

Queen Elizabeth Hospital Birmingham



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NHS Foundation Trust



Shoulder Manipulation Under Anaesthetic

An information guide for patients

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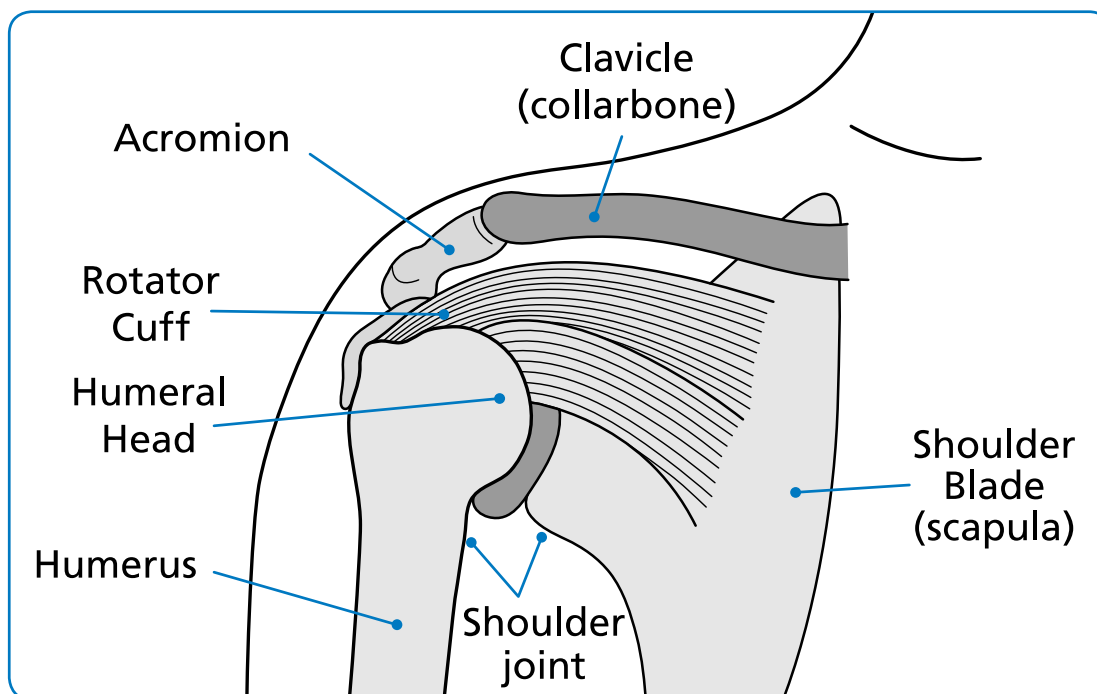
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Manipulation under anaesthetic

The shoulder complex is made up of three bones; the humerus, scapula and clavicle. Together these form a ball and socket joint.

Sometimes following a shoulder injury or surgery you are not able to gain full movement in your shoulder. 'Frozen Shoulder' may also cause pain and restrict your movement.

