

A Patient's guide to

Diagnostic Shoulder Arthroscopy

This leaflet provides information regarding a diagnostic shoulder arthroscopy, which will help you prepare for your admission to hospital.

The Shoulder and Elbow unit is a multidisciplinary team consisting of Specialist Consultant Surgeons, Specialist Training Registrars, Junior Doctors, a Clinical Nurse Specialist, Specialist Shoulder Physiotherapists and Occupational Therapists. All our staff are friendly and available to help you answer any questions that you may have at any stage of your treatment.

Why do I need a diagnostic arthroscopy?

A diagnostic arthroscopy is a keyhole operation that is performed under a general anaesthetic. It is used to directly look at the structures within the shoulder joint in order to establish a diagnosis and plan further treatment.

What happens before I come into hospital?

Pre-assessment

A few days before your operation you will be asked to be available for a pre-assessment anaesthetic and medical screening telephone call. You may require a further pre-assessment appointment for the anaesthetist to see you. This is a medical examination to make sure you are well enough for surgery.

Contraceptive Pill or hormone replacement therapy (HRT)

You may be required to stop any medicines containing hormones (for example, the oral contraceptive pill, HRT or Tamoxifen) six weeks before surgery. This will be confirmed by your GP or surgeon.

Wearing nail polish, nail decorations or false nails (hands and feet)

Anaesthetic monitoring uses sensors which are clipped onto fingers or toes. Nail varnish, decorations or false nails will effect this monitoring, therefore these need to be removed prior to your surgery. Failure to do so could lead to your operation being cancelled or delayed. Additionally nail varnish, decorations or false nails can be a potential risk of infection.

Transport

Patients are responsible for their own transport to and from the hospital. You will be informed of your admission and discharge date in advance so that you can arrange for a relative, friend or taxi to transport you. In most cases it will not be appropriate to use public transport on discharge. Please note that patients who wish to claim their travel costs must prove that they are eligible to do so by providing relevant benefit documentation and travel receipts.

If you are eligible for patient transport the assessment team will be able to assess your needs through a brief telephone conversation. The interview remains completely confidential. Transport control room can be contacted on **0800 953 4138**.

What happens on the day of surgery?

A diagnostic arthroscopy is usually a day case procedure and you will arrive at the hospital on the morning of your operation. You will be assessed by the surgeon and the anaesthetist to perform a final check that you are fit for surgery and to obtain signed consent for the operation.

Your surgery will be carried out by your Consultant and assistants possibly including other members of the surgical shoulder and elbow team as well as our Clinical Nurse Specialist who is an accredited Surgical First Assistant.

(Please note that most operating lists run all day and your operation may not take place until the late afternoon depending on the order and progress of the list.)

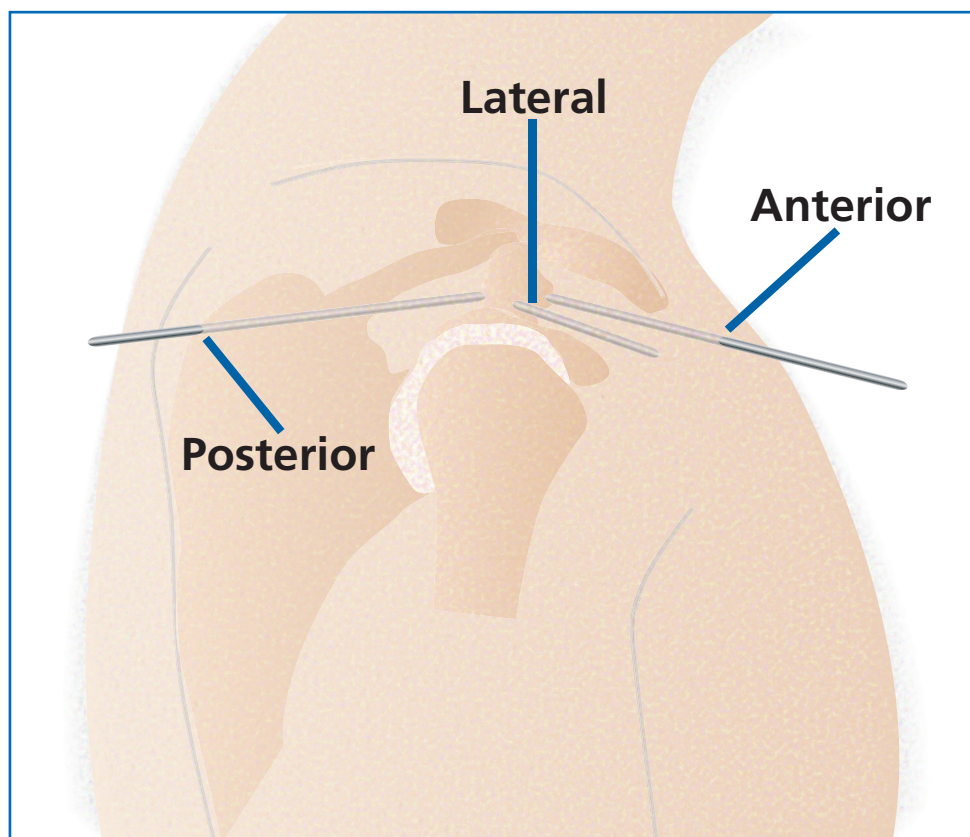
On the ward you will be asked to change into a hospital gown. You will then go to theatre, accompanied by a nurse, where your personal details and the operation will be confirmed before you are given a general anaesthetic.

