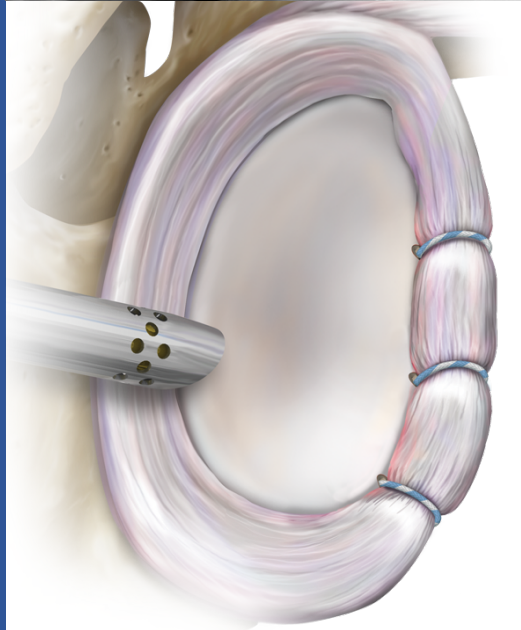
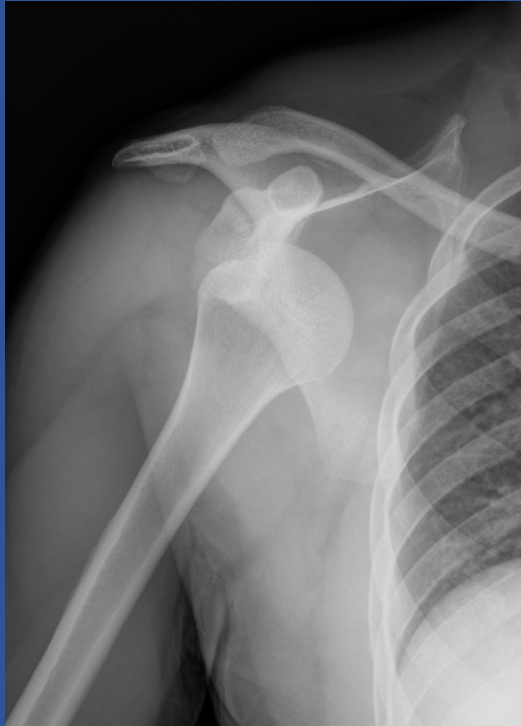


Shoulder stabilisation



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General Information

This is a guide for your recovery journey following your Shoulder Stabilisation.

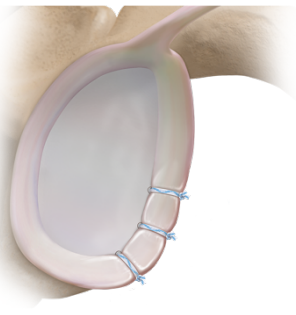
Mr Chung or other members of your care team may adapt the plan depending on you or your shoulder.

If you have severe pain, issues with your wound/dressing or any other health issues please **contact Mr Chung** or consider presenting to your nearest **Emergency Department**.

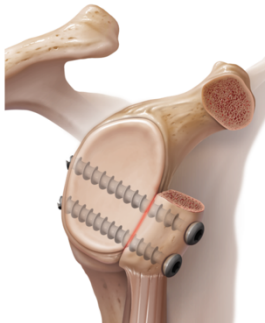
Shoulder stabilisation

The goal of a shoulder stabilisation is to strengthen the joint and prevent further dislocation. This can either be achieved with a soft tissue/ligament repair or adding bone to the glenoid. Mr Chung will discuss and plan with you which is the best type of shoulder stabilisation for you.

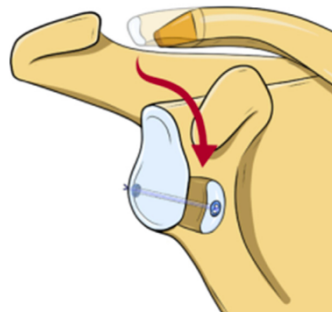
A **soft tissue** stabilisation (Bankart) repairs the damaged ligaments back to the bone. However if there is significant bone loss (either bankart or hillsachs lesion) then a **bone block** stabilisation needs to be performed borrowing bone from either the lateral clavicle or the coracoid (Latarjet procedure).



