Professor Bijay Singh

Upper Limb, Trauma & Sports Medicine

FRCS (T&O), FRCS, MS, DNB, PG Dip
Visiting Professor, Canterbury Christchurch University
Visiting Professor, AIIMS Raipur

Personal • Precise • Proven • Shoulder to Finger

HYDRODISTENSION (JOINT RELEASE)

This leaflet provides general information to help you understand hydrodistension (hydro-dilatation) for a stiff or frozen shoulder.

A quick injection that gently stretches the tight capsule — no cuts, no anaesthetic needed.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.

This leaflet provides general information and does not replace individual medical advice.

Private Consulting Rooms

- **LIPS Healthcare London**
- **Spire Alexandra Chatham**
- **Practice Plus Gillingham**

Practice Manager

Kim White

07361 895875

secretary@kentorthopaedicpractice.co.uk

www.kentorthopaedicpractice.co.uk

Scan to visit our website

The Anatomy of the Shoulder Joint

The shoulder is one of the most complex joints in the body, relying on several structures working together:

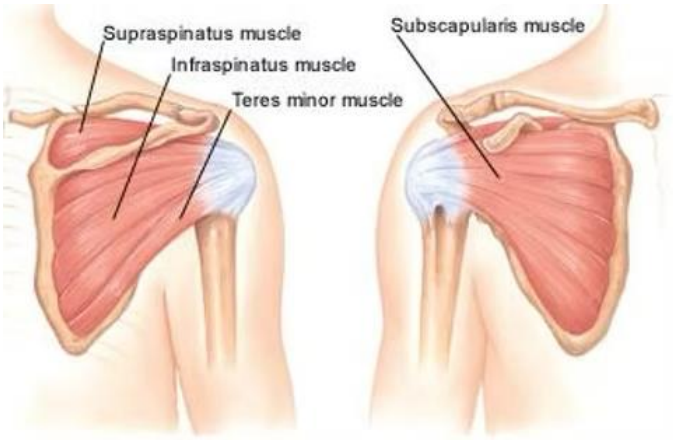
How the Shoulder Works

Three main bones form the joint:

- Humerus (upper arm bone)
- Clavicle (collarbone)
- Scapula (shoulder blade)

The Four Key Joints

- Glenohumeral Joint – the main ball-and-socket joint
- Acromioclavicular (AC) Joint – collarbone meets shoulder blade
- Subacromial Space – tunnel above the rotator cuff
- Scapulothoracic Joint – shoulder blade glides over rib cage



The Labrum (Stabilising Ring)

A rim of rubbery tissue that deepens the shallow shoulder socket — like a "bumper" or suction cup that keeps the joint stable and prevents dislocation.

The Rotator Cuff

Four deep muscles keep the ball centred in the socket and let you lift and rotate your arm:

- Supraspinatus
- Infraspinatus
- Subscapularis
- Teres Minor

About the Procedure

Hydrodistension (hydro-dilatation) is a minimally invasive injection for frozen shoulder. Under ultrasound guidance, a mixture of local anaesthetic, steroid and sterile fluid (about 80–100 mL in total) is injected into the joint. The fluid gently stretches and expands the tight, thickened capsule, easing pain and improving movement. It usually takes 15–30 minutes and needs no incision.

Benefits & Logic

The operation aims to:

- Reduce inflammation inside the joint
- Gently stretch the tight capsule to improve movement
- Avoid an operation — done as a simple injection
- Quick Procedure
- Faster Functional Recovery

The Procedure, Step by Step

The operation, step by step:

- General Anaesthesia or sedation
- Preparation: the shoulder is cleaned and numbed
- Guidance: the needle is placed using ultrasound
- Distension: 80–100 mL of fluid gently expands the capsule
- Mixture of steroid, local anaesthetic and saline used
- Finish: a small plaster over the injection site — no stitches

Before, During & After Surgery

Before Surgery

- Fasting: no food for 6 hours, no drinks for 2 hours before
- Smoking: avoid for at least 12 hours before, to aid healing
- Medications: continue as advised by the pre-op team

On the Day

- Admission: check in at main reception, then to your room
- Consultation: meet your surgeon and anaesthetist
- Preparation: timing and instructions are reviewed

Anaesthesia

- General anaesthetic with a nerve block that numbs the arm
- Nerve block alone (awake) if general anaesthetic is unsuitable

Recovery & Results

Recovery is a partnership. The timeline below is a guide — your physiotherapist and I will adapt it to you — **this shared decision-making process ensures you are fully informed and involved in your care.**

Recovery Milestones

- No sling: normal light use straight away
- Exercises: begin gentle stretches the same day
- Improvement: many notice better movement within days
- Recovery: continues over the following weeks

Results

Many patients notice improved movement and reduced pain, often quite quickly. It can be repeated, and works well alongside physiotherapy.

After Surgery

In the first weeks

No Incision: only a small plaster, removed before you leave

Pain Relief: simple painkillers if needed for a day or two

Activity: resume gentle normal use straight away

Physiotherapy: start stretches the same day to keep the gain

Risks & Complications

Uncommon, but possible

Discomfort: a feeling of pressure during the injection, brief

Infection: very rare with sterile technique

Flare: a short-lived increase in pain can occur, then settles

Steroid effects: temporary flushing or, in diabetes, a brief rise in blood sugar

Partial response: it may be repeated, or combined with other treatment

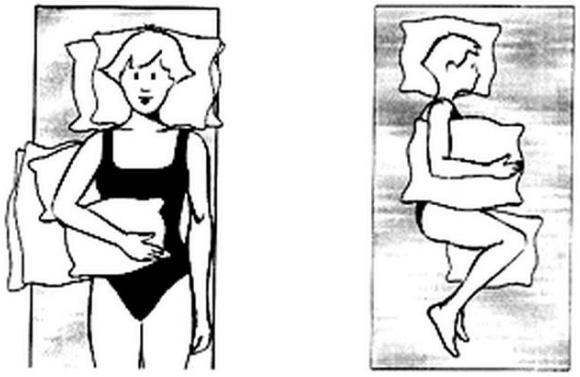
Return to activities:

This can be extremely variable and discuss with the surgeon. These are just guidelines.
Desk work 48 – 72 hours; **Driving** once safe and out of the sling; **Swimming:** 1 – 2 weeks, **Golf:** 3 – 4weeks, **Contact Sports:** 4 – 6 weeks. A member of the team will discuss your specific plan.

Recovery Timeline & Sleeping

Recovery Timeline

Sleeping Positions



Prop up at first; when back in bed, use pillows to support the arm and avoid lying on the operated shoulder

Red Flags — When to Seek Urgent Help

Fever, a hot swollen shoulder, or severe worsening pain after the injection — seek urgent assessment.
If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Key Points to Remember

- **A simple injection, not an operation**
- **No cuts and no general anaesthetic**
- **Start gentle stretches the same day**
- **Can be repeated and combined with physiotherapy**

Questions You May Wish to Ask

- **When can I take the sling off?**
- **When can I drive and return to work?**
- **How much improvement can I expect?**
- **What happens if I don't have surgery?**

Book or Enquire Directly at Each Site

LIPS Healthcare London	*02038709996*	*singh.admin@lips.org.uk*
Spire Alexandra Chatham	*01634 662866*	*alexandraselfpaypsc@spirehealthcare.com*
Practice Plus Gillingham	*01634 969045*	*Private.gillingham@practiceplusgroup.com*