

Shoulder Distension Arthrogram

Information for patients



What is this leaflet about?

This leaflet will provide you with information about shoulder distension arthrogram.

What is a shoulder distension arthrogram?

A shoulder distension arthrogram is a procedure to help treat a frozen shoulder (also called 'adhesive capsulitis'). During the procedure, fluid and/or air is injected into the shoulder joint to help break up areas of tight tissue that might be causing pain and issues with movement. This fluid is a mixture of a local anaesthetic (similar to the numbing injection you might have had at the dentist) and a steroid, which is an anti-inflammatory medicine. An X-Ray will be used to help make sure the needle is in the right place.

Why do I need this?

The surgeon, physician, or specialist physiotherapist who has referred you has decided that a shoulder distension arthrogram is the best procedure to help with your symptoms. They will have discussed this with you before referring you.

If you are not sure this is the correct treatment for you, you should discuss this with your surgeon, physician, or specialist physiotherapist.

Preparation

You do not need to stop eating or drinking before this procedure, you can continue to eat and drink as normal. You should wear loose fitting clothing.

If you are taking medication that thins the blood then please discuss with your GP or Doctor who has referred you.

What happens when you arrive for your guided injection?

When you arrive, please check in at the X-Ray reception desk; staff there will tell you where to sit. You will be called to the procedure room by a member of staff. Once in the room they will discuss the procedure with you. You may need to change into a theatre gown for some procedures; otherwise, you will need to remove items of clothing at the area of injection. It is advisable to wear a top with straps i.e. vest top or similar.

The radiologist will ask for verbal consent for the procedure.

During the procedure

The procedure will involve lying on the fluoroscopy table. You will be awake throughout the procedure.

The injections are performed using a sterile procedure. The radiologist carrying out the procedure will do an initial x-ray to help mark out the area to be injected. The skin is cleansed using an antiseptic solution or wipe. Local anaesthetic is injected to numb the skin then, using x-rays, the needle is guided into position and the injection is performed. A liquid dye (called contrast), which shows up clearly on x-rays is injected to make sure the needle is in the correct place.

The injection often involves a mixture of local anaesthetic and a steroid (a long-acting corticosteroid), which is an anti-inflammatory medicine.

Once the steroid and local anaesthetic have been injected, the joint is expanded using air or saline – you may feel a popping or heaviness in the joint at this point.

How long will I be in hospital/clinic?

The procedure takes about 10 to 20 minutes and you can go home immediately afterwards. It is advised that you do not drive after the procedure for about six hours.

In some cases, there may be a delay in taking you for your appointment, especially if staff are dealing with an emergency or an unwell patient. If you have waited for more than 30 minutes after your appointment time, please inform the reception desk.

Immediate aftercare

You may find that the area injected feels numb or heavy. This is normal and is caused by the local anaesthetic. This takes between 1 and 4 hours to wear off. You may find that the joint makes 'funny' noises when moving it – this is normal and is caused by the fluid and air in the joint. This takes between 3 and 6 hours to wear off.

Going home

There are no special requirements for going home after this procedure. It is advised that you bring along someone to drive you home after your procedure as we would advise that you do not to drive or "operate heavy machinery" for at least 6 hours after the procedure.

Follow-up care

The results of this procedure will be sent to the surgeon, physician, or specialist physiotherapist that referred you. Your GP will also be sent a copy of the results. If you have been asked by your referring surgeon, physician, or specialist physiotherapist to keep a pain diary it is important to complete it. Many people see a positive result within a few days, but for others it can take several months to achieve the full benefit. It is also possible that the procedure may not improve your symptoms. If this happens, the surgeon, physician, or specialist physiotherapist referring you, will decide what to do next.

What are the risks of the procedure?

Some side effects (complications) are common to all injections:

- Pain, discomfort, bleeding, bruising to injection site
- Steroid flare – this is increased pain (sometimes severe) usually 24 hours following a steroid injection. It usually lasts 24 – 48 hours. It is a normal side effect of the procedure and does not mean anything has gone wrong. You may need to take your normal pain killers. If the pain lasts for more than 3 days you should contact your GP
- Joint infection – there is a very low risk of joint infection from this procedure. If your shoulder becomes swollen, painful and red, or you feel unwell and feverish, then you must seek medical attention immediately
- Skin depigmentation – this is whitening of the skin at the injection site. This is not common
- Skin thinning – steroid injections can cause thinning of fat at the injection site, which can cause pain at some areas
- Weakening of the tendons – steroid injections into or around tendons may weaken them
- Allergic reaction – such as rash or itching
- Post-menopausal bleeding – steroids may cause post-menopausal bleeding in some people
- Raised blood sugar – steroids may cause the blood sugar levels to rise. If you are diabetic you will need to monitor your blood sugars closely.
- Rapidly Progressive Osteoarthritis (RPOA) - Can affect up-to 6% of people who have a steroid joint injection. This causes joint cartilage to break down faster and you may go on to have worsening symptoms and require additional treatments such as joint replacement more quickly.

If you are concerned about whether or not to proceed with the injection, you should discuss this with the surgeon, physician, or specialist physiotherapist who referred you.

Back to normal life

Following the procedure there are no restrictions to movements or activities. Do not be afraid to start moving the arm as much as you can. It is important to stretch and move the shoulder regularly to optimise the movement.

You may have been given instructions by the surgeon, physician, or specialist physiotherapist who referred you, please follow those.

You should continue physiotherapy to get the full benefit from the procedure. If you don't have a physiotherapy appointment, please contact your physiotherapist at your health centre or hospital as soon as possible.

Any more questions?

Please contact the surgeon, physician, or specialist physiotherapist who referred you.

Cancellation

While we make every effort to avoid this where possible, there is always a risk that your injection may be cancelled at short notice. This is due to either emergency patients who need urgent treatment or

other reasons which are beyond our control. We realise that this can cause distress and inconvenience but, in the event that your injection is postponed, you will be offered a new date as soon as possible.

Keeping your appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

Public transport and travel information

Bus details are available from:

Lothian Buses on 0131 555 6363 or www.lothianbuses.co.uk

Traveline Scotland on 08712 002 233 or www.travelinescotland.com

Train details are available from:

National Rail Enquiries on 03457 484 950 or www.nationalrail.co.uk

Patient transport

Patient transport will only be made available if you have a medical or clinical need. Telephone 0300 123 1236 (calls charged at local rate) up to 28 days in advance to book, making sure you have your CHI Number available. A text relay service is available if you are hard of hearing or speech impaired. They can be contacted on: 18001-0300 123 1236 (calls charged at local rate). To cancel patient transport, you should telephone 0800 389 1333 (Freephone 24 hour answer service).

Interpretation and translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in-patient, staff will arrange interpreting support for you before your procedure. This leaflet may be made available in a larger print, Braille or your community language.

Supporting positive conversations

NHS Lothian supports person-centred care, and encourages patients to be involved in making decisions about their healthcare. It is important that you have a clear understanding of the care and treatment options available, and the risks and benefits specific to you, before you consent to treatment.

This leaflet contains general information about your care and treatment. If you have any further questions, you are encouraged to discuss these with the healthcare professional who is providing your care.

You may wish to ask:

- What are the benefits to me of receiving this treatment?
- What are the risks to me of receiving this treatment?
- Are there any alternative treatments which might be suitable for me?
- What might happen to me if I decide to do nothing?

