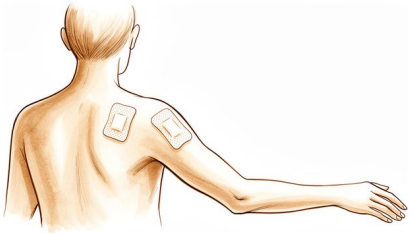
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Shoulder Arthroscopy



Arthroscopic view inside the shoulder during stabilisation surgery.

At-a-glance recovery. Pooled from 80 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**4-6 months**	**12 months**
Return to desk work and light ADLs typically occurs within 2 to 6 weeks, with active motion initiated within a pain-free range after 2 weeks.	Return to manual work and sport is generally possible after 4 to 6 weeks of rehabilitation, with criteria-based testing recommended for athletes.	Maximum functional improvement and plateau of pain/ strength are typically observed by 12 months post-surgery.

Why this operation has been suggested

Shoulder arthroscopy is a keyhole surgery where your surgeon uses two or three small incisions and a tiny camera inside the joint. This procedure is commonly performed for low-risk treatment of shoulder problems. Your surgeon may have recommended it because non-operative options, such as rest or therapy, have not given you enough improvement. The goal is to restore your shoulder's stability and function.

This operation is often offered to active patients aged 40 years and older, including those who have had previous shoulder repairs. It is also considered safe for patients 60 years or older. While complications are rare, the thirty-day complication rate is 1.0% overall, and 1.6% for older patients. The most common issue is a return to the operating room, which accounts for 29% of all complications. Despite these risks, the procedure generally provides favorable long-term outcomes with low rates of needing further surgery or developing wear-and-tear arthritis.

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Before the operation

Please fast for six hours before your surgery. Stop taking blood thinners only after your surgeon gives you specific instructions. Arrange for a responsible adult to drive you home and stay with you that night. Bring a complete list of all current medications and supplements. You may need X-rays, an MRI, or blood tests before the procedure. These checks help your surgeon plan the surgery safely. Your surgeon will perform an arthroscopic operation using two or three small incisions and a tiny camera inside the joint. Wear loose, comfortable clothing to your appointment. This approach allows for precise repair with minimal tissue damage.

On the day

You will arrive at the hospital for admission. Your surgeon will review your plan before you go to the operating theatre. 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.

Your surgeon performs this as an arthroscopic (keyhole) approach with two or three small incisions and a small camera inside the joint. This method keeps the procedure safe with very low complication rates. You will wake up in recovery while the numbness from the block lasts. Most patients experience mild restriction of range of motion after shoulder surgery, which does not require aggressive input. You can expect a calm start to your recovery with equivalent pain control and satisfaction using nonopioid pain regimens.

What the operation involves

Your surgeon performs this procedure using keyhole surgery. This means they make two or three small incisions, each about 1 cm long, over the shoulder. Through these tiny cuts, your surgeon inserts a small camera and specialized instruments. The camera sends clear images to a screen, allowing your surgeon to see inside the joint without making a large cut.

Inside the shoulder, your surgeon addresses the specific problem causing your pain or instability. For example, if you are having stabilization surgery, your surgeon may repair torn tissue (the labrum) that holds the shoulder joint together. If you have a tear in the rotator cuff tendon, your surgeon reattaches the frayed tendon back to the bone using small anchors. These anchors are tiny devices that secure the repair. Your surgeon may also remove damaged tissue or bone spurs that are rubbing against other structures.

Once the repair is complete, your surgeon closes the small incisions. They typically use sutures (stitches) that dissolve on their own, or removable stitches that your surgeon takes out during a follow-up visit. A sterile dressing is placed over the cuts to protect them while they heal.

This approach is generally considered safe. The literature notes a 1.0% thirty-day complication rate for shoulder arthroscopy overall. For patients aged 60 years or older, the 30-day postoperative complication rate is 1.6%. While complications are rare, your surgeon will monitor you closely to ensure a smooth recovery.

