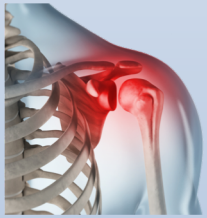
Hydrodilatation for Frozen Shoulder

The aim of this leaflet is to provide an overview of hydrodilatation for frozen shoulder and to answer some of the common questions. It does not aim to substitute for a thorough discussion with your surgeon.

Background

A frozen shoulder is also known as adhesive capsulitis or intrinsic capsular stiffness. The latter term is preferred by some as the pathology is not one primarily of inflammation.



Usually the shoulder capsule is loose to allow a large range of movement. In a frozen shoulder the capsule thickens and contracts making movement difficult. This stiffening of the shoulder may or may not be associated with pain.

What is Hydrodilatation ?

Hydrodilatation or hydrodistension is a procedure whereby the capsule of the shoulder is stretched and ruptured, by injecting a large volume of fluid into the shoulder.

How is Hydrodilatation performed ?

It is performed under local anaesthetic as a daycase. An ultrasound or xray is used to ensure the needle is in the correct position before the fluid is injected.

A steroid injection may be performed at the same time. The person doing the procedure will discuss this with you.

How effective is Hydrodilatation ?

For some people the procedure works well, for those where it does not work, then surgery may be advised. This can be discussed with your surgeon.

Risks of Hydrodilatation

There is a small risk of infection and bleeding. Because local anaesthetic is used there is a risk of an adverse reaction to it, if you are allergic. It can be painful, although most people tolerate it well.

What to do after the procedure

Hydrodilatation does not weaken your shoulder, but it may be uncomfortable afterwards so it is sensible to have someone drive you to and from the procedure.

It is important to keep your shoulder moving as much as possible to maintain any increased movement that has been achieved.

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