

Information about Shoulder Surgery

Although most people think of the shoulder as a single joint, there are really two joints in the area of the shoulder. One is located where the collarbone (clavicle) meets the tip of the shoulder bone (acromion). This is called the acromioclavicular or AC joint. The junction of the upper arm bone (humerus) with the shoulder blade (scapula) is called the glenohumeral joint.

The shoulder is the most mobile and versatile joint. The mobility is gained at the cost of stability and number of shoulder conditions stem from this. It is also prone to number of sporting injuries and work related disorders.

Shoulder disorders can significantly affect many functions of the arm particularly having an adverse affect on ability to work and play sport. The shoulder surgeons at Manchester Orthopaedic Group can provide expert assessment of all shoulder conditions including injury, bursitis, fractures, frozen shoulder, impingement, rotator cuff injuries, instability and varied effects of arthritis.

We will advise you on the most appropriate treatment options including injections, physiotherapy or surgery. The shoulder surgeons at Manchester orthopaedic group can provide expert advice, assessment and treatment of all shoulder problems. The treatment might range from keyhole (arthroscopic) surgery to replacement surgery or in trauma situations fracture fixation surgery.

Following injury we can provide a full assessment the shoulder as lack of or incorrect treatment can lead to significant stiffness, reduction in strength and sometimes permanent disability. We have access to X-ray and other imaging techniques, including MR scans, in order to make the correct diagnosis of an injury. With this information we can advice on the most appropriate treatment and the lightly outcome and function.

Most of the shoulder surgery is performed as a day case procedure, often under a regional block (numbing of the arm) rather than a full anaesthetic. Following surgery, appropriate slings/support is applied followed by close post-operative follow-up including access to our own physiotherapist and occupational therapist.

Common conditions	Treatment
Injury pain bursitis and tendinitis	Injection Release
Impingement syndrome	Injection, Physiotherapy Keyhole surgery
Osteoarthritis/Rheumatoid arthritis	Total shoulder replacement
Rotator cuff tears/ cuff tear arthropathy	Repair of cuff tears with keyhole, Reverse joint replacement for pseudoparalysis inability to lift arm due to chronic cuff tear.
Instability (Bankart's or labral SLAP tears)	Arthroscopic key hole repair after MRI arthrogram assessment
Frozen shoulder	Manipulation or keyhole release