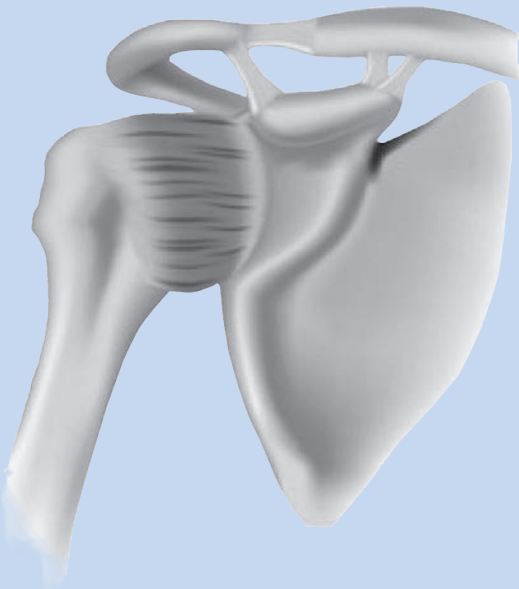


Arthroscopic Capsular Release Following a Frozen Shoulder



[Patient Information](#)

Introduction

This booklet provides information and advice about your arthroscopic capsular release following a frozen shoulder. This information will aid your recovery and rehabilitation immediately following your surgery at the James Paget University Hospital and once you are discharged home.

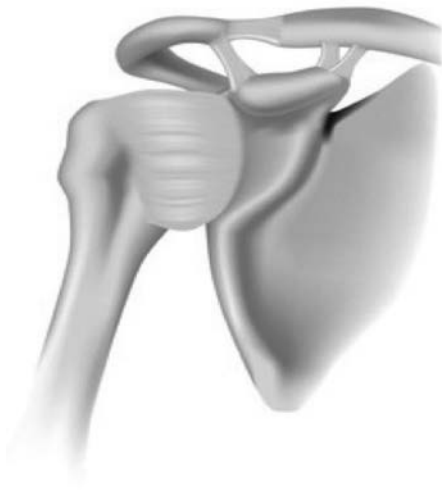
The aim of your surgery and post-operative advice is to regain as much range of movement in your shoulder as soon as pain allows.

A structured rehabilitation program is vital for achieving the best possible outcome in the long term. This booklet contains exercises that will help strengthen the muscles around the shoulder so that you regain full range of movement and function.

Anatomy and function

The shoulder is normally a very mobile and flexible joint. The lining of the shoulder joint, known as the “capsule”, and its ligaments are what gives the shoulder its’ flexible movement. A frozen shoulder (adhesive capsulitis) is when the capsule and the ligaments become inflamed and scarred resulting in pain, stiffness and reduced movement.

Normal shoulder

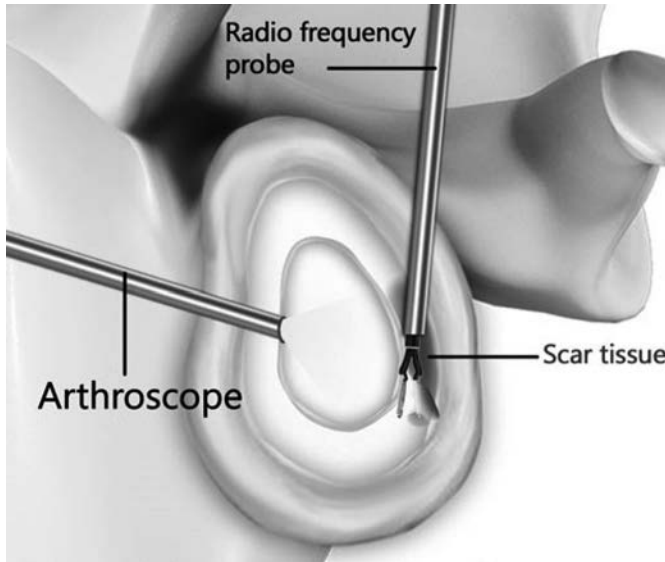


Frozen shoulder



Reasons for your operation

An arthroscopic capsular release involves removing this scarring and sometimes part of the inflamed capsule. This aims to increase your movement and reduce your shoulder pain and stiffness.



Your hospital stay

An arthroscopic capsular release is usually a day case procedure. You may require an overnight stay depending on your recovery after the operation and the time of day it was done. It is strongly advised that you start to move the shoulder on the day of the surgery as pain allows. Please follow the guidance around this laid out in this booklet.

