



We'll shoulder the burden

There is no reason for suffering in silence when pain wakes you in the night

We all wake in the night with aches and pains and usually there is no reason to get alarmed. But there are times when the pain becomes intense and it requires a professional to take a look - for your peace of mind and so you can resume having a good night's sleep.

This is where Bolton Orthopaedic and Sports Surgery can help. BOSS is a group of nine local consultant orthopaedic surgeons, who have joined forces in order to offer a comprehensive service for patients with bone, joint and sports injury problems.

One of the team, Phil Wykes, specialises in upper limb surgery, from the shoulder to the hand.

Here he explains about treatment for a common type of shoulder pain, often known as 'impingement.'

Q. I have been waking up due to shoulder and upper arm pain. It also hurts when I lift my arm above my

shoulder. I don't recall any injury, and it is not tender to touch.

A. Inside the shoulder joint there is a group of four muscles and tendons known as the rotator cuff. Their role is to allow smooth movement of the joint through its whole range.

If the rotator cuff gets strained or becomes weak, then you may notice upper arm discomfort. Over time, the tendons can become inflamed and rub onto the edge of the shoulder blade, known as the acromion. This gives the deep upper arm pain at night or on elevating the arm.

The space that the tendons move in can become narrowed due to thickening of the surrounding ligaments and a hook of bone from the acromion. This is called sub-acromial impingement.

Q. How is it diagnosed?

A. Your GP may make the diagnosis. Physiotherapists often see the condition as well. When the patient is referred, the shoulder specialist will confirm the diagnosis with a focused clinical examination.

Shoulder x-rays are usual. Sometimes, special scans - ultrasound or MRI- are used.

Q. Can it be treated?

A. The first-line treatment is typically an injection of steroid (cortisone) or other agent into the shoulder around the inflamed tendons. This provides a 'window of opportunity' of pain relief for focused physiotherapy to retrain the rotator cuff muscles to work more efficiently. This is successful in about two-thirds of cases.

Q. Will I need surgery?

A. If non-operative treatment is unsuccessful, or your symptoms recur, then surgery is very effective in relieving pain and permitting full return to activities.

Surgery is usually performed as a 'keyhole' procedure, as a day case under general anaesthesia, through two very small cuts. A telescope is introduced into the shoulder to inspect all areas of the joint. The narrowed space is widened with special instruments to release the thickened ligament and remove the bony hook.

Other issues can be identified and dealt with at the same operation.

Q. What is the recovery period like?

A. The patient typically uses a sling for comfort for a week or two, and starts early shoulder physiotherapy. They usually return to driving and work within four to six weeks. Getting back to sports involving overhead actions may take up to three months.



How to contact us

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