

- b) you will be admitted to hospital the day before your operation
- c) the operation is normally done in day surgery

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. **Please discuss any concerns with the doctors.** They include:

- a) complications relating to the **anaesthetic**
- b) **infection**. These are usually superficial wound problems. Occasionally deep infection may occur after the operation
- c) the operation **does not succeed** in improving the pain or movement in your shoulder
- d) damage to the **nerves** and **blood vessels** around the shoulder
- e) the upper arm bone breaking

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 MANIPULATION UNDER ANAESTHETIC (of the shoulder)



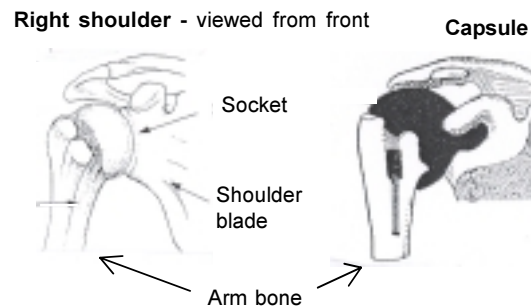
MANIPULATION UNDER ANAESTHETIC (of the shoulder)

The doctors have suggested that you may benefit from having this operation. This leaflet is designed to give you some brief written information about a manipulation under anaesthetic operation, and to explain some of the risks involved.

You will be given another booklet closer to the operation date (either in pre-admission clinic or directly after surgery). This will give you more detailed information and include some exercises to guide you through your recovery.

The Shoulder

The shoulder joint is designed to give a large amount of movement. Some movement occurs between the shoulder blade and chest wall. However, most shoulder movements are at the ball and socket joint. The joint is surrounded by a loose bag or 'capsule', see picture below. This is supported by ligaments and muscles.



The shoulder can become inflamed and tight, commonly known as a 'frozen shoulder'. Often it occurs for no apparent reason. Sometimes it occurs after a minor accident or after an operation. Frozen shoulder also appears to be more common in people with diabetes. In the initial phase it is both painful and stiff. In later stages, stiffness is often the main problem.

If physiotherapy fails to improve movement, then a manipulation under anaesthetic (MUA) may be offered.

About the manipulation under anaesthetic operation

The operation aims to increase the range of movement in your shoulder. Part of the operation is done under keyhole surgery or 'arthroscopy'. A water/salt solution is pumped into the joint. This is known as distension. It aims to stretch or distend the capsule. Finally, the joint will be forcibly stretched in outward, upward and twisting movements to try and regain maximum movement in the ball and socket joint.

The operation is usually done under general anaesthetic, but sometimes it is done by putting your arm to sleep, with you awake (regional anaesthesia). Please discuss this with the hospital doctor.

General advice

You will normally only attend the hospital for a day, unless you are a diabetic (see later). You will usually be discharged in the afternoon/evening after the operation and will be seen by a doctor and physiotherapist before you leave.

The physiotherapist will teach you some exercises which you will need to start doing immediately and continue with at home. Out patient physiotherapy appointments will be arranged for you as soon as possible.

Your arm may be supported in a special sling to keep the shoulder stretched whilst you are in hospital. You will be given a normal sling for comfort when you go home. The shoulder may be more painful for a few weeks and you are advised to use pain medication, heat and ice to help control the pain. Gradually, you will be able to use your arm more. Driving is usually possible within a week. Lifting or manual work may be restricted for 2 weeks.

Although you are not in hospital very long, you will have to **make time to do exercises** and attend therapy. This is to try and maintain and increase any improvement in movement gained in surgery. **Therefore, be prepared!**

If you have diabetes

- you may be asked to attend the pre-admission clinic just before your operation.