

Shoulder Distention Arthrogram

Information for patients at the Royal Infirmary of Edinburgh



What is a shoulder distention arthrogram?

A shoulder distension arthrogram is a procedure to help treat a frozen shoulder (also called 'adhesive capsulitis'). During the procedure, fluid and air is injected into the shoulder joint to help break up areas of tight tissue that might be causing pain and issues with movement.

What happens when you arrive for your distention arthrogram?

When you arrive, please check in at the Outpatient X-Ray reception desk. You will be called to the procedure room and asked to change into a hospital gown.

A radiologist will explain the procedure and ask for verbal consent.

The examination

The examination will be performed in a specialised x-ray room with a radiologist, radiographer, and clinical assistant present.

The radiologist will clean your skin with antiseptic before numbing the area with local anaesthetic. A thin needle is then inserted into the shoulder joint and a small amount of x-ray dye injected to confirm the needle's position. The radiologist will then inject a steroid (a long-acting corticosteroid), which is an anti-inflammatory medicine. This will be followed by some air which may cause a popping sensation. Finally a longer lasting local anaesthetic will be injected which will work for approximately 6 to 8 hours. The needle is then removed, and the skin sprayed with an elastoplast type solution.

How long will it take?

A shoulder distention arthrogram usually takes about 30 minutes, and you will be asked to rest your arm for a couple of days. We ask that you arrange physiotherapy after this procedure to increase the future benefits.

What happens after the examination?

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.

When do I get the results?

The results of your shoulder distention arthrogram will be sent to the surgeon, physician or specialist who referred you. Your GP will also receive a copy of the results.

Important safety information

Due to the use of radiation in this examination it is important you are not pregnant. If there is a chance you might be pregnant or have missed a period, please contact the X-Ray Department on **0131 242 3716**.

If you are currently taking any medications these should be continued as prescribed unless otherwise stated below.

Please tell us when you arrive if you are diabetic (including patients on Insulin and Metformin) as this will alter the way that the examination is performed.

You cannot have a steroid injection within 14 days after a covid vaccination. Also, a covid vaccination cannot be given within 14 days of a steroid injection. If you are within the 14 day timescale, your appointment will need to be rescheduled.

Preparation

If you currently take blood thinning drugs please follow the below:

Warfarin - INR level to be checked by GP 3 days or less before procedure

Apixaban/Rivaroxaban – stop 24 hours before your procedure and resume the day after

Clopidogrel - stop taking 6 days before procedure and resume the day after

You may eat and drink as normal before this appointment.

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.

Our service to patients

Our aim is to make your visit to the Royal Infirmary Little France and the Main X-Ray Department in particular, as pleasant as possible. Please do not hesitate to telephone the Appointments Office on **0131 242 3716** if you have any questions not answered in this information leaflet. We make every effort to provide a good service to patients. If you are asked to complete a questionnaire after your examination, we would be grateful for your time.

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 in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.

