

## Kapsulaire rafie

Een kapsulaire rafie is een arthroskopische heekkundige ingreep waarbij de losse ligamenten en kapsel van het gewricht worden opgespannen door middel van een speciale radiofrequente probe.



*VAPR Radiofrequency Probe*

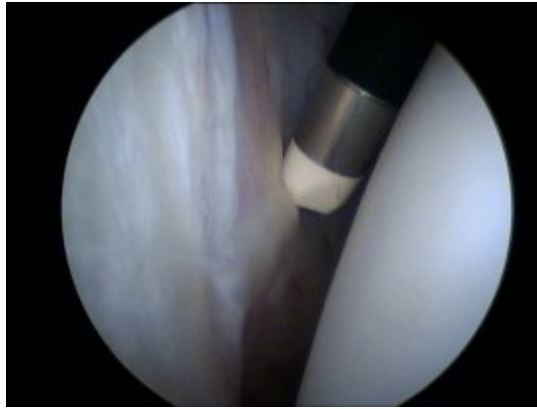
### Voor wie?

- Deze ingreep is aangewezen voor mensen met zeer lakse schoudergewrichten welke aanleiding geven tot luxaties of sublaxaties zonder een voorgeschiedenis van trauma welke aan de oorzaak ligt van de instabiliteit. Dit is gekend als atraumatische instabiliteit.
- Het is niet aangewezen voor mensen met een trauma welke de oorzaak was voor de luxaties en voor mensen die geen kapsulaire laxiteit hebben. Voor deze mensen is een herstel van de gescheurde structuren aangewezen.
- Atleten die vaak bovenhoofds moeten werpen kunnen ook een ‘losse’ schouder ontwikkelen door repetitieve overbelasting van de ligamenten en het kapsel. Ook deze mensen kunnen geholpen worden met een kapsulaire rafie.

### Hoe werkt het?

Het kapsel krimpt met ongeveer 10% van zijn lengte wanneer de speciale radiofrequente probe wordt gebruikt. De effecten van een kapsulaire rafie zijn het best wanneer deze ingreep wordt uitgevoerd in combinatie met een goed revalidatieprogramma. Sterke schoudermusculen zijn de beste verdediging tegen schouderluxaties en instabiliteit.

As this procedure is done arthroscopically and nothing has been incised or stitched, there is no need to wait to start post-operative physiotherapy. However there is some concern about temporary weakness of the capsule round about 3-6 weeks and hence stretching to regain motion has no part in the early post-operative phase. As soon as pain allows proprioceptive physiotherapy is started. The early results are encouraging but approximately one - third can stretch out with time. It may be necessary to repeat the procedure at a later date if this were to happen. This particular group of patients are difficult to treat even by open surgery and the results of heat shrinkage stabilisation appeared to be comparable.



*capsular shrinkage procedure - note the 'shrinkage' response of the tissue to the probe (no burning of the tissue)*

*(click on the image to see a video clip)  
(requires [RealPlayer](#) )*

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## **Your Operation**

You must not eat or drink anything after midnight the day before your surgery. When you wake up following the procedure you will be wearing a sling with a body belt. This may be a standard sling or an External Rotation sling, depending on the procedure performed (see pictures below). The sling should be worn at night and when out and about for 3 weeks. You will then wean off the sling with the aid of your physiotherapist over the next 3 weeks.

**For more details on Living with a Shoulder Sling [CLICK HERE](#)**

You should be able to go home the same day as your operation, but may be in hospital overnight. A physiotherapist will see you in hospital to teach you the appropriate exercises. You may also see an occupational therapist to give you advice regarding the use of your arm.



*Standard sling*



*External Rotation Sling*

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## **PAIN**

A **nerve block** is usually used during the surgery. This means that immediately after the operation the shoulder and arm often feel completely numb. This may last for a few hours. After this the shoulder may well be sore and you will be given painkillers to help this whilst in hospital. These can be continued after you are discharged home. Ice packs may also help reduce pain. Wrap crushed ice or frozen peas in a damp, cold cloth and place on the shoulder for up to 15 minutes. Ensuring you cover the wound site with a piece of cling film to keep the area dry.

- **More detail on post-op pain control**
  - **More detail on Anaesthetics for shoulder surgery**
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## **THE WOUND**

This keyhole operation is usually done through two or three 5mm puncture wounds. There will be no stitches only small sticking plaster strips over the wounds. These should be kept dry until healed. This usually takes 5 to 7 days.

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## **SLEEPING**

For the first three weeks your **sling** must be worn in bed. Sleeping can be uncomfortable if you try and lie on the operated arm. We recommend that you lie on your back or on the opposite side, as you prefer. Ordinary pillows can be used to give you comfort and support. If you are lying on your side one pillow slightly folded under your neck gives enough support for most people. A pillow folded in half supports the arm in front and a pillow tucked along your back helps to prevent you rolling onto the operated shoulder during the night. If you are lying on your back, tie a pillow tightly in the middle (a "butterfly pillow") or use a folded pillow to support your neck. Place a folded pillow under the elbow of the operated arm to support that.



## **FOLLOW UP APPOINTMENTS**

An appointment will be made for you to see the **surgeon** or **specialist therapist** 3 weeks post-operatively.

## **DAILY ACTIVITIES**

For the first three weeks most activities of daily living for example feeding, dressing, cooking etc must be carried out using your un-operated arm. If appropriate an occupational therapist will be available to give you advice on how to do this.

## **LEISURE ACTIVITIES**

Your physiotherapist and surgeon will advise you when it is safe to resume your leisure activities. This will vary according to your sport and level, as well as the period required to retrain your shoulder muscles with physiotherapy.

Below is a rough guide:

Swimming	Breastroke Freestyle	6 weeks 3 months
Golf		3 months
Contact Sport	Includes rugby, horse riding, football, martial arts, racquet sports, and rock climbing	3 months

## **DRIVING**

You will not be able to drive for a minimum of 4 weeks. Your surgeon will confirm when you may begin.

## **RETURNING TO WORK**

This will depend upon the size of your tear and your occupation. You will need to discuss this with your surgeon.

## **REHABILITATION PROTOCOL**

The physiotherapy rehabilitation protocol will be a specialised proprioceptive programme and vary according to the type of stabilisation performed. For more details [Click Here](#)

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### **proprioception**

**proprioception refers to the body's ability to sense movement within joints and joint position. This ability enables us to know where our limbs are in space without having to look. It is important in all everyday movements but especially so in complicated sporting movements, where precise coordination is essential. This coordinated movement is a result of the normal functioning of the proprioceptive system.**

**The proprioceptive system is made up of receptor nerves that are positioned in the muscles, joints and ligaments around joints. The receptors can sense tension and stretch and pass this information to the brain where it is processed. The brain then responds by signalling to muscles to contract or relax in order to produce the desired movement.**

**This system is subconscious, and we don't have to think about the movements or the corrections to movement. Sometimes the reactions take place so fast they are termed reflexive.**

**Following injury to joints and ligaments the receptors are also damaged, which means the information that is usually sent to the brain is impaired. As a consequence the joint feels odd or just doesn't feel right.**

**Once a joint has been damaged, or a ligament has been torn or partially torn, there will be a deficit in the proprioceptive ability of the individual. This can leave the person prone to re-injury, or decrease their coordination during sport. proprioceptive ability can be trained through specific exercises and, in the case of the injured athlete, the improvement can compensate for the loss caused by injury. This has the effect of decreasing the chances of re-injury. proprioception also helps speed an athlete's return to competition following injury. The exercises should be initiated as soon as possible following injury.**