



## Operation Information

### Arthroscopy of Shoulder

#### Introduction

Arthroscopy of shoulder is one of the most commonly used minimally invasive procedures for the diagnosis and treatment of shoulder injuries. Arthroscope is a thin metal tube that equipped with light source and camera. Its length and width is similar with a drinking straw. The doctor will be able to see the images that inside the shoulder through a video screen or an eyepiece. The procedure might be recommended if you have problems such as persistent shoulder pain, swelling or stiffness with no response to non-surgical treatment and other non-invasive investigations that unable to identify the cause.

#### Outcomes

The expected outcomes of this operation is determined by different indications. It is commonly used to make diagnosis and allow the doctor to treat certain shoulder conditions. When compare with the traditional surgery, the advantages may include:

- Less pain after the operation
- Faster healing time
- Lower risk of infection
- Smaller scars

#### Procedures

1. The operation is performed under general or spinal anaesthesia.
2. Several small incisions are made on the shoulder joint.
3. An arthroscope and fine instruments are inserted through small incisions.
4. The diagnosis is made or the problem is remedied with the aid of arthroscope.
5. Wounds are closed with stitches and padded with sterile dressing.

#### Possible Risks and Complications:

1. Infection
2. Bleeding
3. Weakness of the shoulder
4. Shoulder stiffness
5. Poor wound healing
6. Skin abrasion or blister formation
7. Failure of the surgery to relieve symptoms
8. Thrombophlebitis (Blood clots)
9. Damage to the major blood vessels or nerves
10. Deep vein thrombosis (DVT)

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
4. Blood tests, an electrocardiogram, or chest x-ray may be needed to safely perform the operation.
5. The surgical area will be shaved by the nursing staff if necessary.
6. Nurse will supply a surgical soap to you for wash the surgical area.
7. No food or drink six hours before operation.
8. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
9. Please empty your bladder before the operation.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting.Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

### **Wound Care**

1. The wound is covered with a sterile dressing which must be kept clean and dry.
2. Apply ice pad as recommended by your doctor to relieve swelling and pain.

### **Diet**

A normal diet may be resumed as instructed after recovery from general anaesthesia.

### **Activities**

1. Your doctor will advise you for mobilization of the shoulder. You may need shoulder support or splint for protection. Most of patients need physiotherapy.
2. Walking aids may be used in the early stages of recovery to aid mobility.

## **Advice on Discharge**

1. Recovery can take 1 to 6 months. You will probably have to wear a sling for the first week.
2. The wound must be kept clean and dry.
3. Immediately consult your doctor or return to hospital for professional attention in the event of persistent warmth or redness around the shoulder, persistent or increased pain, significant swelling in your shoulder, increasing pain in your shoulder muscle, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
4. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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