You will be seen by a physiotherapist prior to your discharge to go through the exercises and to answer any questions that you might have.

Post-operative advice

Peripheral nerve block

Some patients will have had a peripheral nerve block during the operation. This may result in reduced feeling and movement in your operated arm and shoulder. This anaesthetic technique is very safe and effective. Serious complications are very rare.

Normal side effects of regional anaesthesia include numbness and heaviness in your limb. These symptoms might still be present when you are discharged home. They should resolve within 48 hours, and strength and feeling in your limbs should return to normal.

Remember to protect your limb from potential hazards while there is still numbness and weakness (for example hot surfaces).

Please call us for advice if you have any concerns regarding your anaesthetic management once you are at home or experience any of the following symptoms within your first week at home:

- A **suspicion of infection** around the injection site of the nerve block. Signs include a temperature, localised redness, tenderness, swelling or oozing from the wound site.
- Any **pain or weakness** in your arm which did not exist before your surgery and you do not think was caused by your surgery.
- **Persistent numbness** or altered sensation in your arm.
- Any **new numbness or weakness** in your arm which develops after your discharge home.

If you have had a peripheral nerve block and have any queries during the week between 0700 and 1900, please contact the Hospital switchboard on **01493 452452** and ask to speak to the 'Anaesthetist Trouble Shooter'. Outside of these hours or at weekends please ask to speak to the anaesthetist-on-call.

Wound care

You will have two to three small puncture wounds which will be closed with small sticking plaster strips. Keep the wounds dry until they are healed. We recommend that you strip wash for the first week with your sterile dressing on. After this, you can shower but you must still keep your dressing on, and do not submerge under water, e.g. bath. Only allow the water to run over the area, do not rub with soap or rub dry.

The dressing will normally be removed at your GP practice approximately eight to 14 days post-surgery. After this, you may shower without the dressing, do not submerge under water, e.g. bath. Avoid using spray deodorant, talcum powder or perfumes near or on the wounds until they are healed to reduce the risk of infection.

Wound infection

If the wound edge becomes red, oozy and/or painful please contact the ward that you were admitted to for your surgery. You will be asked to come into the hospital for a physical review to assess which antibiotics you might need. Please do not attend your local GP Practice for a review of your wound if you believe it to be infected.

Pain relief

As with any surgery, you should expect some degree of pain. Painkillers will be prescribed and it is advised that you take them regularly so that you can perform your exercises and you are able to use the arm.

Ice and swelling

You may experience swelling of your shoulder for up to 6 weeks post operatively. Ice can be used to help control the pain and reduce this swelling.

In sitting, rest your arm on a pillow(s) or on the arm of a chair to relax the shoulder. Place a protective layer between your

skin and the ice, e.g. a damp tea towel. Remove the ice after a maximum of 15 minutes. If you do not have ice, a large bag of frozen peas makes an excellent ice pack. You can repeat this up to 4 times a day.

The sling

You will be provided with a sling to wear until the nerve block has worn off. As soon as you have no more numbness in your arm, you must remove the sling to allow more shoulder movement.

Correct position

When wearing a sling make sure your hand is elevated above your elbow and that your shoulder feels comfortable. Your shoulder should not be raised or feel tense. To reduce this, make sure your elbow is relaxed into the corner of the sling and that the strap is coming around your non-operated shoulder.



Incorrect position

The picture to the right, is how not to wear a sling. You should not allow the wrist to hang out of the sling, as this can damage the nerves at your wrist. The shoulder strap should not pull on your neck as this will cause muscle and nerve damage. Your operated shoulder should not be rounded or pulled forward.



Sleeping

If it helps to reduce pain whilst sleeping, you can continue to wear your sling at night.

It is best to avoid sleeping on the side of your operation as this will be very uncomfortable. When laying on your non-operated side, you can fold or hug a pillow in front of you to support the arm. You can also tuck a pillow along your back to help prevent rolling onto the operated shoulder during the night.

You may find initially, lying on your back in a more upright position to be more comfortable. To help keep the arm in a comfortable position, place a pillow behind it.

