

Patient information

Shoulder hydrodilatation

Why have I been offered this treatment?

Your specialist has diagnosed a frozen shoulder, which is a painful condition which causes reduced movement of the shoulder joint.

What is involved?

Hydrodilatation involves stretching the capsule of the joint by injecting a mixture of sterile saline, local anaesthetic and steroid. This opens up the joint and releases sticky adhesions within the joint. The Radiologist performs the procedure in the X-ray department using X-ray guidance to ensure the injection is accurately placed.

You will be asked to lie on your back with your arm extended out to the side. The skin will be cleaned and local anaesthetic will be given to numb the area. A fine needle will be introduced onto the surface of the shoulder joint under X-ray guidance and a small volume of X-ray dye (iodine contrast) will be injected to ensure safe positioning. Saline, steroid and further local anaesthetic will then be given.

Is it safe?

It is a safe procedure. There is a very small risk of infection, as with any joint injection. There is a risk that it may not work (in about 30%). There is a small risk of bleeding. You must inform the X-ray department immediately if you are taking blood thinning medications e.g. Warfarin, Dabigatan, Apixaban, Rivaroxaban or Tinzaparing. Diabetics should carefully monitor their blood sugars for the first 48 hours after the procedure as blood sugar levels and insulin requirement may rise due to the steroid.

What should I do prior to the procedure?

Please take your normal pain relief medicine one hour prior to your procedure. On the day of your procedure, please inform the nurse or doctor of any allergies you

may have.

What can I expect to feel during and after the procedure?

Once the area is numb you should feel very little. There may be a sensation of pushing and pressure. If you feel discomfort you must tell the doctor. Occasionally people have described a feeling of excess fluid in the shoulder. These symptoms should resolve quickly.

What happens after procedure?

Some people do have moderate discomfort, which can last for thirty minutes after the procedure, due to the joint distension. You will stay in the department for 15-30 minutes before you are discharged home. Please bring along someone to drive you home after the procedure as we would advise that you do not drive or operate heavy machinery for at least 6 hours.

You will see a physiotherapist on the day of the procedure and then receive further follow up. Physiotherapy and exercises are important to maximise your improvement following the procedure.

Does it work?

Nationally, there is a reported success rate of over 70% in improving shoulder movement and over 90% in improving pain. Many people feel immediate relief, but for some it can take a couple of weeks to achieve full benefit.

What if it fails?

You may be reviewed by your specialist who will discuss other treatment options. These may include surgical release (Arthroscopic Arthrolysis) or MUA (Manipulation under Anaesthetic).

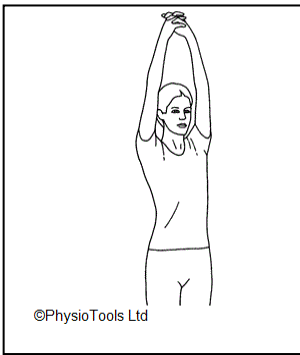
How will I be followed up?

You will see a physiotherapist on the day of your procedure at West Suffolk Hospital in the physiotherapy department. They will assess your range of movement and provide advice and exercises to get started.

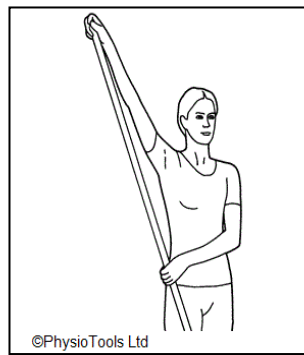
You can contact them on 01284 713300.

Further follow up care will be with AHP Suffolk who will see you within one week of the procedure.

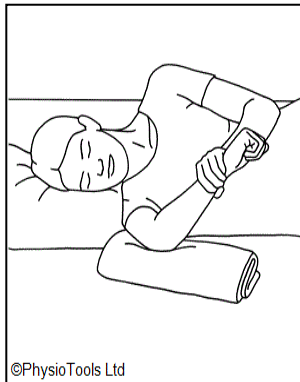
You can contact them on 03330 433 966 or email info@ahpsuffolk-cic.nhs.uk



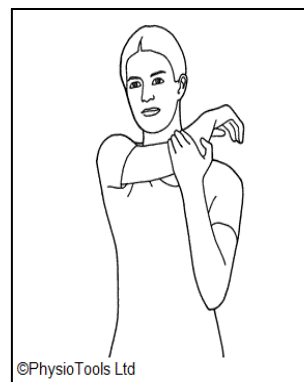
Stand with hands clasped or holding a stick. Raise your arms forward above your head. Slowly bring them down.



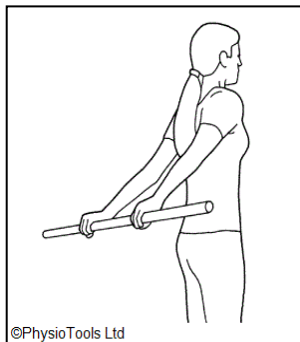
Stand holding a stick with the arm to be exercised. Lift the stick sideways using the other arm to help.



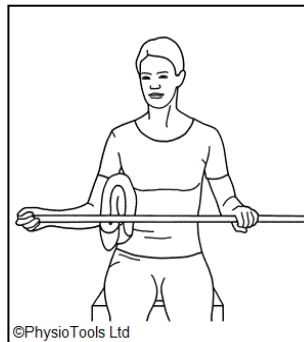
Lie on your side with your upper arm on a towel. Your shoulder and elbow are bent 90 degrees. Push your hand towards the floor with your other hand, keeping your elbow still.



Sit or stand. Stretch one arm over the opposite shoulder gently pushing at the elbow with your other arm.



Stand holding a stick behind your back. List the stick away from your back.



Sitting, with your elbow tucked by your side. Holding a stick, move the arm outwards. Keep your elbow by your side.

Queries or concerns

Your specialist will be able to answer any queries you may have. You can also telephone the Radiology Department on 01284 713378.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the hospital website www.wsh.nhs.uk and click on the link, or visit the disabledgo website:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>

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