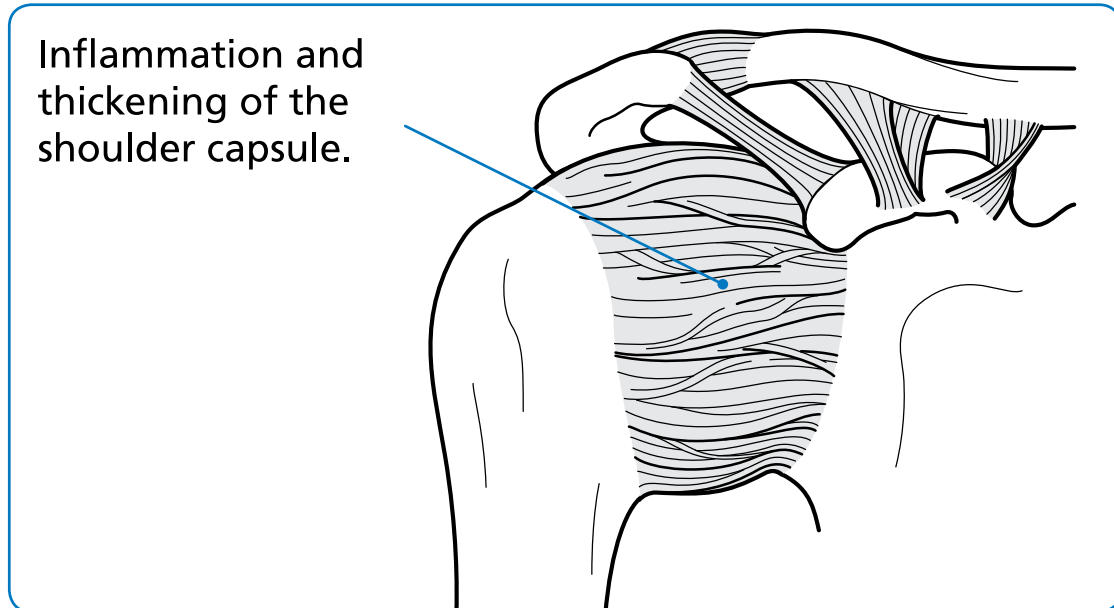


Frozen shoulder is a painful condition in which the shoulder becomes 'stuck'. It often starts out of the blue, but may be triggered by a mild injury to the shoulder. The condition goes through 3 stages, starting with pain, then stiffness and finally a stage of resolution as the pain eases and the movement starts to return. This process may take a long time, sometimes as long as two, or more years.

What is a manipulation under anaesthetic?

A manipulation may be required to restore range of movement. You will be given a general anaesthetic and once you are asleep the doctor will take your shoulder through its 'range of movement'. The aim of the procedure is to stretch the joint capsule and the muscles around the shoulder.

The most important part of this process comes after the manipulation; you need to exercise and use your arm as normally as possible to ensure that any improvements in movement gained during the procedure are maintained. Your Physiotherapist will help you with this.



After the operation

After your operation you will wake up in the recovery room. Your shoulder may well be sore after the procedure so it is important to utilise the pain killers prescribed to you.

Using ice on your shoulder can be helpful in reducing pain. Wrap a bag of crushed ice, or frozen peas in a damp towel and apply the ice pack for 10-15 minutes at a time.

It is essential that you begin moving and exercising your arm on the day of your surgery as shown by your Physiotherapist. Adequate pain relief will enable you to do this.

Posture can make a big difference to your pain after surgery. Avoid 'hitching' your shoulder or holding it in an elevated position. Also try to avoid slumping or standing/sitting with round shoulders as this puts more stress onto your shoulder.

Sleeping can be uncomfortable. Using pillows to support your operated arm and maintain your posture when sleeping will help with the discomfort.

Rehabilitation

Rehabilitation is important if you are to get the most out of your shoulder after the operation. You should be given information about your first physiotherapy appointment before you leave hospital. The amount of physiotherapy you will need will depend on your individual progress and the level of activity you wish to return to.

Returning to work

The amount of time you have off work depends on your job. If you have a manual job, or one that involves lifting or overhead activities, you may not be able to do this for a couple of weeks. Please discuss this with your Consultant or Physiotherapist.

Driving

When you are comfortable and in control of your shoulder and arm you may return to driving. You must be able to comfortably control your vehicle and perform emergency manoeuvres. You should discuss this further with your Consultant or Physiotherapist.

Sports and activities

The timescale for which you can go back to any previous sport or activity will depend on your movement and strength and the particular activity you have in mind. Please discuss returning to any activity or sport with your Consultant or Physiotherapist.

Post-operative exercises

With all of your exercises you should aim to repeat 10 repetitions, every hour unless otherwise advised by your Physiotherapist.

1. Postural awareness and scapular setting

Sit and stand with good posture; slowly draw shoulder blades back and down towards your waist band. Hold and maintain for 10 seconds.



2. Active hand and wrist exercises with forearm supported.

It is important to keep your hand, wrist and elbow moving following your surgery.

- Clench your fist and then spread your fingers wide.
- Move your wrist
 - A) up and down through its full range
 - B) side to side through its full range
- Bend and straighten your elbow through its full range of movement.



3. Active pronation and supination

Sit with good posture.

Keep your elbow tucked into your side and your elbow bent to 90 degrees.

Slowly turn your forearm over so your palm faces down, and then back to the 'palm up' position.



4. Assisted shoulder flexion

Sit up straight with shoulder blades pulled gently together.

Link your hands together and use your non-operated arm to help lift your operated arm as high as you are comfortable.

Maintain a good posture and slowly lower your arms back to the start position.



5. Assisted external rotation

Sitting with good posture, elbows supported on a table in front of you.

Hold a stick with palms facing down. Keep your elbows tucked into your side and slowly take the stick right to left across your body.



To gain the most benefit, it is important to keep your shoulder moving as much as possible after your surgery

Contact details

If you have any questions regarding your operation or treatment, please do not hesitate to call us.

Consultant secretaries

Mr Kalogrianitis: 0121 371 4944

Mr Massoud: 0121 371 4963



The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4957.

Physiotherapy

Queen Elizabeth Hospital Birmingham
Mindelsohn Way, Edgbaston,
Birmingham, B15 2WB
Telephone 0121 371 3466
