



Duke Orthopaedics: Upper Extremity Division

Christopher Klifto, MD & Alix Ackerman NP-C

North Carolina Orthopaedic Clinic | 3609 SW Durham Dr, Durham, NC 27707

Arthroscopic Capsular Shift

What is Instability?

The capsule that surrounds the shoulder joint contains very strong ligaments that help to keep the ball and socket normally aligned. In some people the capsule is a little too loose or may be torn. This allows the shoulder to slip partially out of the joint, a process called subluxation, or completely out of the joint, which is called dislocation.

How do you tighten the capsule?

The capsule will be shifted or tightened by making small incisions around the shoulder and by use of an arthroscope (tiny camera) to see all the structures of the joint. Special instruments allow Dr. Klifto to stitch through the capsule and make it more stable.

Length of Stay

This is same-day surgery not requiring hospital admission as long as there are no complications or other health comorbidities that require attention before discharge. You will need to have someone who can stay the entire length of the procedure and take you home.

Anesthesia

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block with sedation so you will not remember the procedure. Your arm will be numb and will feel very strange. The nerve block will last approximately 12 hours or 2-3 days depending on the type of block used. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

Incision

You will have 2-3 small incisions around your shoulder. They will only be about 1 cm long.

Pain Control

You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have discomfort, so start your pain medicine when the block begins to wear off. Most of the pain is related to your very swollen shoulder. That swelling should improve greatly in the first 24-48 hours after surgery.

Diet

The combination of anesthesia and pain medications can cause nausea in some patients. If you are prone to nausea or show signs of nausea prior to discharge, a prescription for an anti-nausea medication will be provided. You may wish to advance your diet slowly the day of surgery to avoid exacerbation of nausea. Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits and vegetables.

Sling

Your arm will be placed in a sling prior to leaving the operating room. If your rotator cuff is repaired, you are to remain in your sling full time, 24 hours a day, until our staff tells you otherwise. This includes sleeping in your sling. You may remove the sling only for showering, changing clothes, and exercises as instructed by our staff or your physical therapist. For the four weeks that you are in your sling, **you are not permitted to drive.**

Dressings

You will go home with gauze dressings on your shoulder. After 3 days you may remove the dressings. There will be small black sutures (stitches) that will be taken out at your first post operative approximately 14 days after your surgery.

Physical Therapy

For the first month you will remain in your sling. At your one month postoperative visit you will be given gentle exercises that you will do at home. After the second month you will begin formal therapy and continue with the home exercise program.

Restrictions

Recovery from capsular shift surgery is five months. During that time you will have restrictions on the use of your operative arm.

Day of surgery to week 4: remain in sling, no use of arm, no driving

Month 1-2: opposite hand work only

Month 2-3.5: no lifting and carrying anything greater than 10 lbs and only occasional over-shoulder reaching

Month 3.5-5: no lifting and carrying anything greater than 20 lbs