

Mr. Jochen Fischer

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Consultant Orthopaedic & Upper Limb Surgeon



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Arthroscopic stabilisation of dislocating shoulder

You've been listed for an operation called arthroscopic stabilisation of dislocating 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.

Nerve damage: 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.

Pain: This usually settles reasonably quickly following surgery. Very few patients experience ongoing longstanding pain.

Ongoing or recurrent instability: For most patients the procedure is successful in stabilising a previously unstable shoulder, but there is a failure rate of approximately 10%. Symptoms could come following a further dislocation either as a result of major trauma or because the procedure didn't work well enough. Sometimes patients may be better following surgery, but continue to complain of vague instability symptoms. There are a number of reasons why surgery is unsuccessful. If the soft tissue stabilisers of the shoulder have been in a poor condition as a result of multiple previous dislocations, then a subsequent repair of these structures may not be of a good quality. Some patients lose bone from the socket of the shoulder as a result of multiple previous dislocations. This will lessen the chance of success as there is no easy way of substituting for lost bone. The more bone has been lost and the poorer the quality of the soft tissues, the higher the rate of further instability problems.

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Stiffness: This can sometimes occur following surgery. For most patients this resolves within 6 months of the operation and with help of physiotherapy.

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

Re-tear: The repaired soft tissues take a long time to heal and during that time there is always a risk of the repair failing. Even once the soft tissues have healed there is a risk of re-tearing. Usually this is the result of a violent injury. Some patients may get better with physiotherapy, but others may require revision surgery.

Anchors and sutures: I use suture anchors to repair the soft tissues stabilisers. This is like a wall plug with sutures attached that gets buried in the bone. If the anchor pulls out it can cause pain and may have to be removed. If the sutures fail or become undone they may cause pain and irritation in the shoulder and may have to be removed. These are rare problems.

Following Surgery: Your arm will be in a sling. 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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