CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Capsular Release for Frozen Shoulder

The shoulder joint sits inside a tough fibrous capsule (shown distended here). In frozen shoulder this capsule shrinks and tightens; capsular release cuts the contracted tissue to free the joint.

Kieran Hirpara CC BY NC 4.0

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your shoulder, and arrange imaging if it is needed to confirm the diagnosis.

Frozen shoulder causes pain and stiffness because the capsule, the stretchy lining around the joint, becomes inflamed and tight. We usually begin with non-operative care such as physiotherapy, stretching and injections. Surgery is considered when that has not given enough improvement. Capsular release means cutting the tight parts of that lining so the shoulder can move freely again. We suggest it when a steroid injection has not given you enough relief, rather than making you wait a fixed number of months, and it is done as a keyhole operation through small incisions around the shoulder. Most people notice less pain and freer movement soon after surgery, and the operation aims to restore movement, ease pain and return your shoulder to everyday use.

Before the operation

Your surgeon will give you clear instructions in the weeks before surgery. You will need to stop eating and drinking for seven hours beforehand. We ask for seven rather than six so that your operation can be brought forward if the theatre list runs early. Tell your surgeon about all the medicines you take, including blood thinners, because some may need to be paused. Bring a written list of them on the day. Arrange for someone to drive you home afterwards, and wear loose, comfortable clothing that is easy to change out of. Imaging such as X-rays, an ultrasound or an MRI scan helps plan the operation and shows the condition of your shoulder. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You then meet the anaesthetist, the doctor who looks after your anaesthetic and pain relief. This operation is done under general anaesthetic combined with a regional nerve block. You will be fully asleep for the operation, and the block (an injection that numbs the nerves supplying the arm before you wake up) provides pain relief for the first 12 to 24 hours after surgery. The anaesthetist will meet you before the operation and talk you through both parts.

You are then taken into the operating theatre, where the operation is performed. When it is finished, you wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

Your surgeon does this operation as a keyhole procedure. A few small cuts are made around your shoulder, including one at the back. A thin tube with a small camera goes inside the joint so the surgeon can see the capsule, the tight lining around the joint, on a screen.

The tight bands of tissue are then cut to free the shoulder. The surgeon releases the tight parts of the lining, usually starting at the front and top of the shoulder and working down and around as far as the stiffness needs. Cutting one part of the capsule only frees movement in one direction, so the release goes as far as is needed; a less extensive release appears to do at least as well as dividing the whole capsule. Inflamed tissue inside the joint can also be cleaned away. Care is taken near nerves that run close to the bottom of the joint, and the release is done in layers to protect them.

Once the tight tissue has been released, your shoulder is gently moved to check the new range of motion. The small cuts are then closed with stitches, and a dressing is placed over them.

The aim is simple: cut what is tight so the joint can move freely again.

After the operation

Most patients stay one night in hospital after this operation, though some are able to go home the same day. You wake up in the recovery area, then move to the ward. You may have a simple sling for comfort for the first day or two; there is no repair to protect, so you can use the arm freely. A physiotherapist will show you the movements to start straight away, and you keep doing them through the day. Pain relief is planned before you wake up, so most people find the first day or two manageable. Someone should stay with you for the first 24 hours. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

Most people notice a change straight away. The tight, catching pain that made sleep and dressing difficult is often much less from the first days. Your arm will still be sore, and the shoulder may feel bruised and swollen where the work was done. This settles over the first couple of weeks. Keeping up your movements, using the pain relief you have been given, and using the arm freely between exercise times all help.

Your days will centre on simple, frequent exercise. A physiotherapist will show you the first movements before you leave hospital, and you repeat them through the day to keep the new motion from stiffening up again. Your physiotherapist then guides your program, building from gentle assisted stretches to movements you do yourself. Any sling is for comfort only, in the first day or two. You can move around the house freely, but wait until your surgeon clears you before driving, typically at the six-week review. Our guide to driving after upper-limb surgery explains this in more detail.

As movement returns, everyday tasks come back in stages: reaching behind you, lifting your arm overhead, then returning to work and the activities you enjoy. Recovery varies from person to person, and your timeline may differ. Your surgeon and physiotherapist will guide you at each review.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The small cuts around your shoulder can become infected. Watch for redness that spreads out from a wound, swelling that gets worse, or fluid leaking from the site. A deep, throbbing pain that does not ease with simple painkillers is another warning sign. If you notice any of these, call the clinic rather than waiting for your next visit. Infection caught early usually settles with drainage and a course of antibiotic tablets.

Nerves run close to the shoulder, and surgery near them can cause temporary irritation. You might notice tingling, pins and needles, or patches of numbness in the arm. Some people find part of the arm feels weak or slow to respond. These changes are usually temporary and settle on their own over days to months. Mention any new numbness or tingling at your review, or call the clinic if it appears suddenly.

The bone and the smooth lining of the joint can be injured during the operation. You would notice this as pain that is different from the usual post-operative soreness, or a clicking or grinding feeling when you move. Bring this up at your next review so it can be checked.

The rotator cuff, the group of tendons that help you lift and rotate your arm, can also be affected. This feels like a deep ache at the side of the shoulder, with weakness when lifting your arm or reaching overhead. Simple tasks like getting dressed may feel harder than expected. Tell your surgeon or physiotherapist if this does not improve as expected, so they can examine it and adjust your program.

If anything worries you between reviews, call the clinic. The complications table on this page lists typical rates if you want the specifics.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

When to call us

Call the clinic straight away if you have a fever, or if redness, swelling or fluid leaking from a wound gets worse. Call us if you notice sudden severe pain, new numbness or tingling, or if you cannot move your arm. Go to emergency if you have calf swelling or pain, or shortness of breath, as these can signal a blood clot. If anything worries you and you are not sure, call us. We would rather hear about it early.

Where to read more about the condition

This page is about the operation itself. The condition it treats, including what the evidence shows about when surgery helps and when it does not, is covered in more detail on the Frozen Shoulder page.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au