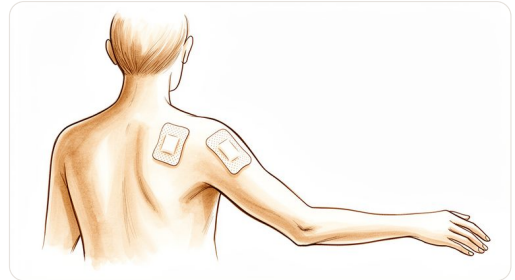


Shoulder Arthroscopy



Arthroscopic view inside the shoulder during stabilisation surgery.

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What you're feeling

You likely feel pain in the front or side of your shoulder. It often feels worse at night or when you try to sleep on that side. Many people find it hard to lie down comfortably. The pain may also flare up after you use your arm for daily tasks. Simple movements like reaching behind your back to fasten a bra or tucking in a shirt can become very difficult.

You might notice that the pain gets better with rest but returns when you move. Some patients feel a deep ache that wakes them up. Others feel sharp pain when lifting objects or reaching overhead. Your surgeon may explain that these symptoms are common with wear-and-tear arthritis or instability. Even if you are active, you may find that your shoulder limits your ability to do things you used to enjoy.

While most people recover well, it is important to know that complications can happen. About 1.0% of patients have a complication within thirty days. The most common issue is needing to return to the operating room, which accounts for 29% of all complications. If you experience sudden shortness of breath or a new lump after surgery, tell your surgeon right away. Most patients aged 40 and older who have this surgery see favorable results over seven years.

What's actually happening

Your shoulder is a ball-and-socket joint wrapped in a tight sleeve called the joint capsule. Inside, smooth cartilage coats the bone ends so they glide like ice on ice. Sometimes this sleeve stretches or tears, acting like a worn-out gasket that lets the ball slip out of place. This is what causes instability. Your surgeon uses tiny cameras and tools to see inside and repair these tears, often using small anchors to hold the tissue back in place.

In some cases, the smooth cartilage wears down into a rough surface, causing severe pain and stiffness. This condition is called glenohumeral chondrolysis. If this damage becomes severe, the joint may need a full replacement, known as shoulder arthroplasty. While this replacement reliably stops the pain, getting your normal range of motion back is less predictable. Even with successful surgery, about one third of stabilized shoulders may redislocate within 8 to 10 years.

The surgery itself is generally safe, with a 1.0% thirty-day complication rate for most patients. For those aged 60 or older, this rate is slightly higher at 1.6%. The most common issue requiring a return to the operating room accounts for 29% of all complications. While mild stiffness after surgery is common and does not need aggressive treatment, many athletes do not reach their full strength or motion goals compared to their other shoulder at 6 months postoperatively. Your surgeon will guide you through a careful recovery to help you return to your daily activities safely.

What we can do about it

Start with self-management and physiotherapy. Your physiotherapist will guide you through exercises to strengthen the muscles around your shoulder. This approach aims to improve your movement and reduce pain without surgery. You should give this plan a fair chance before considering other options. Most people find that consistent effort over time helps them return to daily activities.

If simple measures are not enough, your surgeon may discuss medical management. This often includes pain medication and anti-inflammatories to help you feel better. Corticosteroid injections can also be used to reduce swelling and pain in the joint. However, you should avoid having a shoulder injection within four weeks of surgery unless there is a strong reason. Your surgeon will use a cautious, individualized approach before offering these injections if you are likely to need surgery later. For pain control after surgery, non-opioid medication regimens work just as well as opioid-based ones.

Surgery is considered when conservative care has reached its limit and your symptoms persist. Shoulder arthroscopy is a commonly performed procedure with low risks that allows your surgeon to look inside the joint and fix problems. It is generally safe, with a 1.0% thirty-day complication rate for the overall population. Even for patients aged 60 years or older, the risk remains low at 1.6%. While complications can occur, serious events like death are rare. If you have had previous surgery, arthroscopic revision can still result in satisfactory outcomes for appropriately selected patients.

When to see someone

Shoulder arthroscopy is generally safe, with a 1.0% thirty-day complication rate. However, contact your GP if you have persistent pain that does not improve with rest, new weakness, or a feeling of instability. Seek immediate help if your shoulder locks, gives way, or suddenly worsens. You should also see your surgeon if symptoms interfere with your sleep or work. Be alert for a new mass with pain, which could indicate a pseudoaneurysm, or sudden trouble breathing. While rare, these signs need prompt attention to prevent serious issues.