PROCEDURE

Shoulder arthroscopy

Shoulder arthroscopy uses a small camera and instruments to examine and treat problems inside the shoulder.

PURPOSE
Inspect and treat damage inside the shoulder joint

PROCEDURE TYPE
Diagnostic and therapeutic, minimally invasive surgical

WHERE IT IS DONE
Operating theatre, usually as day surgery

ANAESTHESIA
General, often with a regional nerve block

HOW LONG IT TAKES
About 30 minutes to 2 hours

PREPARATION
Fasting, medicine review, and arranged transport home

RECOVERY
Usually same day; no driving afterward

MAIN RISKS
Infection, stiffness, nerve injury, blood clots

RESULTS
Findings usually known immediately after surgery

Overview

Shoulder arthroscopy is keyhole surgery used to look inside your shoulder and, when appropriate, treat damage. A surgeon passes a narrow camera called an arthroscope through a small cut in the skin. Images from the camera appear on a screen.

Other small cuts, called portals, allow the surgeon to insert surgical instruments. The surgeon may remove damaged tissue, release tight tissue, or repair a tendon, ligament, or rim of cartilage.

Arthroscopy usually causes less damage to the surrounding tissues than open surgery. However, it is still an operation. Recovery can take months when an important structure has been repaired.

Why the procedure is performed

Shoulder arthroscopy may be offered when pain, weakness, instability, or restricted movement continues despite appropriate nonsurgical care. It may also be considered sooner after certain injuries.

The procedure can be used to:

Some procedures remove frayed tissue, known as debridement. Others reattach tissue to bone with small anchors and stitches.

Arthroscopy is not routinely needed simply to confirm a diagnosis. An examination and imaging, such as ultrasound or MRI, often provide enough information to plan care.

- Repair a torn rotator cuff, the group of tendons that helps move the arm
- Repair the labrum, the rim of cartilage around the shoulder socket
- Stabilize a shoulder that repeatedly dislocates
- Treat damage involving the biceps tendon
- Remove loose or inflamed tissue
- Release a severely stiff shoulder in selected cases
- Examine damage that has not been fully explained by scans

Who should and should not have it

You may be offered arthroscopy when your symptoms significantly affect sleep, work, sport, or daily activities and there is a treatable problem inside the shoulder. For many conditions, surgery is considered only after options such as activity changes, pain relief, physiotherapy, or injections have not helped enough.

It may be considered earlier for a recent repairable tendon tear, repeated dislocation, or another injury where waiting could make repair more difficult.

Arthroscopy may not be the right choice if the expected benefit is small. For example, keyhole decompression surgery does not improve many cases of long-lasting pain beneath the top of the shoulder more than structured nonsurgical care.

Surgery may be avoided or delayed if you have:

Tell the surgical team if you may be pregnant, have allergies, have previously had problems with anaesthesia, or take medicines that affect bleeding. These factors do not always prevent surgery, but they may change the plan.

- An active infection in or near the shoulder
- A medical condition that makes anaesthesia temporarily unsafe
- A bleeding risk that cannot be safely managed
- Poorly controlled health problems that increase surgical risk
- No practical way to follow movement restrictions or rehabilitation
- Advanced arthritis that may be better treated another way

How to prepare

Your treating facility's own instructions take priority because fasting and medicine plans are specific to your operation and anaesthetic.

You will usually be told when to stop eating and drinking. Following these instructions reduces the chance of stomach contents entering your lungs during anaesthesia.

Give the team a complete list of prescription medicines, nonprescription medicines, vitamins, and supplements. Blood thinners like warfarin or apixaban may need special planning. Do not stop them unless the clinician responsible for your procedure tells you to.

Arrange for a responsible adult to take you home. You may also need someone to stay with you for the first night. You cannot safely drive after anaesthesia or while the operated arm cannot control a vehicle.

Wear loose clothing that is easy to pull over a dressing and sling. Ask whether you should bring your sling or whether one will be provided.

What happens during the procedure

Before surgery, the team confirms your identity, the planned operation, and which shoulder is being treated. An intravenous line is placed for medicines and fluids.

Most shoulder arthroscopy is performed under general anaesthesia, so you are unconscious. You may also receive a regional nerve block. This temporarily numbs the shoulder and arm to reduce pain during and after surgery.

You are positioned either sitting partly upright or lying on your side. The skin is cleaned, and sterile coverings are placed around the shoulder.

The surgeon makes a small opening and fills the joint with sterile fluid to improve the view. The camera is inserted, and the surgeon examines the joint, tendons, cartilage, and nearby space.

Additional instruments are inserted through other small openings if treatment is needed.

The openings are closed with stitches, adhesive strips, or both. A dressing is applied, and your arm may be placed in a sling.

