

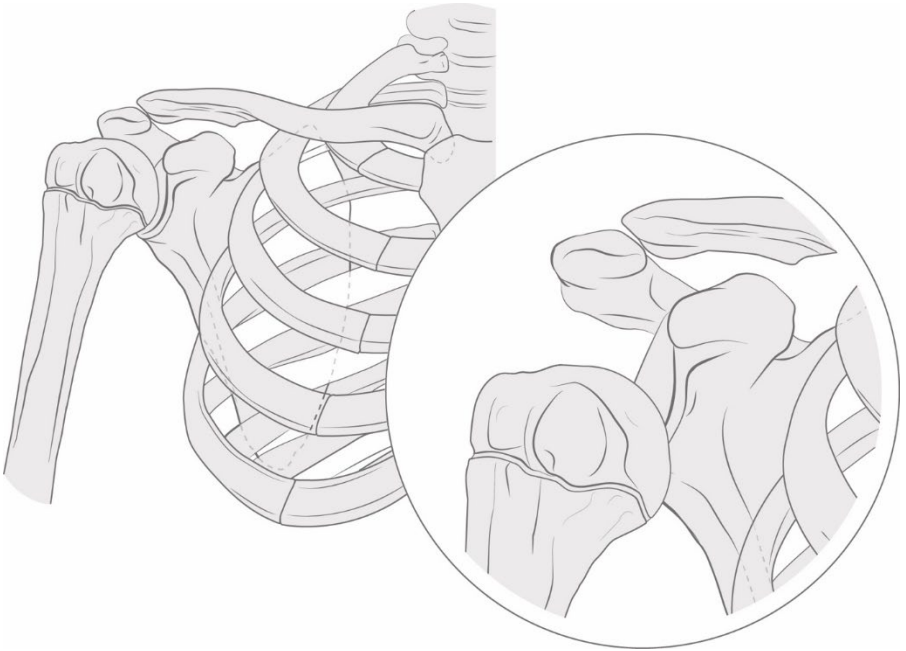
Information for patients and carers

Shoulder Dislocation (Anterior)



What is my injury?

A shoulder dislocation is when the top of the arm bone pops out of the shoulder socket. This injury can be caused by falling directly onto the shoulder or an injury to the arm whilst it is out to the side of the body, this can happen in contact sports, such as rugby.



How common are shoulder dislocations?

Shoulder dislocations are common injuries, and they can occur in all age groups.

What symptoms do shoulder dislocations cause?

In the first few days after your shoulder has been put back into its socket in the A&E department, symptoms can include pain, swelling, bruising and difficulty lifting the arm. Although you may be apprehensive about moving the shoulder, it should feel as though it is back in its socket. If you feel that the shoulder may have popped back out again, you should attend A&E.

How should I be looking after my shoulder?

The treatment in the first few days after a shoulder dislocation aims to settle down the pain and swelling by applying ice packs, taking regular painkillers and resting the shoulder. Once the initial pain has settled, you can start doing some gentle exercises. “Pendulum” exercises are a good way to start moving the shoulder, this involves dangling the arm by your side and letting the arm swing from front to back. For the first few weeks it is important to avoid lifting movements, or movements where the arm is lifted out to the side, as these are positions where the shoulder may be prone to dislocating again. Sleeping can be troublesome and sleeping propped up with pillows can be helpful.

What do I do if I have been provided with a “sling” to wear?

The sling should be worn for comfort, usually for the first week or so. For the first few days you may find it helpful to keep your arm in the sling and wear loose clothing on top of the sling. It is important that you take the arm out of the sling at regular intervals to gently move the elbow and wrist so that they do not become stiff and this will also reduce swelling in the arm.

Do I need further tests?

Your x-rays from A&E will be reviewed by an Orthopaedic consultant and you may be asked to come to a fracture clinic appointment. For young patients (less than 25 years old) there is an increased risk that the shoulder may dislocate again in the future. For older patients (over 50 years old) there is an increased risk you may have damaged the tendons within the shoulder (rotator cuff). During your fracture clinic appointment the surgeon will discuss these risks with you, and further tests may be arranged.

Will I need surgery?

Most patients do not need surgery, and the treatment for a shoulder dislocation is a sling for a short period, followed by gradually increasing the movement in the shoulder. This will often be guided by a physiotherapist, and we will arrange this if we think this will be beneficial for you. Sometimes, if the dislocation has caused injuries to the tendons or soft tissues in the shoulder, surgery may be required. If you need surgery, this will usually be after you have had further tests which show a problem. If that is the case, you will be reviewed in a clinic and the risks and benefits of surgery will be explained in detail.

How quickly will things improve?

Most dislocations will settle and the soft tissues around the joint will heal within 6-12 weeks, but many patients feel much better within 3-4 weeks. A few people may have ongoing problems; these can include ongoing pain, feeling of weakness or pain when using the shoulder, or a feeling that the shoulder may pop out of joint again. If you are having ongoing problems with the shoulder after 6-12 weeks, it is important that you contact us.

When can I get back to normal activities?

In terms of return to sport, we would generally recommend you are pain free before undertaking vigorous physical activity. This is usually 6 – 12 weeks but can be longer. Return to work should be guided by your symptom level and what your job involves, for example, manual workers may need more time off work than administration workers due to the nature of their job. In terms of driving, it is your responsibility to ensure you are fit to drive and can fully control your car before you return to driving. The DVLA website has further information regarding this.

Contact details

Should you require further advice or information please contact the Fracture clinic on **01772 522878** 9am-5pm Monday to Friday

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.info/bones-joints-muscles/joint-pain/joint-dislocations

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