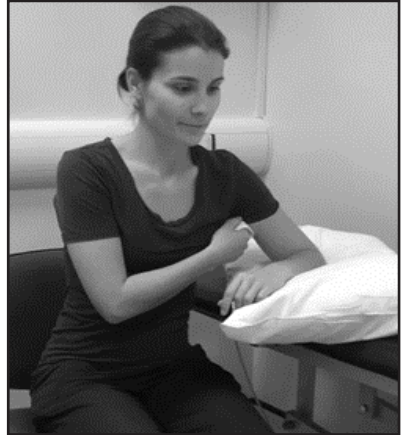


Washing and dressing

You may need someone to assist with washing and/or brushing your hair as it is not advisable to reach the back of your head with your operated arm. It is advised you wash and dress whilst sitting with your arm resting on your lap or on a table with a pillow underneath your operated arm.

It is easier to dress the operated arm first, and then the non-operated arm and then reverse the procedure when undressing.

Initially, you may find it easier to wear loose fitting clothes e.g. tracksuit bottoms and a loose t-shirt. If you wear a bra you may find it easier to do the clasp up at the front of you and move it into place with your non-operated arm.



Movement and function

You should aim to increase your range of movement immediately after your operation, as pain allows. It is normal for your shoulder to be sore. You are not damaging the shoulder by moving it. It is essential to achieve full movement as soon as possible.

Once full movement has been achieved you may begin to carry out light tasks. It can take from 6 months to a year to fully recover.

Return to work

Discuss with your consultant in the first instance but expect to return to light work after 6 weeks. If you are in a sedentary job you may return as soon as you feel able usually after one week. Return to heavy lifting and overhead work may require a longer period of rest. If you require a Fit Note, please inform the ward staff after your operation.

Driving

It is best to avoid driving after your procedure and for the first few weeks. You must feel comfortable and be able to safely operate the vehicle before returning to driving. You must not be taking strong pain medication. Talk with your GP or consultant to discuss this further. It is advisable to contact your insurance company to inform them of your procedure, before returning to driving.

Leisure activities

You should avoid sustained, repetitive overhead activities for three months. With regard to swimming you may begin breaststroke as soon as you are comfortable but you should wait 3 months before resuming front crawl. Golf can begin at 6 weeks. For guidance on DIY and racquet sports you should speak with your community physiotherapist.

Flying

Discuss with your consultant and with the airline's medical department if you wish to fly within 6 weeks of your operation due to the risk of clot formation. You should also discuss with your GP if there are any other measures to be taken as you may be on new medication due to your operation.

Your recovery

This can be variable, however experience shows us that by 3 weeks movement below shoulder height becomes more comfortable. By this stage you should have almost full range of movement, although there will probably be discomfort when moving the arm above the head and when lying directly on your shoulder.

At 3 months after your surgery your symptoms should be approximately 80% better. It can take 6 to 9 months to fully recover and you will continue to improve for up to a year following the procedure.

Physiotherapy exercises

The shoulder exercises should begin straight away following your procedure. Movement in all directions should be as far as your pain allows. All of the exercises should be completed with the arm out of the sling. Please attempt to complete your exercises 3 to 5 times a day, completing 5 to 10 repetitions of each.

Prior to completing your exercises, ensure that you have taken adequate pain relief as this will allow you to complete your exercises effectively.

The following exercises should not exacerbate your pain, however if they are too uncomfortable please contact your consultant or community physiotherapist.

The shoulder strengthening exercises (exercises 9 - 12) are to be started **2 weeks** following your surgery. Please only complete these as pain allows. All the other exercises are to be completed from day of surgery.

Exercise 1 – Scapular setting

Achieving the correct posture is one of the most important thing to do following your surgery. This will allow the shoulder to move in the way that it is supposed to without placing stress or strain on the joint or muscles.

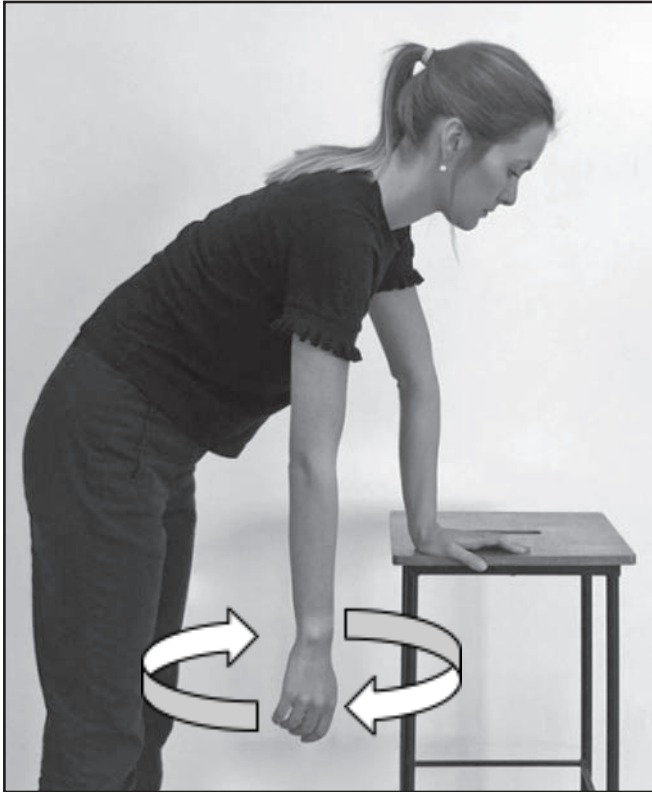
The shoulder blades (scapula) need to be moved back and down (scapular neutral position) to complete this exercise. Hold for five seconds and relax without slouching.



