is dealt with promptly with a surgical washout and antibiotics.

Damage to nerves and arteries: As part of the procedure traction is applied to your arm to make the introduction of instruments into your shoulder joint easier. This can in rare instances result in a traction injury to nerves in the arm, potentially resulting in pain, numbness and weakness. Usually this is a problem that gets better with time. Permanent damage is very rare.

Releasing adhesions also means there is a risk of releasing too much, cutting too deep and therefore coming too close to nerves/arteries, putting them at risk of being cut or damaged. Cutting a nerve could potentially leave you permanent weakness and/or numbness in parts of the arm. Damaging small arteries doesn't usually cause any major problems, but cutting a main artery would require urgent repair by a specialist. This is a very, very rare problem. As a Surgeon I take great care not to come close to nerves/arteries and will always err on the side of caution to avoid problems.

Pain& Stiffness: No matter how good my release is, there is always a small risk that the frozen shoulder might persist, leaving you with ongoing pain and/or stiffness. This will usually get better with time, but much slower than in those patients where the operation is successful. There is no success guarantee.

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Swelling and bruising: This is normal after surgery and usually resolves quickly.

Following Surgery: You should be able to go home on the same day.

Physiotherapy: This is all important to help making the operation a success. The Physios on the ward will give you instructions regarding simple exercises, hygiene etc. They will look after you during your Rehab and will gradually give you more exercises.

Sutures and dressings: The sutures are absorbable. There is no need to remove them. The dressing can be removed after 2 weeks and provided everything has healed well you can then have a shower or a bath without the need to cover the wound.

Pain killers: You will get some to take home from the ward. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Problems following surgery: Phone the ward for advice.

If you would prefer to discuss this again with me prior to treatment then please contact my secretary : Tel 07935 480188, Email jfortho.secretary@gmail.com

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