



Dedicated to *Outstanding* care

Sherwood Forest Hospitals
NHS Foundation Trust

INFORMATION FOR PATIENTS

Manipulation under anaesthetic operation



This booklet contains information about the shoulder surgery that you have been advised to have, and aims to answer some of the questions you may have about the operation and your stay in hospital.

About shoulder surgery at Sherwood Forest Hospitals

At our King's Mill hospital site, there is an elective orthopaedic ward (ward 11) and an elective day case unit (DCU). At our Newark site, there is an elective day case unit (Minster ward). The ward and site of your shoulder or elbow surgery will be discussed with you by your consultant team in the outpatient clinic before your operation.

You will be admitted to one of these wards during your stay in hospital. On each ward a 'named nurse' will be allocated to you to co-ordinate your nursing care. You will also have named physiotherapists to supervise your rehabilitation.

You will usually be admitted to the hospital on the day of your operation, and you will usually go home the same day. If you think you will need transport to get home or help when you get home, please tell your named nurse when you first come in.

What to bring

You need to bring in with you any medicines that you are taking, toiletries, a towel, nightwear and some loose and comfortable clothing. Please leave valuables at home.

Operation day

Your anaesthetist will see you on the morning of the operation to discuss your anaesthetic with you.

You will be able to eat and drink as usual the day before your operation. You may be able to have an early morning drink even on the day of your operation but you need to discuss this with the ward team before you have any drink.

You must not smoke after midnight the day before the operation.

Frozen shoulder –what is the problem?

Frozen shoulder is a condition that causes pain and restricted movement of your shoulder joint. It occurs in 2-5% of the general population.

A frozen shoulder can last from one to two years. Generally, it is found to be a self-limiting disorder, which means that it usually gets better by itself, given enough time. However, some people continue to have a stiff, painful shoulder. In these cases, one of the methods of treatment is a manipulation under anaesthetic.

What is an MUA?

You will be given an anaesthetic. While you are asleep, the surgeons will stretch your shoulder joint through its full range of movement, breaking any adhesions that have been restricting it.

At the same time, a local anaesthetic and a steroid will be injected into your shoulder to help relieve any soreness you may have afterwards.

Will I have to wear a splint or sling?

No; after your manipulation, the best thing to do is to move your shoulder. A stretch shown below is good to do while you rest as long as it is not too painful.



What will happen?

You will stay on the ward while you recover from your anaesthetic.

How can I sleep?

You **must not** lie on your operated shoulder. We recommend that you lie on your back or the opposite side, as you prefer. Ordinary pillows can be used to give you comfort and support (feather pillows are easier to use than foam ones).



If sleeping on your side, having a pillow or two under your head usually gives enough support for most people.

A pillow tucked along your back helps to prevent you rolling onto your operated shoulder in the night. A pillow folded in front of your tummy for your hand to rest on allows the shoulder to rest comfortably and helps getting a good night's sleep.



If sleeping on your back, use a pillow under the elbow of your operated arm as shown. Again, important in helping you get a good night's rest.

Rehabilitation

Rehabilitation is important if you are to get the most out of your shoulder after the operation. The first stage is to get your shoulder moving again with the following exercises. You should be trying to move your shoulder as far as the surgeons could get it while you were asleep. However, we do not expect you to get full range of movement on the first day – you can do too much.

Do not start any exercises until a physiotherapist has showed you or advised you.

Exercises

Try to do five to ten repetitions of each exercise twice a day. You should do your exercises in this order at home until your follow-up physiotherapy appointment. They can then be altered or increased under the guidance of your physiotherapist.



Leaning forwards from your hips, circle your arms from your shoulder in gentle, pendulum type movements. Keep your palms facing forwards as you go clockwise and anti-clockwise.



Shrug your shoulders up and backwards in a smooth, circular motion.



Stand tall grasping a stick with both hands behind your back. Roll your shoulders back and down. Now use the stick to help take your operated arm up and out behind you.



In the position above, pull your operated arm up behind your back. You may use a stick or a towel if you can't reach it with your hand.



Lie on your back with your elbows on folded towels so that they are level with your shoulders. Bend your elbows to at least 90 degrees, and use a stick to turn your operated arm out to the side. Keep your elbows tucked in.



From lying on your back with your elbows supported as before, use your unoperated arm to lift the other up towards your head. Try to get your hands on top of your head if you can.



Stand facing a kitchen worktop, windowsill or other stable surface. Lean forward and rest your elbows upon the surface - you may use a pad for comfort.

Try and hold your hands together as you slowly walk backwards, leaning on your elbows until the shoulder is stretched. Walk forwards again to ease off.

When can I go home?

- When you have recovered from your anaesthetic.
- When your pain is controlled
- When you have seen the physiotherapy team.

Is that the end of my treatment?

A physiotherapy appointment for ongoing treatment will be made for you at your local physiotherapy department (usually two after your operation).

You will also go to the follow-up clinic at King's Mill or Newark Hospital. This is run by the advanced practice physiotherapist and/or nurse specialist. They will see you six weeks after your operation.

They can arrange a quick appointment with your surgical team if necessary.

At six months, you will have your final clinic check-up, and the physiotherapist or nurse specialist will discharge you unless your surgeon's opinion is needed.

What will I do as an outpatient?

You will continue with your exercises with the help of a physiotherapist. You will be given more exercises if you need them.

When can I do my normal activities?

We would encourage you to try and use your shoulder as normally as possible, as soon as you can. This will help to keep it loose and pain free.

If you are at all worried about your shoulder you should contact the hospital's shoulder and elbow team.

Useful contact numbers

Kings Mill Hospital
Telephone: 01623 622515

Newark Hospital
Telephone: 01636 681681

Extension number

Mr Kurian's secretary	4117 (Monday to Friday, 8am-5pm)
Mr Bidwai's secretary	6148 (Monday to Friday, 8am-5pm)
Nurse surgical care practitioner	4104 (Monday to Friday, 8am-5pm)
Advance practice physiotherapist	6148 (Monday to Friday, 8am-5pm)
King's Mill day case unit	3048 (Monday to Friday, 24 hours)
King's Mill orthopaedic ward	3640 (Monday to Sunday, 24 hours)
Newark hospital day case unit (minster ward)	5850 (Monday to Friday, 8am-5pm)
King's Mill physiotherapy department	3221 (Monday to Friday, 8am-5pm)
Newark hospital physiotherapy department	5885 (Monday to Friday, 8am-5pm)

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you need this information in a different language or format, please contact the PET (as above).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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