

## OPEN SHOULDER STABILISATION

What is wrong with your shoulder?

Your shoulder is painful because it is unstable. It may dislocate (the ball comes completely out of the socket) or sublux (comes out partially). This happens because of damage to the shoulder ligaments. Ligaments are strong cord-like structures that connect one bone to another. These ligaments tear from a single violent injury or have been stretched due to repeated strenuous use.

What I recommend.

In view of your description of your problem, my physical examination and review of the scans I believe that open shoulder stabilization surgery is indicated for your shoulder, because of persistent pain and instability interfering with your activities of daily living, work or sports.

**I recommend open stabilization in patients who wish to return to high energy, contact and violent sports: like rugby, motor cross and BMX, aerial snow boarding and high speed water skiing.**

**I tend to recommend arthroscopic surgery if you wish to return to precision overhead sports like tennis, gymnastics, throwing sports, freestyle swimming and surfing.**

Are any other options available?

While I believe that surgery is the best course of action, other treatments are available. These range from no treatment, just living with the condition, to physical therapy, exercises, or medication. While any of these treatment options may be successful in your situation, in my experience it's unlikely they will stabilize the damaged shoulder now.

What happens if surgery is not performed?

I do not think your condition will worsen though sometimes the frequency of dislocation – instability episodes increases. Shoulder instability can occasionally lead to arthritis. However, the major damage has already been done.

How is surgery performed?

The surgery is performed through a 6 cm incision, over the front of the shoulder. Access to the shoulder joint is made by dividing a muscle and repairing it again after the shoulder ligaments are reconstructed. The ligaments are repaired by sutures (re-attaching them to bone and re-tightening them if stretched).

What kind of anaesthetic is used?

We use a combination of local and general anesthesia. You will go to sleep (general anesthesia) and during the surgery we inject long acting local anaesthetic into the wounds and shoulder.

We also insert a tube (infusion catheter) to deliver local anaesthetic into the shoulder to you after the surgery and you will be taught how to administer your own intravenous painkillers via a special machine (PCA: patient controlled analgesia).

The infusion catheter and PCA lines are removed the next day, when you are comfortable on simple regular Panadol or Nurofen and break through Panadeine Forte and anti inflammatories.

What is it like when you wake up?

You will wake up in the recovery room after your surgery. Your arm will be in a special sling. It supports your arm, and through an attached ice pack helps control pain and swelling.

How long will you stay in hospital?

Patients enter the hospital in the morning, have the surgery and stay overnight. About 20% of patients go home the same day. Whether you stay overnight or go home will depend on how you feel after the surgery.

What about complications?

Complications can occur. Fortunately these are rare. The most common complication involves injury to nerves around the shoulder. Usually these occur due to pressure as we spread apart the muscles around the shoulder so that we can see the joint's interior. These usually resolve in 2 days to 6 weeks. This occurs in less than 1% of patients. Infection can occur, less than 1%, and may require oral antibiotics, antibiotics by injection and even surgery and hospitalization.

How successful is the surgery?

This type of surgery is reliably successful about 95% of the time, there is a 5% chance of the repair not tightening the shoulder enough that it may continue to slip to some degree (this may be only slightly or occasionally bothersome to you). On returning to contact sports (rugby, league, water-skiing or snow boarding) there is a 10-15% risk of a new injury over a 5 year period.. This is sometimes a once only event and does not always require further surgery.

The aim of surgery is to restore stability to your shoulder both for activities of daily living and sports.

When can you return to routine activities?

You will be able to use your fingers, wrist and elbow immediately after surgery. You may shower 24 hours after surgery with a waterproof dressing. You can walk outdoors, write and cook within a few days. You must be careful not to lift more than 2kg with your operated arm for about 4 months.

When can you return to work?

For office jobs I recommend taking 1-2 weeks off work. When you return to work your arm will be in a sling (6 weeks after surgery), but you should be able to manage as long as you do no lifting, pushing, pulling or carrying. Take the sling off when seated and your arm is supported.

Most patients can start light duty work involving no lifting, pushing, pulling or carrying more than 2kgs, 6 weeks after surgery. Work at waist level and 5kgs of lifting is started 4 months after surgery. You will generally need 3-6 months of recovery before beginning work at shoulder height and above.

How is the shoulder rehabilitated?

Generally you can take the arm out of the sling and you can use the arm for eating, paper and computer work. I don't want you to move the shoulder very much, apart from some specific exercises, you'll be taught.

You can move your hand to your mouth /ear to your thigh area.

You may enjoy walking after 2 weeks, then stationary bicycle riding within 2 months. Jogging and regular bicycle riding can start 3 months from surgery, as can gentle golf strokes. Swimming, running, and tennis groundstrokes start 4-6 months after surgery. Return to overhead throwing, tennis strokes and contact sports require at least 6 months of rehabilitation.

No treadmill at the gym for 4 months.

Postoperative Consultations?

Your first office visit is 2 weeks after surgery so that I can examine the surgical incision. Sling wear continues for 6 weeks after surgery. Your next visit occurs six weeks after surgery when more vigorous use of the shoulder will be allowed. Office visits occur 5 and 12 months after your surgery.

What about pain medication?

You will be given strong painkillers when you leave the hospital, like Panadeine forte and or anti-inflammatories.

However almost all the post-op pain is better controlled with regular Panadol or Nurofen (every 3-4 hours), arm repositioning and cold packs.

How much does the surgery cost?

I charge AMA based fees, which are usually greater than what the Government allows the Insurance companies to fully cover. There will be a "gap". My Assistant will provide an accurate quote for my surgery fee, the Anaesthetist's fee and the Assistant Surgeon fee.

Hospital accommodation and operating theatre costs should be checked with the individual hospital.

How do you schedule surgery?

Contact my Assistant on (02) 9409 0500.

What if you have more questions?

Please feel free to give me a call at my rooms on (02) 9409 0500 and I will call you back as soon as I can.

**GREGGORY BURROW**