When completing the other exercises try to ensure you are achieving the **scapular neutral position** before starting the movement.

Exercise 2 – Pendulum circular motion

In standing, lean onto a kitchen work top or high stool. Let your arm hang down. Swing your arm gently around in a circular motion clockwise and then anti-clockwise.



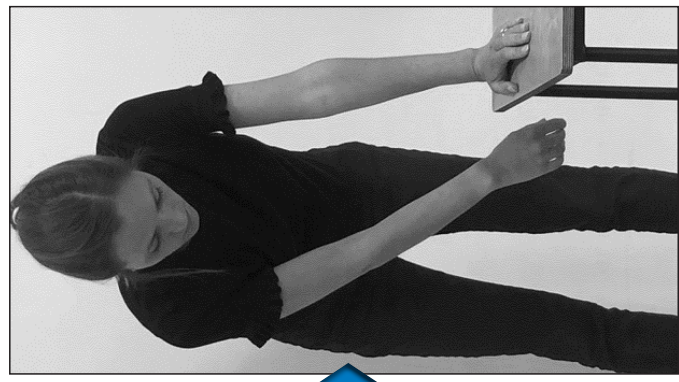
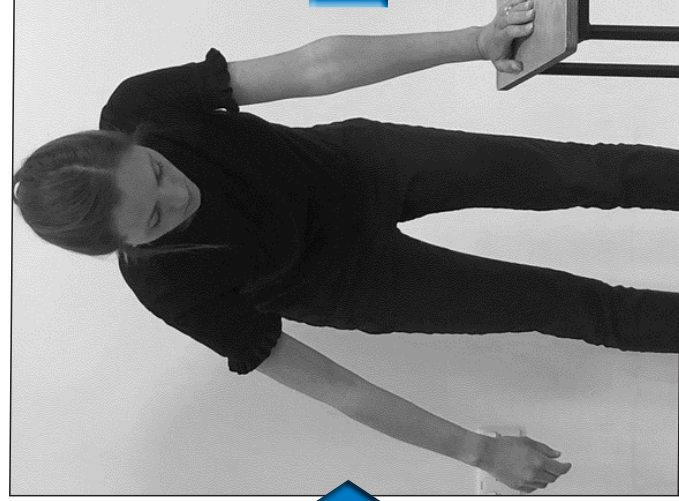
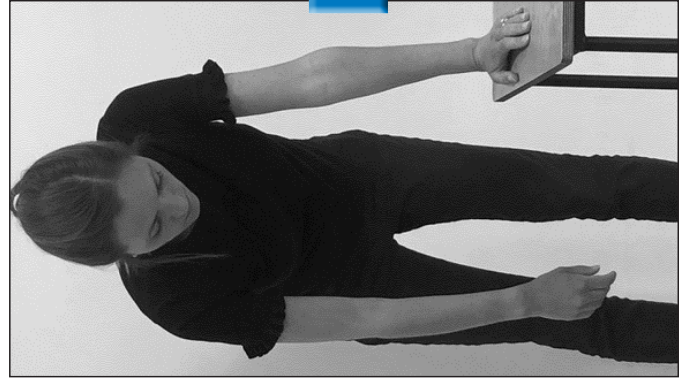
Exercise 3 – Pendulum forward and backwards

In standing, lean onto a kitchen work top or high stool. Let your arm hang down. Swing your arm gently forwards and backwards, as pain allows.



