

Discharge advice following Shoulder Dislocation

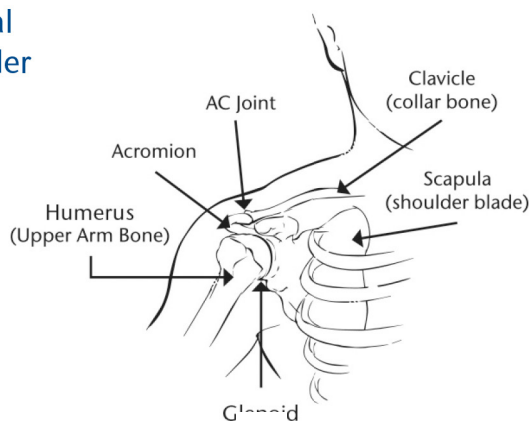


Information for patients

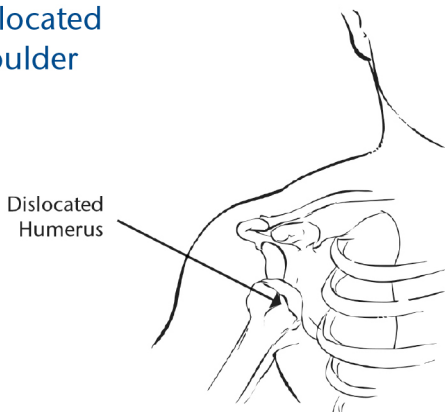
WHAT IS MY INJURY?

You have had a dislocation of your shoulder. This is when the upper arm bone (humerus) pops out of the shoulder socket (glenoid).

Normal shoulder



Dislocated shoulder



WHAT IS THE TREATMENT?

After confirming the diagnosis, a reduction will be performed to return the shoulder anatomy to its normal position; this is often done with a sedative and/or pain relieving medication.

You will then be put in a polysling and another x-ray performed to confirm that the bone is back in position within the socket.

The pain normally reduces significantly after the reduction procedure. If necessary, you may still take painkillers, like paracetamol and ibuprofen as prescribed, or in line with manufacturer's guidance.

You should keep the sling on while moving until contacted by the orthopaedic team.

Most sling manufacturers put a waist strap on the slings – this is only helpful whilst you are recovering from any sedation. If it is not removed in the Emergency Department then you can remove, or cut off, the waist strap yourself.

You need to remove the sling to get washed, particularly the armpit. Leaning forward and letting the arm hang down is a safe way to get washed and get clothes on and off.

COMPLICATIONS:

The most common complication is a further dislocation. It rarely happens soon after the first dislocation so you shouldn't be fearful that it is suddenly going to come out of joint whilst you are waiting for follow-up.

Shoulder dislocations are sometimes associated with tendon injuries (more likely as people get older) or fractures (a break in the bone). These will be assessed as part of your follow-up.

FOLLOW UP

Prior to leaving the Emergency Department, you will have been referred to the orthopaedic virtual fracture clinic (VFC), and been given the VFC advice leaflet. If you do not have this leaflet, please contact the Emergency Department, as it contains important information on follow-up of your injury.

They will discuss your X-rays and then contact you directly on the telephone number you supplied to the Emergency Department. This is usually within three working days. Standard management for the majority of shoulders which have dislocated is to let you heal by yourself, and the anticipated phone call will simply be to confirm when your follow-up will start. Surgery is rarely needed.

You should come back to the Emergency Department if you experience new weakness at your elbow or hand, or new altered sensation in the affected arm.

EMERGENCY DEPARTMENT

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