



Anterior Shoulder Stabilisation Surgery Information

Below is some information regarding your operation, which is intended as a guide. Please read this. For any further clarification, or if you have any queries or issues, please contact my rooms as soon as possible on 9389 3855 or email: spenceradmin@hogwa.com.au

With kind regards,

Mr Jonathan Spencer

Soft Tissue Shoulder Surgery – Risks and Benefits

Aim of Surgery

- Reduce shoulder pain
- Improve shoulder function
- Improve overall quality of life and mobility

Overall success rate: 95%

What to Expect

- 1-2 days in hospital
- 2 weeks of swelling and discomfort requiring significant pain killers
- 4-6 weeks in a sling
- 6 -12 weeks for reasonable recovery
- 6-12 months for a good to full recovery

Risks

- 5% chance of minor complication
- 0.5-1% chance of serious complication
- Risk of dissatisfaction with the outcome of surgery

Possible Complications of Surgery

- Wound infection
- Deep joint infection
- Deep vein thrombosis (DVT)
- Fracture
- Nerve injury
- Revision surgery
- Dislocation
- Heart attack
- Chest infection
- Pulmonary embolism

Post Operation Wound Care:

- Keep wool and crepe bandages on for 24 hours after the operation.
- Keep wounds clean, dry and covered for 2 weeks or until the wound is completely healed. If the dressings get soaked through, they will need to be changed.
- Do not soak the incision (i.e. bath or pool) until the wound is completely healed.
- Mr Spencer mainly uses dissolvable stitches.
- If you have any concerns about your wound please contact Mr Spencer's rooms.

After your Anterior Shoulder Stabilisation: A Rehabilitation Guide

All exercises performed should be **within pain and comfort**. The time frames below are approximate and vary between individuals. Listen to your shoulder and discuss any concerns with Mr Spencer or your Physiotherapist.

Notes below in italics are guidelines intended for your Physiotherapist.

Weeks 0-4

- Wear **sling for 4-6 weeks**, then wean off.
- **Avoid lifting** anything heavy for 3 months.
- Ensure you **take adequate pain relief**, including before doing set exercises.
- You can **use ice** 15-20 minutes, 3-4 times/day for pain relief (including after set exercises). Ensure your skin is ok whilst using ice. The pendular exercise can also reduce aching.
- **Sleeping:** Keep your sling on and try using pillows in different positions to support your arm so that you are comfortable and relaxed. You may find sitting semi-reclined more comfortable initially when sleeping.
- You may be able to return to **work** (in a non-physical role) from 1-3 weeks (as comfort allows). If you have a manual labour based job it will more likely be 6-12 weeks. Discuss this further with Mr Spencer.
- Remove sling to do **exercises** 3-4 times/day (a good time is straight after a shower and/or half an hour after pain medication).

- Exercises include: pendular circles, elbow bending/straightening (ensure elbow straightening maintained whilst in sling), hand open/close, wrist supination/pronation, gently squeeze shoulder blades back together.
- **No Abduction or External Rotation (past neutral) for 4 weeks.**
- **Shoulder flexion** exercises within pain and comfort.
- **Scapular stabilisation** exercises

Weeks 4 – 6

- Slowly **wean off sling** from 4 weeks.
- **Physiotherapy** treatment from 4 weeks onwards.
- **Drive** when you feel safe and competent to do so (not before 4 weeks and you must be out of the sling). Before returning to driving, you should contact your insurance company to ensure you are covered to drive.
- **Walking programme** for cardiovascular exercise. It should be painfree and guided by your Physiotherapist.
- Progress **shoulder flexion range** within pain and comfort.
- Start gentle **isometric strengthening** exercises with elbow at side (no abduction).
- From **4 weeks**, stretch into **external rotation slowly** and as pain allows (ensure no abduction yet). Adjust external rotation stretching according to the rate at which it returns ie. reduce amount of stretching if ER is returning quickly.

Weeks 6 – 12

- Use your arm for activities of daily living (within pain and comfort) initially with your elbow at your side.
- Aim towards a **full active range of movement of the shoulder**
- At **8 weeks** can start abduction with external rotation stretch.
- Slowly **add resistance** (painfree) throughout the available range.
- At **10-12 weeks** you can attempt swimming a gentle modified **breaststroke**. It should be pain free and comfortable.
- Avoid stressing the repair with aggressive exercises above shoulder height, in external rotation or with shrugs.

Weeks 12 +

- Aim for a **full range of movement** without discomfort.
- **Specific** sport/work/leisure activity **rehabilitation** as able, including scapular control and proprioception (open and closed kinetic chain exercises).
- Ensure good **core stability** and mobility, especially if returning to sport.
- Progress **strengthening exercises**.
- **12 weeks:** Able to try swimming **overarm** stroke.

6-9 Months

- Possibly able to return to non-contact sport (6 months) and contact sport (9 months).
- Able to return to gardening, digging, manual work.
- Discuss these further with Mr Spencer.