Recovery and what to expect afterward

Pain is expected as the anaesthetic and nerve block wear off. Use pain medicine exactly as instructed. Applying a wrapped cold pack may help, but keep the dressing dry and protect your skin from direct contact with ice.

You can usually start with fluids and light food once you are awake. Nausea can occur after anaesthesia, so return to your normal diet gradually if needed.

Activity restrictions depend on what was done. After a simple examination or debridement, movement may begin relatively soon. A repaired tendon or labrum must be protected while it heals. Your sling, exercise, wound-care, and physiotherapy instructions are therefore specific to your operation.

Do not drive home. Resume driving only when you are no longer taking medicines that make you drowsy, are allowed out of the sling, and can safely steer and react in an emergency. Ask your surgical team for a decision based on your repair and local rules.

Return to work depends on pain, arm use, and your job. Some people with desk-based work return within days, while work involving lifting, overhead movement, or driving can require a much longer absence. Full recovery after a major repair often takes several months.

Risks and possible complications

Most people do not develop a serious complication, but possible risks include:

A nerve block can also cause temporary numbness and weakness. Less commonly, it can lead to prolonged nerve symptoms or other complications. Your anaesthesia clinician can explain the benefits and risks that apply to you.

Further treatment, including another operation, may be needed if symptoms continue or a repair does not heal.

- Infection in the wounds or shoulder
- Bleeding or a collection of blood
- Shoulder stiffness or ongoing pain

- Injury to a nerve or blood vessel
- Blood clots in the leg or lungs
- Reactions or complications related to anaesthesia
- Failure of repaired tissue to heal or a later repeat tear
- Temporary swelling from the fluid used during surgery

Results and follow up

The surgeon can usually explain what was found and treated once you are awake enough to understand. Ask for written information if you are still tired from the anaesthetic. If tissue is sent to a laboratory, those results take longer.

A routine follow-up visit is commonly arranged to inspect the wounds, discuss the operation, and review your rehabilitation plan. Stitches that do not dissolve may be removed at this visit.

The result is not always clear straight away. Pain and swelling can temporarily limit movement, while repaired tissue needs time to heal. Progress is assessed through your symptoms, shoulder function, examination, and sometimes further imaging.

Attend planned physiotherapy and follow-up appointments even if your recovery seems straightforward. Rehabilitation is an important part of restoring movement and strength without placing too much stress on healing tissue.

Alternatives

The realistic alternatives depend on the shoulder problem and your goals.

Observation and activity changes avoid surgical risks. Symptoms may improve with time, but an untreated structural injury may continue to affect strength or stability.

Physiotherapy can improve movement, strength, and shoulder control. It does not physically reattach a completely torn tendon, but it may provide enough function that surgery is unnecessary.

Pain medicines can make activity and rehabilitation easier. They reduce symptoms but do not repair damaged tissue.

A corticosteroid injection may provide temporary relief from inflammation. It does not repair a tear, and repeated or poorly timed injections may affect future treatment decisions.

Open surgery allows the surgeon to work through a larger incision. It may be more suitable for

complex repairs or when arthroscopy cannot complete the planned treatment, but it generally causes more disruption to surrounding tissue.

Shoulder replacement may be more appropriate for severe arthritis or extensive joint damage. It is a larger operation but treats joint surfaces that arthroscopy cannot restore.

Choosing no immediate treatment is also an option in many nonurgent situations. Ask what may happen if you wait and whether delay could reduce the chance of a successful repair.

When to call your healthcare team

Use the contact number provided by the treating facility if you have concerns about pain control, wound care, your sling, exercises, or medicines. These can usually be handled during routine office hours.

Contact the surgical team promptly if you develop increasing redness, warmth, swelling, or drainage around a wound; a fever; pain that is getting worse rather than settling; repeated vomiting; or numbness that lasts longer than the team said to expect.

Seek emergency medical help for trouble breathing, chest pain, coughing up blood, fainting, sudden major arm swelling, or a hand that becomes cold, pale, blue, or severely weak.

Common questions

Will I be asleep?

Usually, yes. Most shoulder arthroscopy is performed under general anaesthesia. A nerve block may also be used to numb the arm and reduce pain.

Can I drive home?

No. You need someone else to take you home. Do not drive until you can control the vehicle safely, are no longer affected by sedating medicine, and have been cleared to do so.

How painful is it?

Pain ranges from mild to significant depending on what was repaired. A nerve block, prescribed pain relief, cold packs, and careful positioning can help.

When will I know what the surgeon found?

The surgeon can usually explain the findings on the day. You may receive more detail at follow-up, especially if you were drowsy after anaesthesia.

How long will I need the sling?

It depends on the operation. A simple procedure may require brief support, while a tendon or labrum repair may need protection for several weeks.

When will my shoulder feel normal again?

Recovery after a minor procedure may take weeks. Regaining strength and movement after a major repair often takes several months and requires rehabilitation.

Sources

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