



ORTHOPEDIC ASSOCIATES of HARTFORD

Manipulation Under Anesthesia/Lysis of Adhesions (frozen shoulder/adhesive capsulitis)

Manipulation under Anesthesia

This means you are put to sleep with general anesthesia. Then the surgeon aggressively stretches your shoulder joint. The heavy action of the manipulation stretches the shoulder joint capsule and breaks up the scar tissue. In most cases, the manipulation improves motion in the joint faster than allowing nature to take its course. You may need this procedure more than once.

Arthroscopic Release (Lysis of Adhesions)

When it becomes clear that physical therapy and manipulation under anesthesia have not improved shoulder motion, arthroscopic release may be needed. This procedure is usually done using a general anesthesia. The surgeon uses an arthroscope to see inside the shoulder. During the arthroscopic procedure, the surgeon cuts (releases) scar tissue, the ligament on top of the shoulder (coracohumeral ligament), and a small portion of the joint capsule. At the end of the release procedure, the surgeon gently manipulates the shoulder to gain additional motion. A steroid medicine may be injected into the shoulder joint at the completion of the procedure.

Post-Operative Instructions:

- 1. DRESSINGS:** If you had a manipulation there will be no dressing. If you required an arthroscopic release your dressing may be removed in 2 days. There are sutures in the incisions, please keep covered. Do not bathe or submerge in water for 7-10 days. Showers are allowed, provided you can cover the incisions with waterproof band-aids.
- 2. ACTIVITY:** You are encouraged to use the treated arm in everyday activities. You'll resume therapy within one to two days of the shoulder manipulation.
- 3. MEDICATION:** A prescription will be provided to help relieve pain. Please use this medication as directed. This medication is strong, and should not be taken with alcohol or other pain medications (narcotics), and may cause drowsiness. Exercise good judgment in its use. You may also try over the counter pain medications such as Aleve (naprosyn) or Advil (Ibuprofen). Take as directed unless there are contraindications. **Take 1 Aspirin (325 mg) daily in addition to the pain medication.** If additional medication is required, please call our office.
- 4. FOLLOW - UP:** You should call the office, (549-8249), the day after your surgery and make an appointment for follow-up 7-10 days from the date of your procedure. If you have any specific questions or concerns, let our secretary know, and we will get back to you.
- 5. WORK:** You may return to work when comfortable.
- 6. QUESTIONS:** Please refer to frequently asked questions sheet.

SHOULDER ARTHROSCOPY POSTOPERATIVE INSTRUCTIONS

You've had arthroscopic surgery today. Your shoulder joint and rotator cuff were evaluated thoroughly.

I found in your shoulder:

Bone Spurs Arthritis Bursitis/Tendonitis Ligament Damage/Instability
 Rotator Cuff Tear Biceps tear (proximal) Cartilage/Labral Damage Frozen Shoulder

I was able to:

Shave bone spurs Clean Arthritis Remove Bursitis Repair rotator cuff tear
 Repair ligament damage Repair/Shave cartilage damage Repair the biceps Release Capsule

Until I see you, you should:

Use your arm normally Not lift or carry Move your elbow only
 Wear your sling all the time for comfort only
 Start physical therapy (a referral has been given)
 Perform pendulum exercises

You should change your dressing in 2 days if you had a lysis of adhesions performed. Cover the portals with waterproof band aids. We will remove all stitches at your visit. You may shower at 48 hours but do not soak the incisions.

Pain is expected for several weeks. Use your medication for severe pain. Call if fever greater than 101 °and does not come down the use of Tylenol or Advil, or if infection is noted. Call 549-8249 for office visit **7-10** days after surgery. If you want to return to work before your next visit, call the office.

