

What are the risks involved with this operation?

All operations involve an element of risk. We do not wish to over-emphasise the risks, but feel that you should be aware of them before your operation. They include:

- a) complications relating to the **anaesthetic** (These will be discussed at the pre-admission clinic).
- b) **infection**. These are usually superficial wound problems. Occasionally deep infection may occur after the operation.
- c) unwanted **stiffness** and/or **pain** in (and around) the shoulder.
- d) damage to the **nerves** and **blood vessels** around the shoulder.
- e) a need to **redo the surgery**. The repair may fail and the shoulder become unstable again. This occurs in about 3 - 10% of cases

Please discuss these issues with the doctors if you would like further information. You will have these opportunities:

- a) if you have further out patient clinic appointments
- b) at the 'pre-admission clinic' which you attend before the operation
- c) when you are admitted to hospital for the operation

Who to contact if you are worried or require further information

For general enquiries about appointments, please phone:

Mr Smibert's secretary on: 01935 384597

Mr Chamblers's secretary on: 01935 384779

For enquiries regarding admission dates, please phone the admissions office on 01935 384619

Please note that neither surgery nor any other treatment will be done without your agreement (consent). It is your right to refuse treatment at any time, or until you have enough information to feel comfortable about giving your consent.

If you do not see a physiotherapist before you go home, please make sure you have an out patient appointment with your local physiotherapy department or contact 01935 384358 (Rehabilitation Department reception at Yeovil District Hospital) to arrange one.

We would like to thank the Nuffield Orthopaedic Centre (Upper Limb Unit) for allowing us to reprint the information in this leaflet.

INFORMATION ABOUT YOUR OPERATION ANTERIOR STABILISATION OF THE SHOULDER



ANTERIOR STABILISATION OF THE SHOULDER

The doctors have suggested that you may benefit from having this operation. This leaflet is designed to give you some brief written information about an anterior stabilisation operation, and to explain some of the risks involved. Before your shoulder operation, you will be given another booklet.

This will give you more detailed information and include some exercises to guide you through your recovery.

Shoulder Dislocation

The shoulder joint is designed to give a large amount of movement. Ligaments, a rim of cartilage and muscles to help to keep the joint stable during movement.

The shoulder can dislocate in accidents or situations where your arm is over-stretched. The top of the arm bone may be forced forwards ('anterior') and it can tear or stretch the ligaments, rim of cartilage and the muscles. However, sometimes people have 'loose-joints' and these can become a problem and start dislocating on everyday activities.

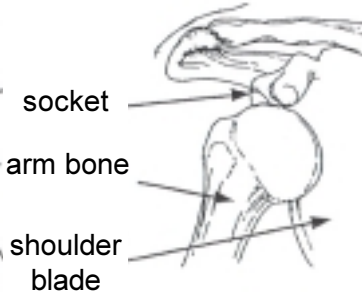
Right Shoulder (viewed from the front)

Normal alignment



Dislocated shoulder

The top of the arm bone is now in front of the socket



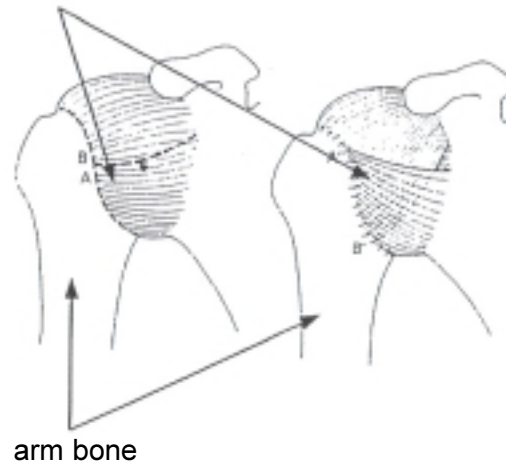
About the Anterior Stabilisation Operation

The operation aims to tighten and/or repair the over-stretched and damaged ligaments, rim of cartilage and muscle. Different types of operation are done to achieve this, but normally it is the ligaments deep around the shoulder joint that are tightened up. The surgeon and therapists will be able to discuss your individual surgery after the operation.

Right Shoulder (viewed from the front)

This shows how the deep ligaments may be cut and over-lapped to tighten the front of the shoulder joint.

deep ligaments



General Advice

You will be asked to attend a pre-admission clinic just before your operation. At this time you will be given a more detailed booklet and you will have the opportunity to discuss issues and concerns with staff.

You will usually be in hospital for one day after your operation. You will be seen by a doctor and physiotherapist before you are discharged. After an anterior stabilisation, you will have a sling which normally you will wear all the time (except for doing exercises), for 3 weeks. You will be more or less one-handed during this time, which affects daily tasks quite considerably.

Once your period of immobilisation is over, you will start mobility and strengthening exercises, normally attending out patient physiotherapy. Gradually, you will be able to use your arm more. Driving is usually possible 4-6 weeks after surgery. However, lifting, overhead activities or manual work may be restricted for 2-3 months.