Shoulder Capsular Release

An information guide for patients

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**Capsular release**

The shoulder complex is made up of three bones; the humerus, scapula and clavicle. Together these form a ball and socket joint. Your shoulder is the most mobile joint in your body and is therefore dependent on strong muscles, ligaments (including the joint capsule) and a rim of cartilage (called the labrum) to stabilize it during movement.

Capsular release is keyhole surgery involving the release of the tight capsule seen in ‘frozen shoulder’.

Frozen shoulder is a painful condition in which the shoulder becomes ‘stuck’. It often starts for no reason, 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 capsular release?

Surgery may be required to restore movement for some patients. It may also be helpful for patients whose pain does not respond to physiotherapy.

Arthroscopic capsular release is keyhole surgery done under general anaesthetic to release the tight capsule.

After the operation

After your operation you will wake up in the recovery room. Your shoulder will have dressings on and you may have a small tube coming from your shoulder, in order to put painkillers into the shoulder.

A nerve block may be used during the procedure, which means that immediately after the operation the shoulder and arm may feel numb. This may last for a few hours. The shoulder will be sore when this wears off so it is important to utilize the painkillers prescribed.

Using ice on your shoulder can be helpful in reducing pain. Wrap a bag of crushed ice, or frozen peas in a damp towel.
Protect your dressings from getting wet with a layer of cling film, or a plastic bag, before applying 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 on your shoulder.

**Getting back to normal**

It is normal to feel more tired than usual for a few days after having an operation. Sleeping can be uncomfortable, using pillows to support your operated arm and maintain your posture when sleeping will help with the discomfort.

**Washing and dressing**

Dressings and bandages that are applied in theatre need to stay dry.

It is easier to wear looser fitting clothes and dress by putting your operated arm into position in the top first.

**Wound care**

Your wound also needs to stay clean and dry. If you have removable stitches they will be removed after 10-14 days at an outpatient clinic appointment or by your GP. If dissolvable stitches are used, they will not need to be removed.
Rehabilitation

Rehabilitation is important if you are to get the most out of your shoulder after the operation. You should be given an exercise booklet before leaving hospital with information about your first physiotherapy appointment. 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
You should aim to repeat all of your exercises 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 pronation and supination
Sit with good posture.
Keep your elbow tucked into your side and your elbow bent to 90 degrees.

1. Make a fist
2. Bend and straighten your elbow
3. Turn you hand palm up and palm down
3. 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.

4. 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

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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.

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