Once under anaesthetic your shoulder will be moved through a range of positions to check for any signs of laxity or stiffness.

Your surgeon will then make a 1cm incision at the back of your shoulder and place a narrow metal tube (an arthroscope) attached to a camera into your shoulder, to look at the bones and soft tissues of the shoulder joint. Further small incisions may be made to inspect the joint from the front and to pass a probe into the joint to check that structures are firmly attached.

The incisions will be closed using dissolvable sutures and dressings placed over the wounds. The dressings can be removed within 10-12 days. They are splash proof rather than fully water-proof and therefore, try to avoid getting the dressing too wet before it is removed.

You may or may not be given a sling for comfort.



Are there any risks with this procedure?

Although rare, any operation involves potential risks or complications and it is important that you are aware of them.

General risks

- Sickness/nausea, heart problems, breathing problems and nervous system problems - relating to the anaesthetic
- Infection – All possible precautions are taken to avoid infection during your operation. Your skin is thoroughly cleaned with a disinfectant solution and all clinical staff wear masks, sterile gowns and gloves throughout the procedure. If a superficial skin infection develops post-operatively it is treated with oral antibiotics
- Deep Vein Thrombosis (DVT) – A DVT is a blood clot in the deep veins of the calf or thigh. To reduce the risk of developing a DVT and to help with your circulation you will be given stockings and will be fitted with special inflatable pads to wear around your legs whilst in bed. These inflate automatically and provide pressure at regular intervals, thereby increasing blood circulation in your legs. You may require blood thinning medication which will be decided by your surgeon depending on your individual risk factors. The physiotherapist and nursing staff will show you how to exercise your legs and ensure that you start to move about quickly after your operation. If a clot develops and part of it breaks away, it can travel to the lungs where it is called a Pulmonary Embolus (PE). A PE is potentially life threatening

and so everything is done to prevent a DVT from developing. We ask you to help avoid this complication by wearing your stockings at all times while you are in hospital except when you are bathing

- Stiffness – There may be some stiffness in your shoulder after the surgery which will reduce as you begin to use and move your arm.
- Nerve/blood vessel damage around the shoulder- The risk of this is less than 1%. If it happens, we will investigate it carefully and take appropriate action to restore function.

What happens after the operation?

You will be transferred to the recovery room where you will be closely monitored as the effects of the general anaesthetic wears off. Once it is safe to do so, you will be transferred back to the ward where you will need to be observed for a further couple of hours.

Once the anaesthetic has fully worn off you will be encouraged to get up and mobilise. This will help prevent the risk of any post-operative complications

There are no movement restrictions after the diagnostic arthroscopy. Initially you may feel some discomfort in the shoulder, which should resolve in a couple of days.

Exercises/Therapy

You will not routinely be seen by a physiotherapist after the operation unless specifically requested. You are advised to gradually resume your previous exercise programme, if applicable, as comfort permits.

Activities of Daily living

You may resume normal activities as soon as you feel able to do so

Returning to work

You may need up to a week off work depending on the physical nature of your job. You may return to work as comfort permits.

Driving

You should not attempt to drive until your pain has subsided and you feel confident in your own ability to control the vehicle in the event of an emergency situation. If your ability to drive has been affected you are required by law to contact the DVLA and you may need to inform your insurance company of your operation as your insurance may be invalid.

Returning to leisure activities

You may resume your leisure activities as comfort permits.

Going home

We aim to discharge you from hospital on the same day of surgery, but depending on the time of your operation, this may not always be advisable.

The ward nurses may change your dressings if they become wet and give you dressings to take home with you.

Aftercare

Your dressings and steristrips can be removed at 10-12 days following the procedure. Excessive redness or inflammation of the wound must be reported to your GP. If you are not able to remove your own dressings you will need to arrange an appointment with the practice nurse at your GP surgery.

Usually a clinic appointment will be arranged to discuss the findings of the arthroscopy. If you do not receive the appointment letter within 3 weeks please contact your consultant's secretary using the numbers in this booklet.

Please note that this is an advisory leaflet only. Your experiences may differ from those described.

Useful contacts

In the event that you are unable to contact a member of the shoulder and elbow team and feel that you have an urgent problem, you should visit your GP or local emergency department for advice.

Physiotherapy/Occupational Therapy Service

Telephone: **020 8909 5820**

Website: **www.rnoh.nhs.uk**

Shoulder and Elbow Unit Secretaries

Mr Falworth **020 8385 3025**

Miss Higgs **020 8909 5457**

Mr Rudge and Mr Butt **020 8909 5671**

Mr Majed **020 8909 5565**

Clinical Nurse Specialist **020 8909 5727**

In the event that above numbers are unavailable, alternative direct numbers to the secretaries **020 8909 5107** or **020 3947 0052**

Clinical Nurse Specialist (CNS) Shoulder and Elbow Unit

Amanda Denton

Patient Support Line (answer phone response service, non-emergency):

Telephone: **020 8385 3024**

Tuesday to Friday 08:00-17:00

Please leave your full name, hospital number/date of birth, a telephone number and the reason for your call. The CNS aims to return all calls within 2 working days.

Should you require urgent medical attention we advise that you contact your GP or attend your local accident and emergency department first.

If you would like this leaflet translated into another language/large print, please contact the Quality Team on 020 8909 5439.

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