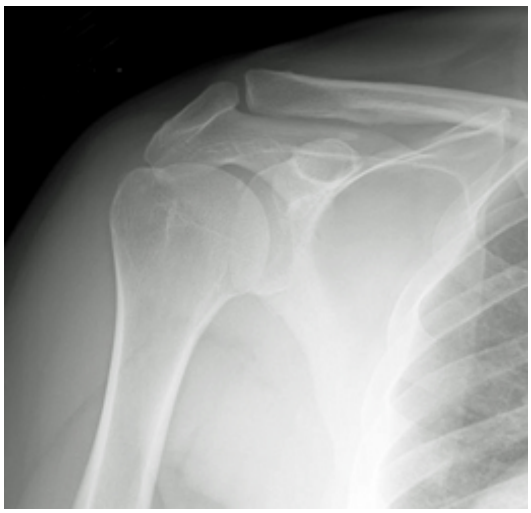
REEF Orthopaedic CLINIC

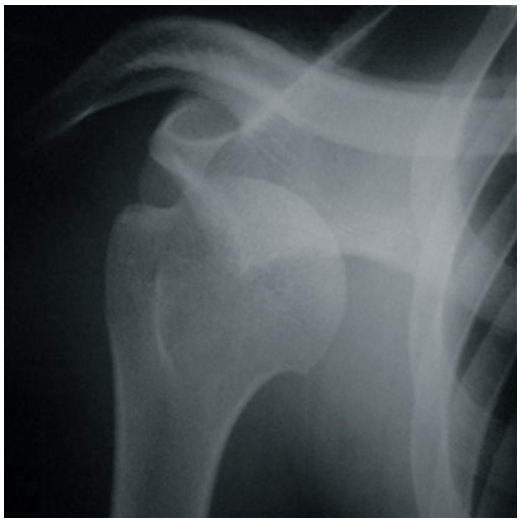
Unstable shoulder

Shoulder instability

Introduction



The shoulder is a very mobile, shallow ball and socket joint that allows you great range of movement and power in the arm. Because the socket is shallow, the shoulder is vulnerable to dislocation. This can either be due to a congenital reason such as ligamentous laxity (double jointed) or an injury (eg sporting). If the dislocation is caused by trauma there may be damage to the major stabilising ligaments (and labrum) around the shoulder. There is evidence that young people (below 30 years old) who sustain a traumatic anterior dislocation of the shoulder are at high risk (about 70%) of redislocating their shoulder if they continue to play sport.



Recurrent instability episodes can cause damage to the joint surface cartilage and the development of arthritis. The shoulder may be pain free between dislocations or it may ache occasionally. Severe recurrent instability can be disabling eg when the shoulder dislocates during sleep.

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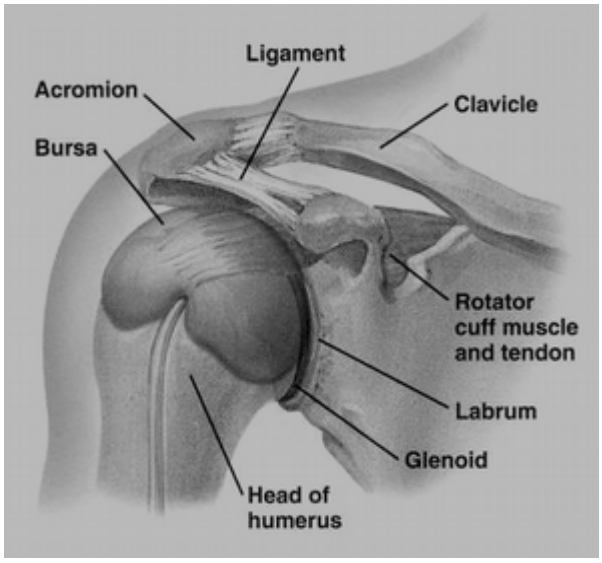
Non Operative treatment
The first line of treatment for a shoulder dislocation is immediate reduction and rest in a sling for 2 weeks, ice, painkillers and anti-inflammatories (if tolerated). Physiotherapy is then useful to regain range of movement, strength, muscle balance and joint position sense. People with ligamentous laxity who can dislocate and reduce their shoulder at will (habitually) usually require physiotherapy for a long time as the mainstay of their treatment.

Operative treatment
When recurrent shoulder instability becomes an ongoing problem surgery is indicated.



The shoulder is assessed clinically and an MRI scan is sometimes necessary to identify any problems within the joint itself or the tendons and ligaments around the joint.

The surgery is usually done arthroscopically (keyhole) but sometimes it is necessary to do an open operation if a more complex procedure is planned.

An arthroscopy is performed with a camera through three or four small incisions around the shoulder. The internal anatomy of the shoulder is inspected and the labrum is released from around the glenoid (socket) and then reattached back to the glenoid in the correct position using small anchors. If the ligaments and joint capsule are too loose they are tightened up. A regional anaesthetic block is used to numb the arm and provide post-operative pain relief.

At the end of the operation a sling is used to immobilise the shoulder and protect the reconstruction.

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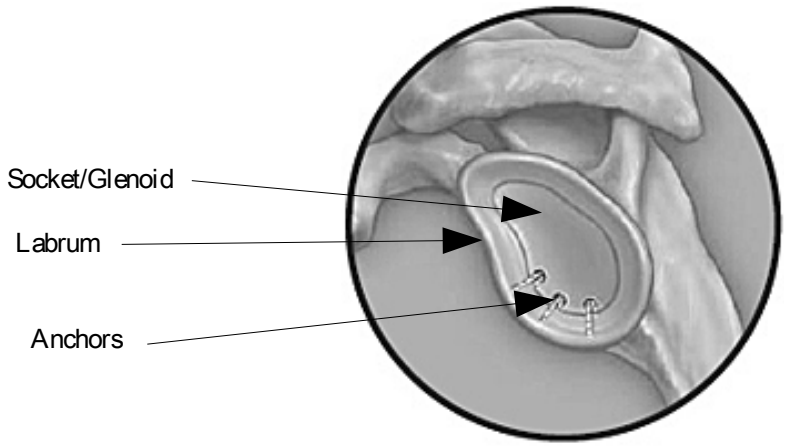
Shoulder Joint



Post operative recovery

As with all reconstructive surgery your rehabilitation and postoperative physiotherapy regime forms a vital part of your recovery from surgery and return to normal activities.

The sling is worn full time for the first four weeks. You will be instructed to do a few simple range of movement exercises only. It is important to avoid excessive eternal rotation of the shoulder during this time to allow the repair to heal. You will then be given a gradual movement and strengthening regime under the instruction of your physiotherapist for the next 3 months. Contact sports may be resumed at 6 months.

Many people notice that they lose a small amount of movement in their operated shoulder (usually external rotation) once they have recovered. This is quite normal and well tolerated.

Risks and complications

No surgery is risk free. The risks and complications will be assessed and discussed with you. There is always a small risk of infection, blood clots and anaesthetic problems and measures are taken to reduce these. There is approximately a 5% chance of experiencing problems with recurrent instability and this is usually due to a fresh injury. A successful outcome is achieved in more than 90% of cases.

Recovery

Hospital stay	1 night
Sling	4 weeks
Driving	6 weeks
Movement/ strength	3 months
Return to sports	4-6 months
Final result	12 months

This brochure is a brief overview of shoulder instability and is not designed to be all-inclusive. If you have any further questions please discuss them with your surgeon.