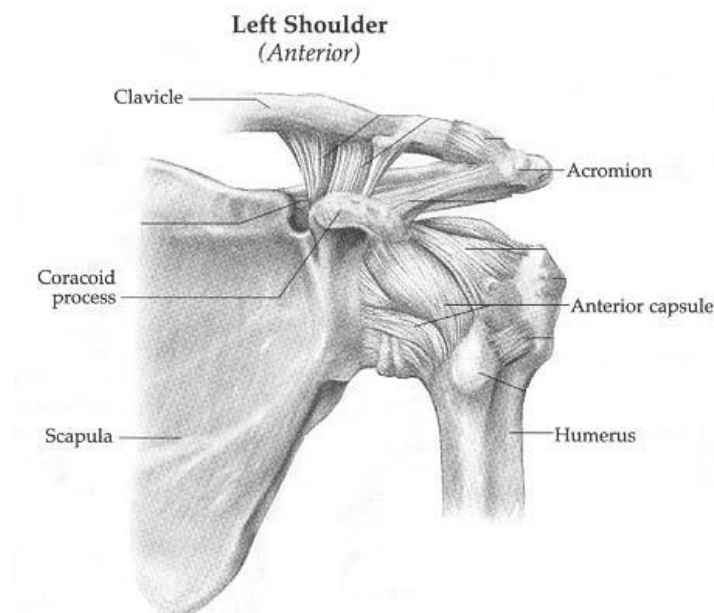


**STEVEN CHUDIK MD**  
**SHOULDER, KNEE & SPORTS MEDICINE**

**Arthroscopic Capsular Release for  
Adhesive Capsulitis (Frozen Shoulder)**

**Indications for Surgery**

Adhesive capsulitis (frozen shoulder) is characterized by loss of range of motion in the shoulder and pain due to irritation, inflammation, and contracture (scarring and tightening) of the capsule and ligaments of the glenohumeral (shoulder) joint. The capsule and ligaments of the shoulder connect the head of the humerus (ball of the upper arm bone) to the glenoid (socket) of the shoulder joint. Typically, the capsule and ligaments are redundant (loose) to allow the shoulder to move through a large range of motion and they only get taught at the extremes of motion to keep the shoulder from dislocating. In adhesive capsulitis (frozen shoulder), inflammation of the lining of the capsule and ligaments causes them to scar, thicken, and contract (shorten) which tightens up the shoulder, restricts movement, and causes pain. While adhesive capsulitis can usually be treated conservatively with physical therapy, injections and medication, arthroscopic surgery to release the capsule and restore range of motion is indicated when conservative treatment fails.



**Contraindications to Surgery:**

- Infection
- Inability or unwillingness to complete the postoperative program including performing physical therapy three times per week and frequent daily home exercises for three to six months
- Patients with poor general health which is not sufficient to proceed with surgery



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### Potential Surgical Risks and Complications:

- Infection
- Continued or recurrence of pain
- Persistent stiffness or loss of motion of the shoulder
- Inability to return to the same level of athletics or work
- Persistent weakness of the shoulder

### Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- General anesthetic with interscalene block (see *Your Surgical Experience* booklet)

### General Surgical Technique

Through small arthroscopic incisions, Dr. Chudik can put a camera into the shoulder joint and examine all the structures in the joint and release the capsule with special arthroscopic instruments. After releasing the capsule, Dr. Chudik will move your shoulder to ensure that the range of motion has been restored.



Arthroscopically releasing the inflamed joint capsule



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### Post-Operative Course

- You will discontinue your sling and begin motion exercises as soon as possible.
- You may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery.
- Keep the wound clean and dry for three days following all arthroscopic surgery. You may shower lightly three days after surgery but wounds cannot be submerged under water for three weeks.
- You may drive after you have sufficient range of motion and strength in one to two weeks
- Return to school/sedentary work in three days to one week. Be careful not to overuse the extremity. No repetitive reaching, lifting, carrying, overhead activities, etc.
- Physical therapy should begin two to three days after surgery and continue for three to six months. The success of the capsular release is highly dependent on the post-operative rehabilitation. It is crucial to follow through on and maintain a proper therapy schedule.

### Return to Activity

You may return to unlimited activities when there is no pain and full shoulder range of motion, muscle strength and endurance, and functional use has been restored. This usually requires three to six months following a capsular release. Dr. Chudik will tell you when it is safe to resume all activities.

### Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin<sup>®</sup>, Lovenox<sup>®</sup>, Xarelto<sup>®</sup>, Eliquis<sup>®</sup> according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil<sup>®</sup>, Motrin<sup>®</sup>, Naprosyn<sup>®</sup>, Alleve<sup>®</sup>, etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

**Do not eat or drink anything from midnight, the evening before surgery**

### Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or [contactus@chudikmd.com](mailto:contactus@chudikmd.com) to:

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment to remove sutures and review post-operative instructions

### Notify My Office if Symptoms Worsen



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Schedule online now