



## Physiotherapy Department

### **Arthroscopic Posterior Stabilisation by Mr Roy. Post Operative Information**

#### **Anatomy**

The shoulder is a ball and socket joint, which has a very loose, elastic type capsule. This allows a large range of movement at the shoulder. The ligaments and ring of cartilage in the joint known as the labrum play an important role in stabilising the shoulder. The labrum is attached to the socket (Glenoid) in the shoulder joint. When the labrum and capsule stretch or tear this can lead to subluxation (abnormal amount of movement at the joint surfaces) or dislocations (the shoulder comes out of joint) and it is known as instability.

#### **Traumatic Dislocations**

Injury or force has pulled the shoulder out of joint. This can cause damage to the labrum at the back of the socket. Often surgery is required to repair the damaged labrum, followed by Physiotherapy to restore normal movement and ensure strength and control are regained in order to return to full everyday/ occupational and sporting activities.

#### **The Operation**

The repair involves stitching the torn or stretched ligaments and labrum back onto their attachment to the socket of the shoulder blade (Glenoid) via keyhole surgery.

#### **Pain Relief**

The anaesthetist will discuss which type of anaesthetic is best for you. Interscalene Blocks (ISB) are commonly used which will numb the arm and may last for 12-24 hours. You will also be given painkillers before the nerve block wears off which you will take home.

It is important to take regular painkillers following your surgery to prevent unpleasant pain or limitations when doing your exercises as prescribed by your physiotherapist.

## Surgical Wound

Keyhole/Arthroscopic: You will have several small cuts, which will be covered with dressings. Before you leave hospital check with the nursing staff for instructions and spare dressings.

## Brace

You will wake up from surgery wearing a brace with a wedge between your body and forearm, which you will need to wear for four weeks. You will be guided by your Consultant or Physiotherapist.

You should **remove your brace** for washing and dressing and doing the exercises as prescribed your Physiotherapist but wear the brace at all other times including night time.

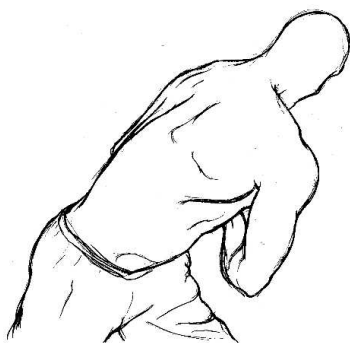
## Physiotherapy

Following an Posterior Stabilisation it is important to let the labrum and capsule heal, therefore you **must not lift your arm away from your body** until advised to do so by your Physiotherapist. It is also extremely important not to put your arm across your body for 12 weeks following your operation as this puts too much stretch on the repair.

Before or after your operation you will be shown a series of exercises.

### Active exercises fingers, hand and elbow

- a) Bend and straighten your fingers, making a tight fist and relaxing. Repeat.
- b) Move your wrist up and down and side to side. Repeat.
- c) Place your forearm on a table keeping your elbow still, turn your palm up and down. Repeat.
- d) Bend and fully straighten your elbow. Repeat.



### Shoulder Dips

With your arm in the sling bend your shoulder girdle forwards and towards your opposite hip rotating in your trunk. Take care not to over bend and hurt your back. Return to the starting position. Repeat.

## **Static Muscle Contractions**

Keeping your arm by your side with your elbow bent to a right angle, place your un-operated hand on the inside of your operated forearm. Gently push your forearm against your hand, hold for five seconds and relax. You should feel the muscles around your shoulder gently tense but your arm should not be moving.

Place your un-operated hand on the outside of your forearm and repeat as above.

**Make sure you are only pushing gently and NOT as hard as you can.**

It is important to start these exercises as soon as you are discharged home and perform the exercises every two to three hours.

You will be given an appointment to have follow-up Physiotherapy before you leave hospital or you will be referred to another hospital nearer to you. Until the Physiotherapy appointment continue to do the exercises prescribed and follow the information in this leaflet.

If you are unsure of any information regarding exercises or using your sling please contact the Orthopaedic Physiotherapy Team at Trafford General on 0161 746 2525.

## **Frequently Asked Questions**

### **How do I have a wash?**

Remove your brace and place a towel or cushion between your arm and your body to mimic the wedge brace. Using your un-operated hand, wash under your armpit **without** lifting your operated arm away from your body. If you get your brace wet support your arm on a table with a towel or cushion between your arm and your body until it is dry. Make sure you keep your surgical wounds dry and protected whilst washing.

### **How do I get dressed/undressed?**

1. Always dress your operated arm first by sliding your arm through the sleeve using your un-operated arm.
2. Make sure you do not let your operated arm rest close to your body.
3. Once your operated arm is fully in the sleeve then pass the garment around your back and put your other arm in.

### **When can I return to certain activities?**

The following are guidelines only and need to be confirmed with your Consultant or Physiotherapist.

<b>Driving</b>	6-8 weeks
<b>Swimming</b>	Breaststroke from 6 weeks / Freestyle from 3 months
<b>Golf</b>	From 3 Months
<b>Lifting</b>	From 3 Months
<b>Return to work</b>	Sedentary job as tolerated. Manual job - Guided by Surgeon
<b>Contact sports</b>	Guided by surgeon – approx 6 months

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Date of Publication:- March 2010  
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للحصول على ترجمة لهذه النشرة نرجو الاتصال بخدمات مرضى ترافورد على الرقم : 01617462019

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