

FROZEN SHOULDER/ADHESIVE CAPSULITIS

What is frozen shoulder?

Frozen Shoulder is a condition that causes the shoulder to become extremely painful and stiff. It often starts without any specific cause or injury although it may be caused by a mild injury.

What are the symptoms?

The main symptoms are pain and stiffness. The condition can be extremely painful even when not moving the shoulder and often the pain felt at night interferes with sleeping. The stiffness or reduced movement may make even normal daily activities such as washing and getting dressed extremely difficult.

The condition usually has three phases;

Phase 1 "Freezing" the pain starts and as it gets worse leads to loss of movement

Phase 2 "Frozen" the pain improves but the shoulder remains very stiff

Phase 3 "Thawing" the stiffness and pain gradually get better

This process may take a long time (2 years or more) and you may not make a complete recovery at the end of this time.

What causes it?

Often no specific cause is identified. It is seen more commonly in people who have diabetes or thyroid problems.

It may be caused by a minor injury to the shoulder or arm or by a more major injury or surgery.

If you have had a frozen shoulder on one side then about 1 in 5 people (20%) will develop a frozen shoulder on the other side too.

What tests are there?

Frozen shoulder is mainly diagnosed on the description you provide and the clinical examination. However x-rays or scans will be needed to exclude other causes of a stiff and painful shoulder.

What are the treatments?

If you have no treatment the problem should gradually improve over 2-4 years although it may not completely recover at the end of this time. The pain and stiffness is usually so limiting that it requires some form of treatment.

- Painkillers and anti-inflammatory tablets can help control the pain at all stages
- Physiotherapy can be directed at pain relief to start with and to help prevent worsening stiffness and regain range of movement
- Joint injections (cortisone/steroid) can help improve the pain by calming the inflammation in the joint but does not necessarily improve the stiffness
- Hydrodilatation of the joint involves injection of fluid into the joint under pressure to rupture the scar tissue to help with the stiffness

All of these treatments can help to improve symptoms and progress through the 3 phases - although the problem may still persist. If the symptoms do not settle after these treatments or the problem is severe enough to start with then surgery has been shown to be a very successful treatment.

- Keyhole surgery to remove the scar tissue and inflammation of the joint lining along with manipulation of the joint to ensure a full range of movement

What does the operation involve?

Arthroscopic (keyhole) capsular release and manipulation under anesthetic is an operation to remove the scarred and inflamed joint capsule that is causing the pain and stiffness. The joint is then manipulated to ensure a full range of movement is achieved. The operation requires a general (full) anesthetic and patients usually go home later on the same day.

There are 2 x 1cm cuts made for the instruments to go into the shoulder. It is vital to keep the shoulder moving after the operation and you will be seen by

the physiotherapists on the day of surgery and regularly after - it is essential that the exercises are done at home as well.

Will I need to wear a sling?

You will have a sling on after the operation but this is for comfort only and not to limit your movements. It can be removed whenever you feel comfortable to do so. The aim of the operation is to regain movement and so regular shoulder exercise is essential.

What is the recovery?

The surgery is performed as a day case procedure and patients are usually discharged home a few hours after surgery. There will be one stitch in each of the cuts which will be taken out 10 days after the operation.

Some pain after the operation is to be expected and you will be provided with painkillers for this. This pain usually settles within 2-4 weeks and in this time it is important to keep moving the shoulder.

When can I return to normal activities?

- **Driving** – usually within a week, you can drive as soon as you feel comfortable and capable of doing so
- **Work** – it depends on the job, if you have a desk based job then you may return at around 2-4 weeks, manual work is likely to take a few weeks more
- **Sports** – it depends on the sport, there are no hard rules and a gradual return to sport usually can be made after 2-4 weeks

What are the possible risks/complications of surgery?

See below

**To make an appointment or if you have a query please call 08445 617152
or**

e-mail info@csortho.co.uk

More information is available at www.cardiffsportsorthopaedics.co.uk

Complications/Risks of Shoulder Arthroscopic Capsular Release and Manipulation

All surgical procedures have risks/complications that may occur despite the highest standards of practice and it is not practical to list them all. What follows is a list of some of the problems that can be encountered following frozen shoulder surgery. **These complications are rare** but it is vital that you are aware of them in order for you make an informed choice about the operation knowing the risks and benefits of surgery.

Infection;

The operative site may become infected – this can usually be treated with antibiotic tablets.

Bleeding/wound healing problems;

There may be a small amount post-operative bleeding.

The wound may take longer than usual to heal or may not heal as expected.

Nerve/blood vessel damage;

Very rarely some of the nerves around the shoulder may be damaged if this is the case the muscles or sensation supplied by the nerve may stop working, if this does occur it usually recovers over a period of time but it may be permanent.

Stiffness/Pain;

The operation may not relieve the pain and/or stiffness.

Fracture or dislocation;

Very rarely the arm bone may fracture or the joint dislocate following the manipulation.

Severe pain and stiffness;

Complex Regional Pain Syndrome is very rare but a risk with any surgery and may require prolonged treatment with physiotherapy and painkillers.

Blood clots;

Surgery carries the risk of developing blood clots in the leg (deep vein thrombosis) or the lung (pulmonary embolus), this is rare following shoulder surgery and you will be provided with appropriate measures (such as stockings) to minimise the risk.

All surgical procedures may cause complications that could result in a situation that is worse than before the surgery – these complications are extremely rare.

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