



# Frozen shoulder



## What is it?

In frozen shoulder, the joint capsule undergoes a biological change with blood vessel ingrowth and fibrous tissue deposition. There are three recognised phases:

The painful phase: onset of continuous pain, often worse at night.

The freezing phase: shoulder movements are progressively lost.

The thawing phase: pain eases and movements of the shoulder slowly return.

Each phase can last many months, with considerable overlap. The total process can take over to 24 months to run its natural course.



## How is it diagnosed?

In primary frozen shoulder, the cause remains unknown. This is by far the commonest type. Imaging tests usually reveal only subtle changes. The diagnosis is clinical but can be confirmed at the time of keyhole surgery.

In secondary frozen shoulder, there is a predisposing cause such as injury, impingement or recent surgery. Diagnostic tests usually reveal the other cause although this may only become apparent at keyhole surgery.



## What is my approach to treatment?

In non-diabetics, the condition normally improves of its own accord – although in around 30% of individuals, a full recovery may not be achieved. Analgesic tablets and restriction of activities are usually all that is required. Unlike in other shoulder conditions, the role of physiotherapy may be limited. If there is severe restriction of movement then surgery is an option.

In diabetics the prognosis is poor. Complete recovery is uncommon and repeat surgery is usually required.



## What does an operation involve?

Surgery is normally carried out under general or regional anaesthetic and requires at least one overnight stay in hospital. Additional days may be required in order to undertake intensive physiotherapy, which is imperative for the ultimate success of this procedure.

A telescope is placed into the shoulder joint via a small incision (shoulder arthroscopy). Cutting instruments are then inserted via additional small incisions. Under direct vision, the diagnosis is confirmed and an assessment for other disease is made – which may require additional treatment. The shoulder capsule is then released, improving shoulder movement and reducing pain. A full correction of movement may not be possible. At the end of the procedure, the skin is closed using non-absorbable sutures. These are removed in the clinic after two weeks.





## What is the recovery period?

Intensive physiotherapy commences the day following surgery, or sometimes even on the same day, to stop the shoulder from stiffening up.

The patient has to be prepared for some discomfort, although strong pain killing medicines can be given via tablet or injection once the local anaesthetic has worn off – normally after 6 to 8 hours.

Physiotherapy and a home exercise program need to be continued for many months if movement gains are to be maintained.

Most pain will have settled after four weeks.

Driving is usually possible after 4 to 6 weeks.

Return to work depends on your specific job-role and may also vary from individual to individual. It may be possible to undertake light keyboard work after two weeks.

Heavy manual work should be avoided for 6 to 8 weeks.



## Are there any possible complications?

80-90% of patients are satisfied with the final result.

However, as with any treatment, there are always risks involved: Infection: 2%, Dislocation: 1%, Fracture: 1%, Nerve injury: 1% or less

Frozen shoulder may persist or recur after this procedure, as the underlying biology remains unchanged.

You can ask for more details at your first consultation.



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HCA Healthcare UK

Member of:



0208 0884500

The London Hand Clinic



contact@thelondonhandclinic.com



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