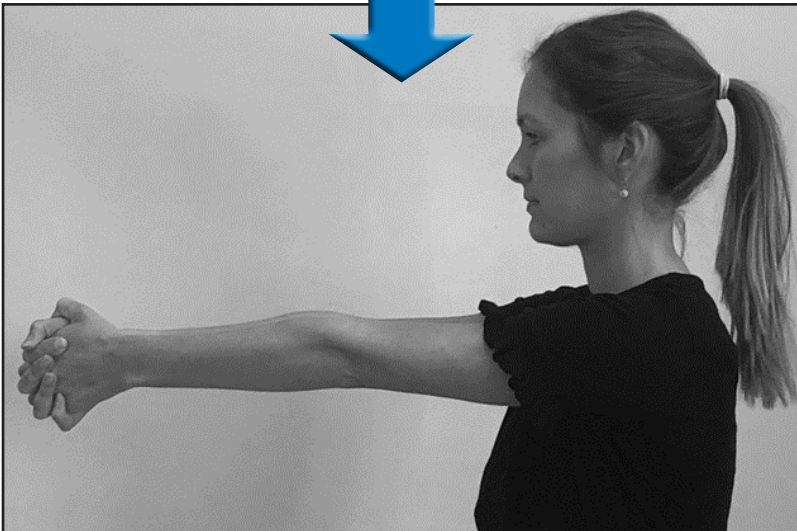
Exercise 4 – Pendulum side to side

In standing, lean onto a kitchen work top or high stool. Let your arm hang down. Swing your arm gently from side to side, as pain allows.



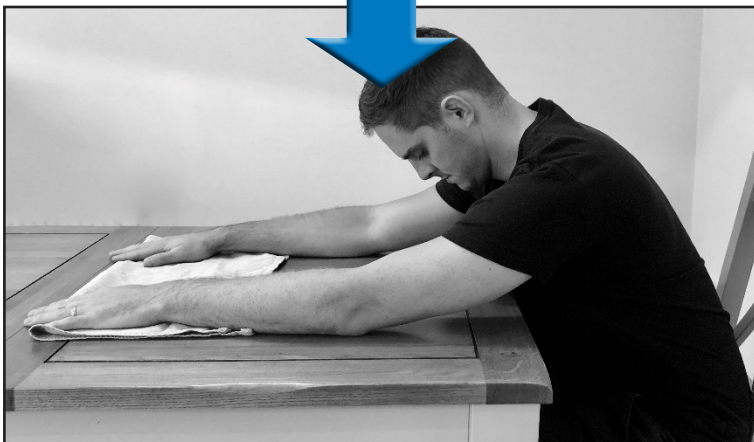
Exercise 5 – Active assisted shoulder flexion

Start by achieving the scapular neutral position. Bend your elbows to 90 degrees and entwine your fingers with your palms together. Using your non-operated arm to assist the movement, push away from your body, as far as pain allows. Return to the start position.



Exercise 6 – Shoulder flexion on table top

Achieve the scapular neutral position. In sitting, rest your hands on a table. Use a duster or cloth to slide both hands forward as far as comfortable. Allow your shoulders and neck to relax by letting your head drop forward as shown. Carefully return to the starting position.



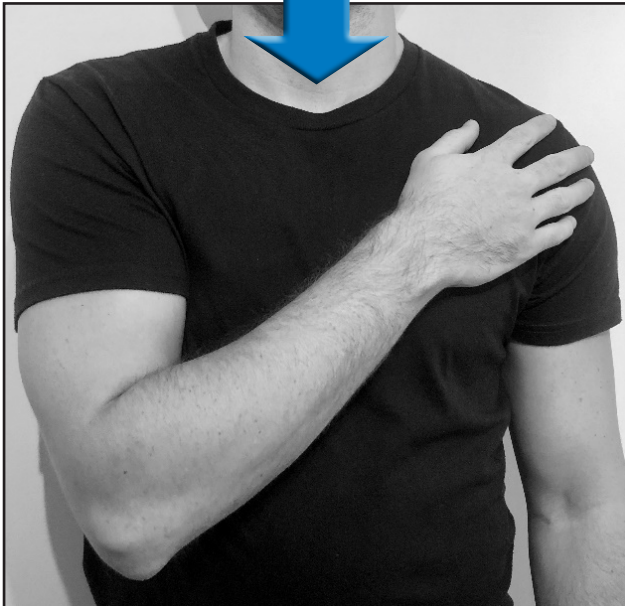
Exercise 7 – Shoulder abduction on table top

Sit with your operated arm next to a table. Achieve the scapular neutral position. Place your hand on a duster or cloth to slide the hand across the table as far as comfortable. Allow your shoulders and neck to relax by letting your upper body move slightly with the movement. Carefully return to the starting position.