Soft tissue stabilisation

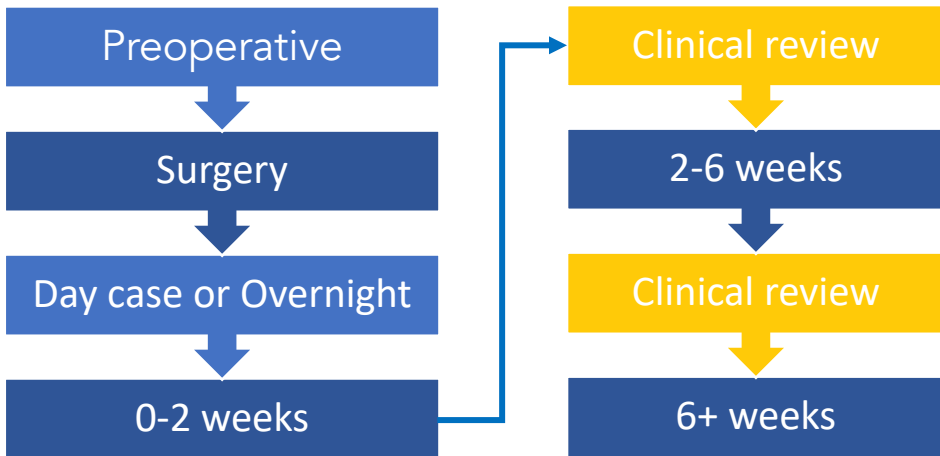


Latarjet



Lateral clavicle transfer

Bone block stabilisation



Preoperative

Once you have decided to undergo a Shoulder Stabilisation there are a few things you will need to do to prepare for the surgery. These include:

- A preoperative **CT scan**
- **Blood tests** (FBE, UEC, CMP, Vitamin D, Coags)
- A fitness for surgery **assessment**
- Continue doing shoulder **exercises** (as pain and stability permits)
- **Designating** someone to drop you off and pick you up from the hospital

Before your Shoulder Stabilisation, please contact Mr Chung if you:

- Start a new medication
- Have developed a new health condition

Surgery

Food

On the day of surgery you will need to fast from food and drink. Mr Chung or the hospital will provide you with fasting times prior to the day of your operation.

Fasting includes avoiding:

- Food
- Tea and coffee
- Chewing gum



Medications

Unless instructed otherwise, you should have your regular morning medications on the day of surgery with a sip of water.

If unsure please speak to Mr Chung about your medications prior to surgery.

Medications that we **may** withhold 2 days prior to surgery include:

- Rivaroxaban/Xarelto
- Apixaban/Eliquis
- Dabigatran/Pradaxa
- Warfarin/Coumadin
- SGLT2 Diabetic medication (Medications ending in -flozin)

Medications that **may** require altered dosing prior to surgery include:

- Blood thinning medication (Clopidogrel/Ticagrelor)
- Diabetic medication (oral and insulin)
- Immunosuppressants

Hospital Stay

Following surgery, you will wake up in the recovery suite to allow recovery from the anaesthesia. You will notice your shoulder has a dressing and your arm will be in a sling. You will then be transferred to the surgical ward. Depending on a number of factors you may go home the same day or the next day.

Your first day in hospital may include:

- A review by a **Physiotherapist**
- An **injection** to prevent clots in your legs (DVT/PE)

Things that you are **allowed** to do straight away with your shoulder include:

- Eating and drinking
- Using a mobile phone
- Using a computer



Things that you should **avoid** doing with your shoulder for the first 6 weeks include:

- Lifting greater than 500g
(no more than a cup of tea or coffee)
- Driving a car
- Using your arm to go to the toilet



Dressings

You should have a dressing on your shoulder at all times till the wound heals. This takes approximately 2 weeks and the dressing will be removed at your first clinical review. Dressing changes should be kept to a minimum to avoid the risk of infection.

