

FACT SHEET: CT Guided Shoulder Hydrodilatation



What is a Shoulder Hydrodilatation?

Excessive inflammation in a joint can result in the lining and capsule of that joint to contract, causing pain and restriction of motion which is typically called a "frozen shoulder." A Hydrodilatation is a procedure used to treat a "frozen shoulder". It is used to increase mobility in the shoulder and decrease pain in the joint.

A Hydrodilatation involves injecting local anaesthetic, cortisone, and sterile saline. By injecting these substances pain and inflammation is normally reduced and the range of motion is improved by stretching the capsule with the sterile saline.

Preparation for the procedure

There is no specific preparation required. If you are on any blood thinning medication (eg. Aspirin, Warfarin, Iscover, Plavix) please advise your referring doctor or High St Xray as these may need to be ceased before the procedure. After the procedure you may experience a clumsy/heavy feeling in the arm, this is quite common and usually only lasts for an hour or so.

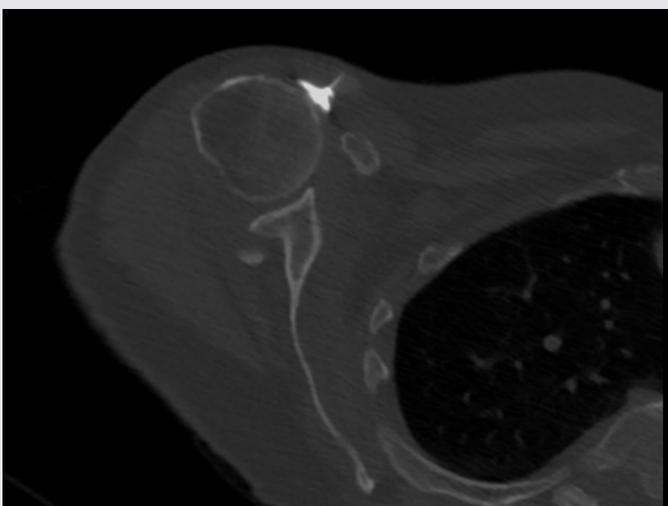


We recommend that you bring a responsible person to drive you home afterwards. If this is not possible we ask that you stay at the practice for 15-30 min for observation after the procedure. Please bring any prior scans (x-rays, ultrasounds, CT, or MRI's) and reports, as these will assist our Radiologist in assessing and effectively treating your condition.

What are the risks and complications?

The risks of these procedures are rare, however they may include:

- Infection at the skin puncture site or deeper within the shoulder joint (1-2%). These can be serious with (<0.1%) requiring hospital admission.
- Bleeding can occur in patients with bleeding disorders and on 'blood thinning' medication.
- Nerve damage from the direct needle trauma, or as a consequence of the above complications.
- Allergic reaction any of the substances used during the procedure such as cortisone, dressing, local anaesthetic or antiseptic may cause an allergic reaction.



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During the procedure

You will lie on the CT scanner couch. A bag is placed on your hand to keep your shoulder in the correct position, and from this point you will be required to remain still. A series of planning images are performed, with the area of needle entry planned and then a mark will be placed on your skin. The Radiologist will then clean your skin with a cold antiseptic wash and inject local anaesthetic into the injection site. This will sting for about 30-60 seconds, until the local anaesthetic takes effect. A fine needle is then passed through the skin and tissues, and is manipulated and moved under CT guidance until it enters the shoulder joint. The CT table will move in and out during this time to check the position of the needle.

Occasionally air or x-ray contrast can be injected to confirm the needle is in the correct position. The doctor will then inject a mixture of steroid, local anaesthetic, and sterile saline into the area. Some discomfort may be felt for a short time until the local anaesthetic numbs the area. A simple dressing will be applied to the injection site.

After the procedure

The effects of the treatment can vary. The shoulder may have a full, heavy, or increased tightness / pressure feeling afterward, which is due to the amount of fluid in the shoulder joint. Long acting local anaesthetic is administered into the shoulder, therefore most patients should be pain free for a few hours.

After a few hours, your pain may return and some patients can experience a sore shoulder for a couple of days. Simple paracetamol can help with this.

Patients will be kept at High St Xray for approximately 30 minutes for observation and will be discharged after they are feeling well.

We advise you to wait at least half an hour before driving, as you may find that your arm is clumsy and uncoordinated following the procedure.

We recommend that you commence a rehabilitation programme once the discomfort from the procedure has passed. You should consult your referring doctor or physiotherapist for any advice, regarding how much to use your shoulder. As a general rule please avoid any heavy lifting and intense activity of the shoulder for the first 3 days following the procedure.

You should start to feel some pain relief around 3-5 days after the injection.

Follow up

A follow up appointment with your referring doctor or health care provider is recommended to discuss your results of the procedure. We recommend you do this approximately 3 weeks following the procedure.

You will be given a pain chart by the Radiographer, please use this to record your level of pain to aid in rehabilitation and take this form to your follow up doctors visit. The Radiologist conducting the injection will send your referring doctor a report.