Exercise 8 – Back of shoulder stretch

In sitting, place the hand of the operated limb on the opposite shoulder. Support the elbow of your operated limb with the other hand. Gently try to reach over your non-operated shoulder so that you feel a stretch in the back of your operated shoulder. Hold for 5 to 30 seconds then slowly release.



**Do not start the following
exercises until 2 weeks
following your surgery**

Exercise 9 – Static shoulder strengthening, extension

Start by achieving the scapular neutral position. Stand with your back against a wall. Keep the arm close to your side, with your elbow bent to 90 degrees. Push the elbow and back of your arm into the wall. Hold for 5 seconds.



Exercise 10 – Static shoulder strengthening abduction

Start by achieving the scapular neutral position. Stand with your operated side to the wall. Keep the arm close to your side, with your elbow bent to 90 degrees. Push your arm into the wall. Hold for 5 seconds.



Exercise 11 – Static shoulder strengthening, internal rotator



Start by achieving the scapular neutral position. Stand with your elbow bent to 90 degrees, close to the body. Place the palm of your non-operated arm on the forearm of the operated arm. Attempt to move the forearm of the operated arm inward, towards your stomach, resisting the motion with the opposite hand. Keep the operated shoulder still. Hold for five seconds.

Exercise 12 – Static shoulder strengthening, external rotator

Start by achieving the scapular neutral position. Stand with your elbow bent to 90 degrees, close to the body. Grasp the forearm of the operated arm with the opposite hand. Attempt to move the forearm of the operated arm outward resisting the motion with the opposite hand. Keep the operated shoulder still. Hold for five seconds.



Daily exercise completion

It is really important once you are home to continue with your exercises.

Those that complete regular exercises will have the best functional outcomes. It will also give you an advantage when you attend your community physiotherapy appointment to get the best out of your time with them.

You could use the table opposite to keep record of when you are doing them.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							

What happens when I am discharged?

You are expected to complete your exercise regime on discharge.

A follow up appointment with your consultant will be arranged shortly after discharge. The date of this appointment will be sent to you in the post.

If you need any follow up for your wound care this will be organised for you by the nurses on the ward before you are discharged.

Community physiotherapy

On discharge, your ward physiotherapist will refer you to East Coast Community Healthcare (ECCH) for community physiotherapy.

ECCH will be in contact to arrange your appointment. If you have not heard from them by the end of your first week following your discharge, please contact ECCH directly on 01493 809977.

The location of your appointment will be where it is most convenient for yourself. Please refer to the table on the following page for possible locations.

In some circumstances you may not have been seen by a ward physiotherapist prior to your discharge home. In this instance please follow the guidance given to you by the nurse on the day care unit. The integrated therapy team at the James Paget University Hospital will endeavour to contact you the next working day via telephone to ensure you are managing and discuss any immediate questions you may have.

GP Area	Outpatient Clinic
Beccles	Beccles Hospital, St Mary's Road, Beccles NR34 9NQ
Great Yarmouth	Northgate Hospital, Herbert Matthes Block, Northgate Street, Great Yarmouth NR30 1BU
Gorleston	Shrublands Health Centre, Magdalen Way, Gorleston NR31 7BP
Lowestoft	Kirkley Mill Health Centre, Cliff Road, Lowestoft NR33 0DR
Halesworth	Patrick Stead Hospital, Patrick Stead Outpatients Department, Bungay Road Halesworth IP19 8HP
Martham	Martham Medical Centre, Hemsby Road, Martham NR29 4QG
Reydon	Sole Bay Health Centre, Teal Close, Reydon IP18 6GY

Useful Contact Numbers

Hospital Switchboard	01493 452452
Day Care Unit, Primary Number	01493 452022
Day Care Unit, Secondary Number	01493 453006
Elective Unit, Ward 22	01493 452331
Orthopaedic Therapy Office	01493 453849
British Red Cross	01493 452080
ECCH, Community Physiotherapy	01493 809977
Website	www.physio.ecch.org

If you encounter any problems after discharge related to your wound, or medications, please contact the Day Care Unit, orthopaedic clinic or your consultants' secretary for advice as soon as possible.

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Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

TRUST VALUES: We CARE for...
our patients... each other... ourselves

BEHAVIOURS:

Courtesy and respect

Attentively kind and helpful

Responsive communication

Effective and professional

**#Proud
of the
Paget**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

**For a large print version
of this leaflet, contact
PALS 01493 453240**

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