

## Complications of surgery

Even the most minor surgery has a complication rate. The main complications after shoulder surgery are infections and frozen shoulder. Infections generally occur from bacteria on the skin, these are more likely to grow in moist conditions so it is important to keep dressings dry.

Frozen shoulder is a nuisance condition but does resolve with time. If permitted you should try to mobilize the shoulder as quickly as possible (you may not be allowed if a rotator cuff repair needs to be protected in a sling for a few weeks). This condition causes pain and stiffness and can vary from mild to significant. It may require further intervention such as manipulation under anaesthetic or an injection called a hydrodilatation.

Other complications can occur occasionally. These can be general complications relating to anaesthetics and surgery, Please ask if you want more detail.

If you have significantly worsening pain/ fever or sweats/ wound pain or smelly discharge you should contact Mr Salmon's rooms in hours or the hospital where the surgery was performed if after hours.

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## Information regarding

# Shoulder Surgery



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## Shoulder Arthroscopy

Shoulder arthroscopy is performed to *assess* the damage to the joint and surrounding structures. It is performed by inflating the joint with fluid and making several small incisions through which a telescope and probe are inserted.

Procedures to the joint and surrounding structures can then be performed. Either through the small arthroscopic portholes or sometimes through a separate incision. These procedures include;

### Subacromial Decompression

This involves removal of some bone which is catching on the rotator cuff tendon and causing impairment. It is done through the small arthroscopic incisions.

### Capsular Release

This is done in shoulders with limited movement. The capsule lining the joint is cut to improve movement. This is done through the small arthroscopic incisions.

### SLAP /Labral repair

This is a lesion occurring in the top of the joint where the biceps tendon attaches to the bone,. This can become detached needing reattachment using anchors and sutures. This is done through the small arthroscopic incisions.

## Excision of Distal Clavicle

If the acromioclavicular joint is abnormal then end of the clavicle may be removed through arthroscopic incisions.

### Rotator Cuff Repair

The rotator cuff tendon may tear and require repair. If so it may be done arthroscopically or through a small incision on the top of the shoulder. Bone anchors and sutures are used to hold the repair.

### Biceps Tenodesis

The biceps tendon may be torn or tearing. Sometimes it may need to be cut, this can leave a bulge in the arm but not effect function. Sometimes the tendon may be able to be fixed to the bone with a screw through a separate incision.

### Stabilisation/ Reconstruction

This involves repairing damaged soft tissue structures either arthroscopically or through a separate incision at the front of the shoulder. Anchors and sutures are used to repair the structures.

### Latarjet Procedure

This is a stabilization/ reconstruction procedure performed when there is bone loss as well as soft tissue damage. This is performed through a separate incision. A bone graft is fixed in place with small metal screws, anchors and sutures are also used.

## After the surgery

You will usually need to stay in hospital one night, or two if open surgery is necessary. It is important to keep the wound dry. The dressings applied in hospital are waterproof and should be left alone until the post operative visit unless they become wet underneath. If this occurs you will need to get some dry dressings from a pharmacy and change the dressings, or contact the rooms.

Pain and often nausea or vomiting is to be expected post operatively. It is important to have plenty of sleep and take the pain killers regularly. Stronger pain killers can cause constipation—try to keep up fluids and eat lightly. After a few days panadol can often be taken during the day and stronger painkillers just at night.

*Exercises*– follow the instruction from the hospital physiotherapist. You will be advised about further exercise at your post operative visit.

*Driving*– it is best not to drive for at least a few days post operatively as the anaesthetic and pain killers can affect your concentration and alertness.

*Return to work*- depending on your job you are best to have at least a week off work.

*Travel/ Social events*– you are best not to arrange lengthy trips/social events for a week or two after surgery.