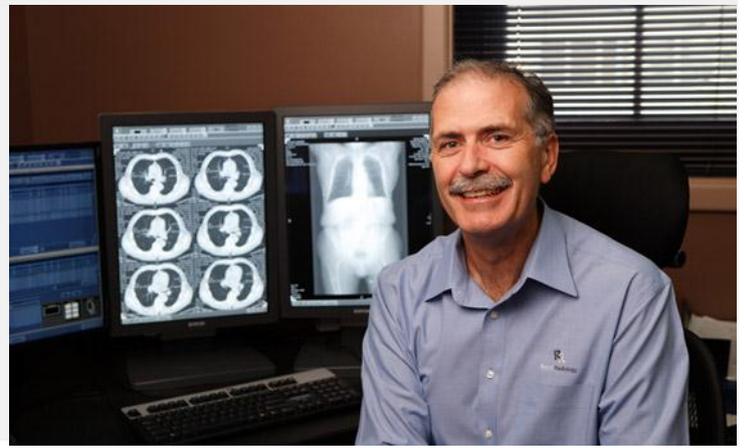


Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Appointment Time: \_\_\_\_\_ AM / PM

Appointment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## SHOULDER HYDRODILATATION PATIENT INFORMATION

### What is a Shoulder Hydrodilatation?

A shoulder hydrodilatation is often requested to relieve the pain and assist with range of movement resulting from a frozen shoulder (adhesive capsulitis).

Shoulder hydrodilatation involves the injection of;

- Local anaesthetic to relieve pain
- Steroid to help reduce inflammation

### Is there any preparation involved?

There is no preparation required.

### Can I take my medication as normal?

All medications can be taken as normal.

**Before your procedure please let the radiographer or sonographer know if you are, or think you may be pregnant.**

### What will happen during the procedure?

You may be asked to change into a hospital gown and lie on the examination table. The radiologist (specialist doctor who performs and reports on the examination) will talk to you about the injection that you are having and will explain any risks involved. Your shoulder will be cleansed with an antiseptic solution. The radiologist with the help of a radiographer or sonographer (person who takes x-rays or performs the ultrasound scan) will use imaging guidance (fluoroscopy or ultrasound) to then guide a fine needle into the correct position and inject the site with local anaesthetic and steroid to distend (stretch) the shoulder joint capsule. The shoulder joint capsule distension process can be slightly uncomfortable due to the feeling of pressure from the fluid injected.

### Please Note:

#### Please bring the following to your appointment:

- Request form (if referral from GP / Specialist)
- Medicare Card
- Any relevant previous x-rays

#### Obtaining your results:

Your images will be processed and then reported by a Radiologist. A copy of the report will be sent back to the doctor / specialist who referred you for the examination.

You will need to follow up the results of your examination with your referring doctor / specialist.

#### Repatriation General Hospital

Daws Road, Daw Park, South Australia 5041

Ph: 8275 1906 | F: 8275 1116

[www.repatradiology.com.au](http://www.repatradiology.com.au) | [repat.radiology@health.sa.gov.au](mailto:repat.radiology@health.sa.gov.au)

**Opening Hours:** Monday—Friday, 8.30am—5pm

## SHOULDER HYDRODILATATION PATIENT INFORMATION

### How long will the procedure take?

The procedure will usually take 30-45 minutes.

### Are there any risks?

With any injection there is a very small risk of *infection*. We reduce this risk by using sterile disposable equipment and standard aseptic technique.

There is small risk of *bleeding or bruising* around the injection site.

There is a small risk of *allergic reaction* with any medication administered. Before your procedure you will be asked about any allergies that you may have.

### What happens after the procedure?

You will be required to stay in the department for up to 30 minutes following the injection to ensure you are fully recovered before you leave.

We advise you take care with the injected site for a few hours following your injection, and you must not drive following the procedure.

You may experience some discomfort from the shoulder joint capsule distension for a few days following the procedure. You may take paracetamol as a form of pain relief as directed.

After leaving the department, if you notice any local reaction, tenderness, swelling or soreness of the area injected please contact your referring doctor.

### Are there any side effects?

Some patients experience facial flushing with a warm sensation the day after the injection. This is a short term side effect.

If you are a diabetic you may experience a rise in your Blood Sugar Level (BSL) for a few days after receiving a steroid injection, please monitor these levels carefully and seek advice from your doctor if required.

### When will I notice the effect of the injection?

You will be given an information sheet with some exercises designed to stretch the joint capsule. You should notice a larger, less painful range of movement within a few weeks. The relief that you experience can vary widely between patients.

### Can I drive after the procedure?

No, you must arrange for someone to drive you home following the procedure.

### Who can I contact if I am not sure about something?

If you have any questions at all, please do not hesitate to contact our reception staff on **8275 1906** and they will assist with your questions, or direct you to the most appropriate staff member to assist you.

Version 1 Created December 2015, Revised Sept 2016 (Review Sept 2019)

### Questions?

Please feel free to call us on 82751906 for any questions before or after the procedure and you will be directed to the appropriate health care professional.

### Where can I park?

You may park your car on Daws Road, or in the "Clinics" outpatients car park, this is the first entrance on the left off Daws Road. Follow the walkway to Repat Radiology, it is well signposted.

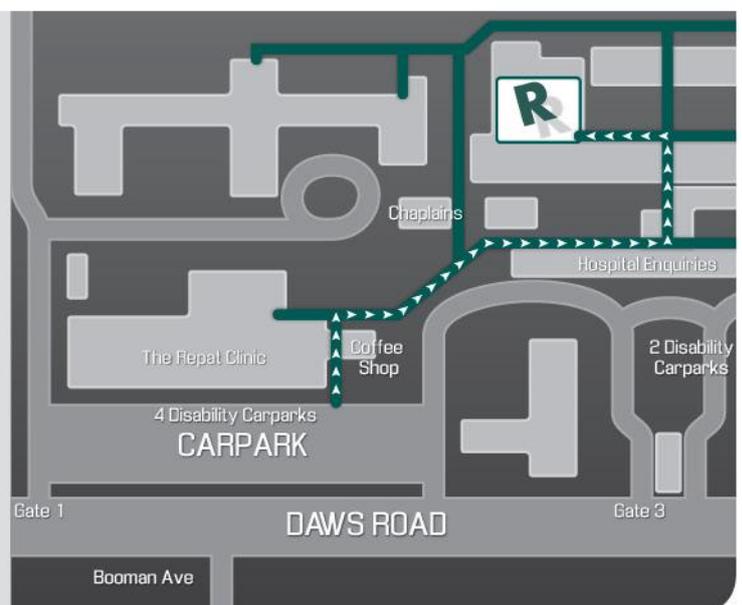
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Surname:
Given name(s):
Date of birth:
Sex:
MRN:

I \_\_\_\_\_ have been given the **Shoulder Hydrodilatation Patient Information Sheet**.

I have read or have had read to me the patient information sheet and consent to have the procedure.

- I have been informed of the risks and benefits of this procedure.
- I was able to ask questions and raise any concerns about the proposed procedure. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form.

My signature below is evidence that I give my consent to have this medical procedure performed.

Patient Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Radiologist/delegate statement**

I have explained to the patient the proposed procedure and confirm that the above named patient has read or has had read to them and understands the patient information sheet. The patient has consented to proceed with the procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Designation: \_\_\_\_\_

**Additional information discussed with patient:**