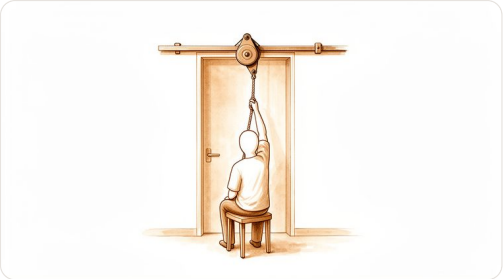
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Capsular Release for Frozen Shoulder



The shoulder joint sits inside a tough fibrous capsule (shown distended here). In frozen shoulder this capsule shrinks and tightens; capsular release cuts the contracted tissue to free the joint.

Kieran Hirpara 4.0

At-a-glance recovery. Pooled from 45 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**3-6 months**	**12 months**
Patients typically experience almost immediate relief of pain and symptoms with early improvements in range of motion within the first few weeks.	Dramatic improvements in range of motion are seen in the short term, with significant functional gains typically achieved by 3 to 6 months.	Long-term results confirm sustained improvements in range of motion and function, with maximum benefit often noted by one year.

Why this operation has been suggested

Your surgeon has suggested an arthroscopic capsular release because your shoulder has become stiff and painful, often called frozen shoulder or adhesive capsulitis. This procedure involves using a small camera and two or three tiny cuts to gently loosen the tight tissue inside your joint. It is typically offered to you only after non-surgical options like stretching and physiotherapy have failed to help over a period of 9 to 12 months.

Most people with early stiffness after a rotator cuff repair recover without needing this surgery, but it is a reliable way to restore motion for carefully selected patients. You can expect almost immediate relief of pain and dramatic improvements in your range of motion, which is often faster than what injections or therapy alone can achieve. The main goal is to return you to normal function and reduce pain so you can move your shoulder freely again.

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Before the operation

You will need to fast for several hours before your surgery and stop taking certain medications as advised by your surgeon. Please arrange for a friend or family member to drive you home, and wear comfortable clothing. You will likely need an X-ray, MRI, or blood test to check your shoulder and general health. These tests help your surgeon plan the best approach for you. Your surgeon will perform this operation using an arthroscopic (keyhole) technique with two or three small incisions and a tiny camera inside the joint. Bring a list of all your current medicines to the hospital on the day of your procedure.

On the day

You will arrive at the hospital and meet your anaesthetist before the operation. This operation is done under general anaesthetic combined with a regional nerve block. You will be fully asleep for the operation, and the block – an injection that numbs the nerves supplying the arm before you wake up – provides pain relief for the first 12 to 24 hours after surgery. The anaesthetist will meet you before the operation and talk you through both parts.

You will then go to the operating theatre for your surgery. Your surgeon performs this operation as an arthroscopic (keyhole) approach with two or three small incisions and a small camera inside the joint. Afterward, you will wake up in the recovery area where your team will monitor your comfort and movement.

What the operation involves

Your surgeon will perform this surgery using an arthroscopic approach. This means they will make two or three small keyhole cuts about 1 cm each around your shoulder. Through these tiny openings, they insert a small camera and special instruments to see inside the joint without making a large incision.

The procedure focuses on releasing the tight tissue that is trapping your shoulder. Your surgeon will carefully cut the thickened joint capsule in a circle around the joint. This “capsular release” removes the scar tissue that is limiting your movement. The goal is to restore motion with minimum damage to the surrounding areas. Because the surgery is done through small holes, there is less trauma to the skin and muscles compared to open surgery.

Once the tight tissue is released, your surgeon will close the small cuts with dissolving stitches or glue and cover them with a dressing. This method is considered a reliable way to restore motion for carefully selected patients with frozen shoulder. It is typically used after nine to 12 months of failed non-surgical treatments like stretching or injections.

After the operation

You will wake up in a recovery ward. Your surgeon uses a keyhole approach with two or three small incisions and a small camera inside the joint. You will have dressings over these small cuts. A sling or brace may be used to support your shoulder. Pain is managed with general medication. You will go home the same day if you are stable. Someone must stay with you for the first 24 hours to help you. You will begin gentle movement as soon as it is safe.

Recovery

You will likely feel almost immediate relief from pain and stiffness after your arthroscopic capsular release. This keyhole surgery uses two or three small incisions and a tiny camera to gently release tight tissue inside your shoulder. While you may have some soreness, most people notice dramatic improvements in how far they can move their arm right away.

Your recovery relies on a step-by-step plan with your physiotherapist. You will need to do specific stretching exercises regularly to keep your shoulder moving freely. Your surgeon may ask you to wear a sling or brace for a short time, but you must start moving gently as soon as they clear you. Avoid heavy lifting or sudden pulling motions until your movement returns and you can grip without pain.

Sleeping might be tricky at first, so try resting on your back or the non-surgical side with pillows for support. Your timeline may differ from others; your surgeon and physio will guide you on when to return to driving, work, or sport. Trust the process, and remember that consistent effort with your exercises is the key to getting your full range of motion back.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

You might feel that your shoulder or hip still feels stiff or tight after the surgery. This can happen if the joint capsule does not heal as expected. If you notice sudden swelling, redness spreading from the small cuts, or a deep pain that does not ease with simple painkillers, call the clinic right away.

Sometimes the joint may feel unstable or like it might slip out of place. This is more likely if the capsule does not close tightly during the keyhole surgery. If you feel a clicking, grinding, or a sudden shift in the joint, seek medical help immediately.

You may experience limited movement if the release was not complete or if the capsule heals too tightly again. If your range of motion does not improve as expected after a few weeks, bring this up at your next review.

In rare cases, the joint might not stay stable even after reconstruction. If you feel a sense of looseness or fear that the joint is slipping, contact your surgeon for advice.

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The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness, or discharge from your small keyhole incisions. Go to emergency if you feel sudden severe pain, notice calf swelling, or have trouble breathing. Contact us immediately if you lose sensation in your arm or cannot move your limb. Most shoulders recover motion after rotator cuff repair and rarely need this release, but these signs need urgent checks.

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COMPLICATIONS & CONSENT

Capsular Release for Frozen Shoulder

Complication rates from published literature

Pooled from 45 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Shoulder instability	**6.4%**	After circumferential capsular release there is a theoretical risk of destabilizing the shoulder, though frank dislocation or symptomatic instability remains extremely rare.
Recurrent stiffness	**4.9%**	Postoperative stiffness is common as the divided shoulder capsule attempts to heal, with 2-7% of patients developing recurrent stiffness requiring repeat manipulation or surgery, particularly those with diabetes.
Infection	**<1%**	Deep infection after arthroscopic capsular release is rare; 0-1.3% in clinical series.
Residual pain or limited improvement	**0.17%**	There may be residual symptoms such as pain into the neck or difficulty lying on the repaired shoulder, sometimes requiring further procedures for the biceps tendon or acromioclavicular joint.
Nerve compression syndromes	**0.07%**	Approximately 5% of patients develop tingling in their hand after surgery, which may be carpal tunnel or cubital tunnel syndrome, with most improving once the arm is out of the sling.
Axillary nerve injury	**0.07%**	The axillary nerve runs within 3-7mm of the shoulder joint capsule and may be stretched or damaged during surgery, resulting in inability to lift the arm and deltoid weakness.
wound complications	**0.03%**	Wound complications are rare, with no deep wound infections reported in the systematic review.
Iatrogenic chondral injury	**Rare**	Inadvertent cartilage damage may occur during arthroscopic instrumentation; no specific rate reported for capsular release.

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I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME	SIGNATURE	DATE

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