Shoulder Dislocation

Dislocated shoulder

The doctor or nurse who has examined your shoulder and looked at the x-rays has found that you have dislocated your shoulder.

What is a dislocated shoulder?

This means your shoulder has come out of joint. This can be very painful and sometimes can put pressure on the nerves and blood vessels of the arm.

How will my injury be treated?

It is important that the shoulder is put back into place as soon as possible once an x-ray has confirmed the diagnosis. You will be given medication to help with any discomfort you may have.

The doctor or nurse will ask you about any problems with your health, any medicine or tablets that you are taking and any allergies that you have. The doctor will explain what is to be done and answer any questions you have. The shoulder will be put back into place using either Entonox ("gas and air") and / or a sedative to help relax you.

If sedation is needed we will keep a check on your heart and breathing using a heart monitor. Your blood pressure will be measured. Oxygen is given by a face mask. A sedative medicine and analgesia will then be given.

The pain will ease and you may become sleepy. As your shoulder muscles relax the doctor will guide your shoulder back into place. Although you are not unconscious the medication may make you forget the procedure.

What are the risks of this?

In most cases the procedure is straightforward. Sometimes as the shoulder is guided back into place a new break in the bone occurs. This is uncommon (about 1 in 100 or 1%),but may occur if the underlying bone is weak. Sometimes damage to the nerve can occur. This is also rare (1%).

If you have needed sedation, you will be sleepy after the procedure so we will continue monitoring you until you are more awake.

During your time in department we advise you not to eat or drink anything to reduce the chance of you feeling or being sick.

Might I need a general anaesthetic?

If your shoulder cannot be put back into place with sedation then a general anaesthetic may be needed. This doesn't happen very often (less than 1 in 20 patients). Sometimes if you have a fracture as well as a dislocation you may need a different sort of operation to put it back in place. The doctor will tell you if this is the case.

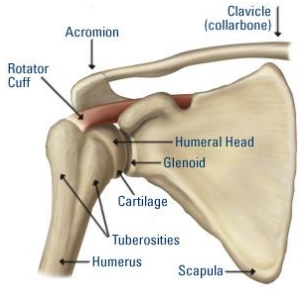
What happens afterwards?

The x-ray will be repeated to check that the shoulder is back in position. The doctor will examine your shoulder again to make sure there has been no damage to the nerves around your shoulder.

When you have recovered you can go home with a sling and painkillers.

After the sedation you should not drive, operate machinery, make any important decisions or drink alcohol for 24 hours. An appointment will be made for the fracture clinic (usually the next morning) and the orthopaedic doctors will take over your further care. Your shoulder will be at greater risk of dislocating again especially in the first few weeks. It is important that you follow the advice given to you by the doctor in the fracture clinic.

REHABILITATION AFTER SHOULDER DISLOCATION



The shoulder joint is made up of a ball ('humerus') and a socket ('glenoid'), which is part of the shoulder blade

('scapula').

What happens when I dislocate my shoulder?

The ball and socket shape means that the shoulder has a big range of movement, which can make it more likely to dislocate. Dislocation happens when the ball becomes removed from the socket. Often the force which causes the dislocation will also damage the muscles, tendons and ligaments surrounding the joint. There may also be an associated fracture.

The risk of recurrence is highest in younger people, especially males (who may engage in higher risk activities) as they have more stretchy tissues which may not hold the shoulder as tightly as before following the injury.

The risk of recurrence depends on how well the ligaments and muscles in the shoulder heal. Regular strengthening exercises will increase the structural support and joint stability, and reduce the chance of a repeat injury. Retuning to a normal level of activity too soon may make your shoulder worse, or increase the risk of the injury reoccurring.

How soon can I expect to recover?

You may be able to resume most activities within two weeks but should avoid immediate participation in contact or sporting activities, as well as heavy lifting (you may need to take some time off work depending on the physical nature of the work). No overhead arm movement or sporting activity should be undertaken for 6 weeks.

Your full range of motion should be aimed to be restored over 6-8 weeks, with full recovery generally occurring in 12-16 weeks.

You should not attempt to return to sport and other vigorous activity for a minimum of 3 months, when a full range of pain-free movement and strength has been restored.

Driving a vehicle should only be attempted once you are able to control the car in an emergency situation. You should check that you can reach all the controls, and should start with short journeys to begin with. Check with your insurance company – you may need to inform them of your injury.

Information is based on that available on www.patient.co.uk.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.

For additional medical advice, if your symptoms or condition worsens:

Contact your GP

NHS 111:	Telephone 111
Get help with your symptoms, NHS111:	https://111.nhs.uk/
Information to help you manage your health:	www.nhs.uk

In an emergency telephone 999

Emergency Department (A&E)
Alexandra Hospital
Woodrow Drive
Redditch B98 7UB
Tel: 01527 512030

Minor Injury Unit
Kidderminster Hospital
Bewdley Road
Kidderminster DY11 6RJ
Tel: 01562 513039

Emergency Department (A&E)
Worcestershire Royal Hospital
Charles Hastings Way
Worcester WR5 1DD
Tel: 01905 760743