

## TREATMENT OF PATIENT WITH FAILED CAPSULOTOMY

It is important to recognise, at an early stage, the patient who will fail to respond adequately to a capsulotomy.

In the early post operative phase, if continued severe pain and restricted movement is present, then an intra-articular steroid is appropriate to settle the inflammation from the capsulitis. If there is still marked stiffness but no pain then an interscalene block and manipulation is appropriate.

If, at two to three months from the capsulotomy, there is still marked stiffness with or without pain, then the patient requires an arthrographic hydraulic capsular distention. By three months no leakage with this procedure will be observed.

If, four to five months following the capsulotomy and the above treatment, there is still marked stiffness then a repeat arthroscopy is indicated. It will be found that there is new scar tissue formed between the margins of the previous capsulotomy which can be easily broken down, even with an arthroscopic hook. An intra-articular local anaesthetic infusion post surgery is useful. The range of motion is rapidly restored and as the procedure is relatively atraumatic there is relatively little pain and tendency to recurrence of stiffness post operatively.