

## **Manipulation under anaesthetic (MUA) of frozen shoulder**

You've been listed for an operation called manipulation of frozen shoulder under anaesthetic (MUA). 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.

**Fracture or dislocation:** During the procedure I will forcefully push your shoulder to overcome the stiffness, break up any adhesions and bring the range of movement back to normal. If I was to push too hard, I could dislocate the shoulder or cause a fracture of a bone. Nobody wants that and I will always err on the side of caution. I'd rather be unsuccessful with the procedure than risk serious injury. Even with all the caution in the world there is never a guarantee that untoward events will not happen.

**Failure:** Sometimes stiffness can be too great to overcome and trying to do so would result in serious injury like fracture or dislocation. If the procedure is unsuccessful there are several treatment options ranging from do nothing (waiting for the natural healing of frozen shoulder) to more invasive keyhole surgery.

**Ongoing pain and stiffness:** For most patients pain and stiffness gradually improve in the weeks and months following the procedure. Sometimes I can achieve a full range of movement under the anaesthetic, but despite intensive Physiotherapy the shoulder can become stiff and painful again. Treatment options ranging from do nothing (waiting for the natural healing of frozen shoulder) to more invasive keyhole surgery.

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

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

**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.

# Mr. Jochen Fischer

State Exam Med, MRCSEd, FRCS (Tr&Orth), MD  
Consultant Orthopaedic & Upper Limb Surgeon



[www.jf-ortho.co.uk](http://www.jf-ortho.co.uk)

[www.manchesterorthopaedicgroup.co.uk](http://www.manchesterorthopaedicgroup.co.uk)

[www.advancedshoulderclinic.co.uk](http://www.advancedshoulderclinic.co.uk)

[www.orthobiologicsclinic.co.uk](http://www.orthobiologicsclinic.co.uk)

Problems following surgery: Phone the ward for advice on 01625 505416

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](mailto:jfortho.secretary@gmail.com)

Spire Regency Hospital  
West Street  
Macclesfield  
Cheshire SK11 8DW

Secretary Spire Regency  
T: 07935 480 188  
E: [jfortho.secretary@gmail.com](mailto:jfortho.secretary@gmail.com)