After the operation

You will wake up in the recovery ward with a nurse watching over you. Your surgeon will manage your pain using a plan that avoids strong opioids when possible. You will go home with a sling, dressings, and possibly a brace. Most patients stay one night in hospital after this operation, though some are able to go home the same day. This surgery uses an arthroscopic (keyhole) approach with two or three small incisions and a small camera inside the joint. You must have someone stay with you for the first 24 hours. Do not drive for at least SIX WEEKS after any shoulder operation, regardless of which arm was operated on. Patients in a sling must NOT drive. See Driving after upper-limb surgery for details.

Recovery

You will have two or three small incisions with a tiny camera inside your shoulder. This keyhole approach helps your surgeon see and fix the problem with minimal damage to your muscles. In the first few days, you can expect some pain and swelling. This is normal. Your surgeon will guide you on how to ease this discomfort using ice and medication.

You will wear a sling to protect the shoulder while it heals. You must not drive while in a sling. For this surgeon, you cannot drive for at least six weeks after any shoulder operation, regardless of which arm was operated on. You can drive once your surgeon clears you, typically at the six-week review. See Driving after upper-limb surgery for more details.

Your recovery involves daily physio exercises to restore movement and strength. You will start with gentle motions and gradually increase activity as pain allows. Mild stiffness is common and does not require aggressive intervention. Your physiotherapist will teach you safe ways to sleep and perform daily tasks at home. Avoid heavy lifting or overhead reaching until your surgeon advises otherwise.

Recovery varies between individuals. Your timeline may differ; your surgeon and physio will guide you based on your progress and healing.

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.

Infection is a rare risk. You might notice increasing redness, warmth, or swelling around the small incisions. The area may feel tender or throb more than expected. You might also develop a fever or chills. If you see these signs, call your surgeon's office right away. They will decide if you need to be seen urgently.

Frozen shoulder is another possible issue. This condition makes your shoulder feel stiff and tight. You may find it hard to lift your arm or reach behind your back. Pain can be deep and achy, especially at night. If you feel this stiffness returning, mention it at your next review. Early movement exercises can help prevent it from becoming severe.

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Sometimes, the shoulder may become unstable again. This is more common if you had surgery to stabilize a dislocated shoulder. You might feel a clicking, grinding, or slipping sensation. The joint may feel like it is giving way. If this happens, stop using the arm heavily and contact your surgeon. They can check if the repair is holding correctly.

Rarely, the cartilage inside the joint can break down quickly. This is called chondrolysis. It can cause sudden, severe pain and a loss of motion. The shoulder may feel stiff and weak. Because this complication can happen rapidly after routine procedures, report any sharp, unexplained pain or sudden loss of movement to your surgeon immediately.

If you have had neck surgery before, your risk of complications is higher. You might experience more pain or need stronger pain medication for longer. You may also need a second procedure sooner than expected. Be sure to tell your surgeon about any past neck surgeries so they can plan your care carefully.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing wound redness, or discharge. Go to emergency if you experience sudden severe pain, calf swelling, or shortness of breath. Seek immediate help for loss of sensation or inability to move your limb. These symptoms require urgent assessment to ensure your recovery stays on track.

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COMPLICATIONS & CONSENT

Shoulder Arthroscopy

Complication rates from published literature

Pooled from 80 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
revision surgery	**15.2%**	Specifically elevated in patients with prior ACDF history.
recurrent instability	**8.3-23.0%**	Higher rates observed in pediatric patients and those with specific risk factors like Hill-Sachs lesions.
stiffness	**2-5%**	Postoperative stiffness typically responds to physiotherapy; may require manipulation under anaesthesia.
readmission	**1.13%**	30-day readmission rate is generally low.
nerve injury	**<1%**	Permanent nerve injury is rare (<1%); transient traction neurapraxia of the axillary or musculocutaneous nerve is more common and typically resolves.
return to operating room	**0.27-0.45%**	Most common complication overall, accounting for 29% of all complications in some series.
infection	**0.21-0.26%**	Risk is similar to other large series; higher in patients with prior ACDF or recent steroid injections.
thromboembolism	**0.21-0.26%**	Includes DVT and PE; risk factors include BMI >30 and hypertension.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME _____ SIGNATURE _____ DATE _____

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