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

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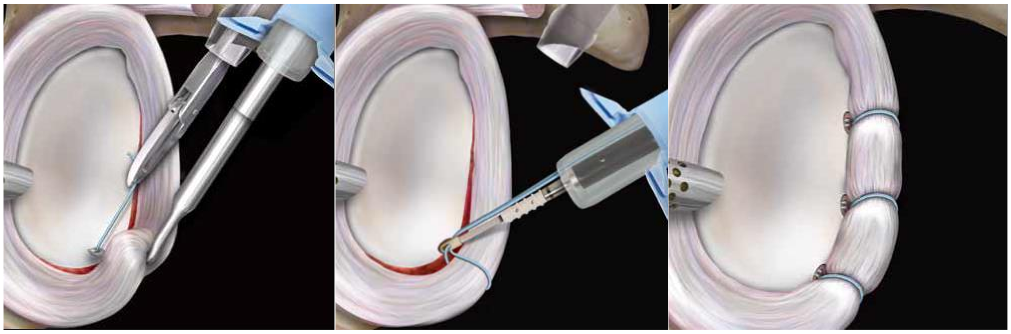
SHOULDER STABILISATION

This leaflet provides general information to help you understand arthroscopic shoulder stabilisation for a shoulder that keeps dislocating.

This keyhole procedure repairs the torn labrum to stop the shoulder dislocating, and is usually a day case.

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.



Videos of the surgery: https://www.youtube.com/c/ProfBijayendraSingh

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

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The Anatomy of the Shoulder Joint

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

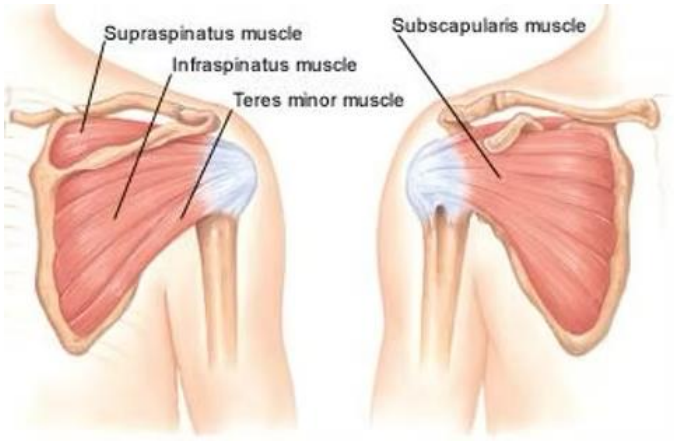
How the Shoulder Works

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 Operation

Arthroscopic stabilisation is offered when instability or repeated dislocations continue despite physiotherapy and activity change. By keyhole surgery, the torn labrum and stretched capsule are repaired and tightened, re-attaching them to the socket with small anchors (a Bankart repair) to restore stability. Sometimes the defect in the humeral head is also repaired

Benefits & Logic

The operation aims to:

- Restore stability by repairing the torn labrum
- Reduce the risk of further dislocations
- Relieve pain and allow a safer return to activity
- Minimally invasive Key Hole Surgery results in smaller scar and more predictable recovery

The Procedure, Step by Step

The operation, step by step:

- Assessment: a camera examines the joint and finds the cause of instability
- Preparation: the torn labrum and socket edge are prepared
- Repair (Bankart): anchors and stitches re-attach the labrum and capsule
- Additional issues such as loose fragments, cartilage damage or minor bone defects can be addressed
- Closure: dissolvable stitches and a sling

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

Please read 'Preparing for surgery'

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

- Sling: usually worn for a few weeks
- Gentle exercises: begin as advised
- Recovery: most do well by 3–4 months
- Return to sport: often around 4–6 months

Results

Stabilisation markedly reduces the chance of further dislocation and allows a safe return to activity and sport for most people.

After Surgery

In the first weeks

Sling: worn for a few weeks to protect the repair

Pain Relief: start at home; take regularly for the first few days

Wound Care: dressings changed at 24–48 hours; showering after 3–5 days

Physiotherapy: a graded programme rebuilds strength and control

Follow Up: 2 – 6 weeks post op to monitor progress

Risks & Complications

Uncommon, but possible

Anaesthetic: complications are rare

Infection: fewer than 1 in 1000; treated with antibiotics

Stiffness: some loss of end-range rotation can occur, usually improves. Complete re-stiffening is rare and may require further intervention

Re-dislocation: a small risk remains, higher in young contact athletes

Nerve: minor, temporary irritation in about 5%

Failure of Repair: about 10% failure rate, higher in contact athletes

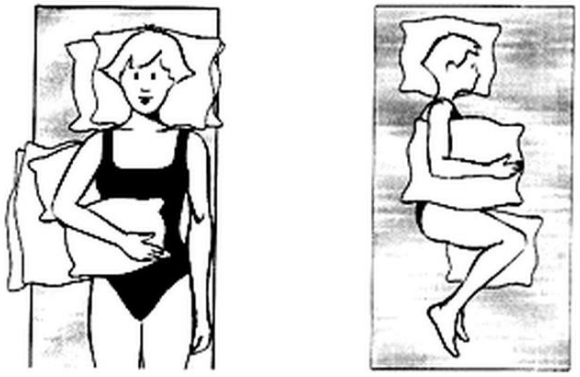
Return to activities:

This can be extremely variable and discuss with the surgeon. These are just guidelines.
Desk work 2 – 4 weeks; **Driving:** once safe and out of the sling, usually 4 – 6 weeks, **Manual Work**: 6 – 12 weeks, **Golf:** 12 – 16 weeks. **Sport is staged** — your physiotherapist will guide the timeline. 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

A shoulder that dislocates again and will not relocate, numbness or a cold hand, or fever and wound discharge — 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

- **Repairs the torn labrum to restore stability**
- **Greatly reduces further dislocations**
- **Usually a day case**
- **Graded physiotherapy rebuilds confidence**

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*