

PATIENT INFORMATION

**MANIPULATION UNDER ANAESTHETIC
(MUA) OF YOUR SHOULDER/ CAPSULAR
RELEASE OF YOUR SHOULDER**



The purpose of this leaflet is to:

- Explain the reasons why you need an MUA or capsular release of your shoulder;
- Explain what the surgery entails;
- Describe what you should expect after the surgery; and
- Describe the importance of carrying out exercises as part of your rehabilitation after the procedure to prevent the joint stiffness returning.

Why do I need an MUA or capsular release?

A manipulation under anaesthetic or capsular release of a shoulder is usually required if you have developed a frozen shoulder and this has not responded to more conservative treatment e.g. physiotherapy and pain relief, or an injection. A frozen shoulder occurs when the tissue around your shoulder joint becomes inflamed. The tissue then gets tighter and shrinks which causes pain and reduced range of movement in your shoulder. It is not always clear why people develop a frozen shoulder but it is most commonly found in those who have diabetes, or those who have suffered an injury or had surgery which keeps them from moving their arm normally. Your consultant and their team will discuss with you which type of surgery is most appropriate for you.

What is an MUA?

A manipulation under anaesthetic is a non-invasive way of restoring the range of movement at the shoulder. Non-invasive means that no surgical incision is made and therefore there will be no wound. Whilst you are under anaesthetic, the surgeons will 'manipulate' or move the shoulder joint through all of its movements in order to loosen it and reduce pain and stiffness.

What is a capsular release?

A capsular release of the shoulder is an operation performed arthroscopically (keyhole surgery) where small incisions are made around the shoulder joint to allow instruments to enter the joint. These instruments are then used to carefully release the tight capsule and any scarring in order to improve your shoulder movements.

What should I expect after my surgery?

Pain Relief

A nerve block is sometimes used during surgery which means your limb may feel numb immediately after your operation. It is normal to feel some pain as the block wears off and you will be provided with some painkillers to help with this. It is important to take these painkillers as prescribed to keep your pain to a minimum and enable you to carry out your exercises which will help maintain the increased movement achieved during the operation.

Slings

You will return from the operation wearing a sling; however, this is for comfort only whilst your arm is still numb from the nerve block. Remember, the operation has been done to try and increase the movement in your shoulder, so do not keep your arm in the sling for long periods without doing regular exercise as the stiffness can quickly re-develop. Discard the sling as soon as possible.

Ice

Ice can be very helpful to reduce pain/swelling. You should not use ice on your shoulder whilst it is still numb as there is a risk of suffering an ice burn. Wrap a bag of ice cubes/frozen peas in a damp towel and apply for 10-15 minutes. This can be repeated every 3-4 hours. If you have undergone a capsular release you will have dressings over the incision sites which you should protect from getting wet by placing a plastic bag or some cling film. You should not put ice on your left shoulder if you suffer from coronary heart disease, high or unstable blood pressure.

Length of stay

Both MUA and capsular release can be carried out as a day case surgeries but some patients may need to stay in hospital longer depending on the post-operative advice given by your surgeon and how soon you reach the range of movement achieved in surgery, on the ward.

Rehabilitation

It is essential that you begin to move the shoulder as soon as possible to maintain the amount of movement achieved during the operation. The more that you move your shoulder in each direction the more likely you are to achieve a good outcome and have less pain overall.

Exercises

You will see a physiotherapist on the ward before you go home who will teach you some exercises (see below) that you must continue at home. You should expect to feel some discomfort whilst carrying out the exercises as this shows that you are stretching the shoulder fully, but this should be tolerable and you should continue to take your pain relief as prescribed to help ease this. **To achieve the best results you should aim to carry out the exercises every waking hour.** The first three 'pendulum' exercises are best used as a warm up before you work on the more challenging exercises.



Pendulum shoulder exercises – forwards and backwards

Stand leaning on a table with your hand.

Let your operated arm hang straight down. Swing your arm forwards and backwards.

Repeat 20 times.



Pendulum shoulder exercises – side to side

Stand leaning on a table with your hand.

Let your operated arm hang straight down. Swing your arm to your left and then to your right.

Repeat 20 times.



Pendulum shoulder exercises – clockwise and anti-clockwise

Stand leaning on a table with your hand.

Let your operated arm hang straight down. Swing your arm as if drawing a circle. Change direction.

Repeat 20 times.



Assisted shoulder flexion in lying

Lie on your back.

Use your un-operated arm to lift your affected arm up over your head. Hold for approximately 10 seconds.

Repeat 10 times.

Supine Hands Behind Head Chest Stretch



Lying on your back with hands behind your neck and elbows pointing towards the ceiling.

Move your elbows apart and down to touch the floor/bed. Hold for approximately 10 seconds.

Repeat 10 times.

Assisted shoulder external rotation



Lying on your back with your elbows against your body and at a right angle. Hold a stick in your hands.

Move the stick sideways, pushing your operated arm outwards. Hold for approximately 10 seconds.

Repeat 10 times.



Assisted shoulder abduction

Stand and grip one end of a stick with your operated arm.

Lift your operated arm out to the side; assist by pushing with the other hand. Hold for approximately 10 seconds.

Repeat 10 times.



Assisted shoulder extension

Stand holding a stick behind your back with your elbows straight.

Lift the stick upwards away from your body. Hold for approximately 10 seconds.

Repeat 10 times.



Assisted internal rotation

Stand or sit. With one arm bring a string over your shoulder behind your back. Get hold of the string with the arm to be exercised.

Pull upwards bringing the lower arm up as far as possible. Hold for approximately 10 seconds.

Repeat 10 times.



Pulley exercise – shoulder flexion

If you are able to set up a pulley at home e.g. a rope over a door hook or similar. Sit with your back to the door/wall and hold both ends of the rope.

Pull on the rope with your un-operated hand to help lift your operated arm up.

Repeat 20 times.



Pulley exercise – shoulder abduction

If you are able to set up a pulley at home e.g. a rope over a door hook or similar. Sit with your side to the door/wall and hold both ends of the rope.

Pull on the rope with your un-operated hand to help lift your operated arm out to the side.

Repeat 20 times.

Discharge Information

Your Consultant will give you guidance on when you can return to work, activities and driving. Your Physiotherapist will be able to give you guidance on returning to sporting and leisure activities as your movement and muscle strength improves.

You will also be referred to see a physiotherapist as an out-patient at your local hospital after you have been discharged home to continue your rehabilitation and to regularly check your movement. It is very important that you attend this appointment to ensure the best possible outcome following your surgery.

Your Out-Patient Physiotherapy Appointment

Date:

Time:

Department:

Contact phone number:

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the Physiotherapy Department between 8:30am and 4:30pm Monday to Friday on the direct dial numbers below:

Worcestershire Royal Hospital

01905 760622 / 760187

Alexandra Hospital

01527 512114

Kidderminster Hospital and Treatment Centre

01562 513066

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.