If the dressing becomes wet or soaked with blood it will need to be changed. You are able to take a shower but you will need to change the dressing if it becomes soaked.

Exercises (0 – 2 weeks post surgery)

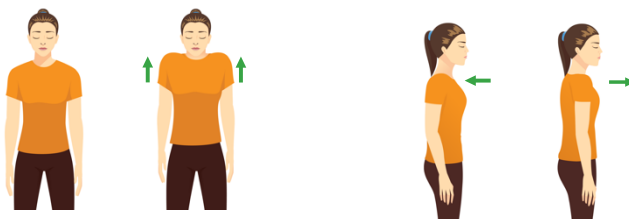
Your **sling** should be worn **most of the time** when resting, sleeping and when you are outside in public areas. You are allowed to **remove your sling** to take a shower, eat and drink and use a computer. **Avoid resting** the arm in an internally rotated position, the **ideal resting position** is with the arm in front of you (as if you were typing on a keyboard).

Exercises should be done for around **15 minutes** on **at least three** separate occasions throughout the day (after breakfast, lunch and dinner).

Scapula/Shoulder blade

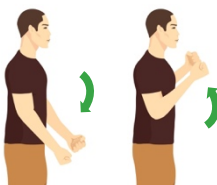
Elevate your shoulders towards your ear and hold for 10 seconds, relax and repeat 10 times

Retract your shoulders by pinching your shoulder blades together and holding for 10 seconds, relax and repeat 10 times



Elbow

Take your arm out of the sling straightening out the elbow completely then bring your hand towards your face, repeat 10 times



Wrist and Hand

Grip a stress ball and hold for 10 seconds, relax and repeat 10 times.

Writing and typing is encouraged to maintain wrist and hand dexterity.

Exercises (2 – 8 weeks post surgery)

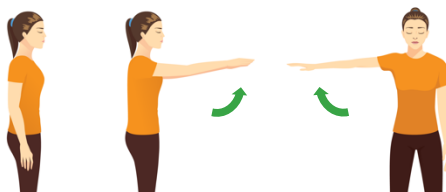
Building on from the previous exercises begin some movement exercises on your new shoulder. Avoid turning your arm out past your side (external rotation beyond 0 degrees).

Until you regain the strength in your new shoulder, use your other arm to assist your new shoulder with these exercises. Your goal is to lift your upper arm parallel to the floor by the 8 week post surgery period.

Shoulder Movement exercises (Isotonic)

Lift your arm forward (with your thumb facing up) and hold it there for 5 seconds, slowly lower it down, repeat 10 times.

Lift your arm out to the side and hold it there for 5 seconds, slowly lower it down, repeat 10 times.



Shoulder Static exercises (Isometric)

Standing facing the wall, place your hand on the wall and push against it, holding it for 10 seconds, relax and repeat 10 times.

Standing side on to the wall, place your forearm and elbow against the wall and push against it holding it for 10 seconds, relax and repeat 10 times.



Exercises (8+ weeks post surgery)

Exercises during this period will be tailored to your specific needs/goals. Mr Chung and your physiotherapist will work with you to figure out the right exercise program.

In general exercises during this period are about achieving more shoulder range of motion, building strength and achieving functional goals.

You are now able to lift up to 5kg between the 8 and 12 week postoperative period. In addition you may find exercises lying on your back to be helpful.

For your physiotherapist

Please contact Mr Chung with any questions

0-4 weeks – 500g lifting limit, sling, scapulothoracic, elbow, wrist and hand AROM

Avoid resting with the arm in internal rotation

No pendular exercises

4-8 weeks – 500g lifting limit, sling

Shoulder – AROM Flex to 60, Abduction to 60, ER to 0, IR to hip + Isometric strengthening

Avoid resting with the arm in internal rotation

Elbow, Wrist and Hand – AROM

No pendular exercises

8-12 weeks – 5kg weight limit, unrestricted ROM, begin supine Abd/ER ROM exercises

12+ weeks – No further restrictions