骨科及運動醫學中心
Orthopaedic & Sports Medicine Centre

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Closed on Sundays and Public Holidays

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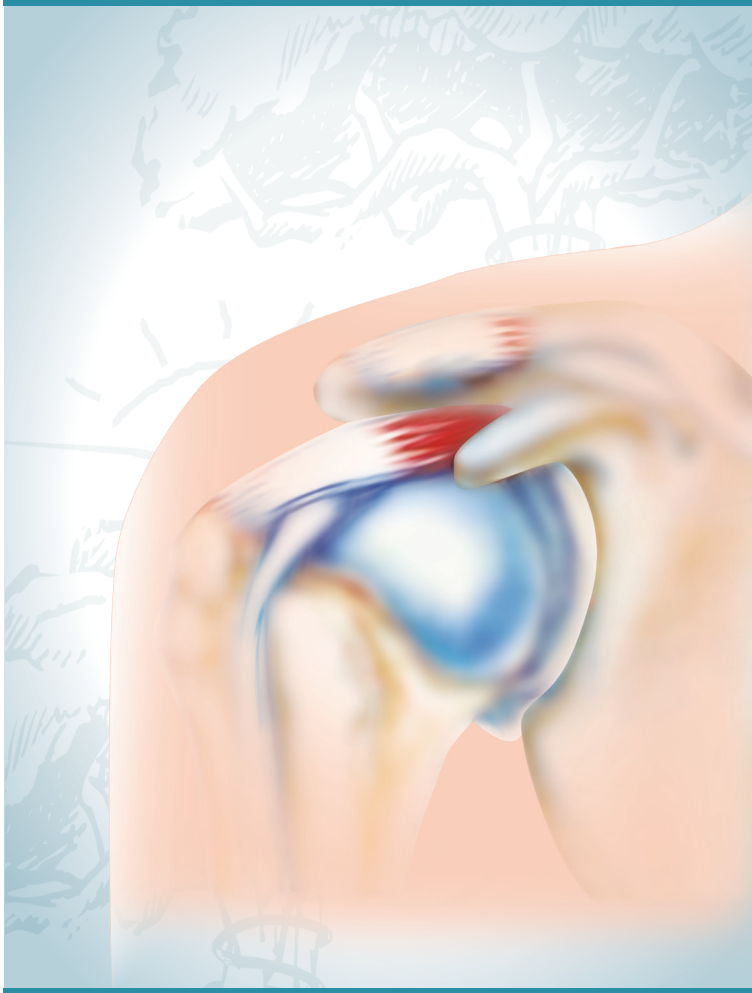
Shoulder Dislocation



養和醫院
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The head of the arm bone (humerus) fits into the shoulder blade socket (glenoid). We call this the shoulder joint (gleno-humeral joint). There is a firm tissue rim (labrum) around the shoulder blade socket which deepens the socket. The head of the arm bone can therefore fit better into it. When the head of the arm bone comes out of the socket, we call it a shoulder dislocation. When the firm tissue rim (labrum) is torn from the socket (glenoid), we call it a glenoid-labrum tear.

What Should I Do When My Shoulder Dislocates?

You should seek medical help and have the shoulder put back (reduced) into place as soon as possible. X-ray is often needed to confirm the reduction of dislocation. If the shoulder dislocates frequently, it would be classified as recurrent shoulder dislocation. If it becomes so frequent that it interferes with daily activities, surgery is recommended.

What Is Recurrent Shoulder Dislocation?

Recurrent shoulder dislocation means the shoulder becomes more prone to dislocation. The younger you are at the time of first dislocation, the higher risk you have of recurrent episodes. Often when the glenoid labrum is torn, the bone in the glenoid would be damaged, contributing to subsequent episodes of dislocation.

What Are the Causes of Shoulder Pain after Dislocation?

There are many causes. It may be due to a lack of rehabilitation. In younger patients, a glenoid labrum tear is often the cause. Sometimes a biceps tendon tear is the cause. In the older age group, rotator cuff tear is the most common cause.

How Is It Diagnosed?

Shoulder injuries are diagnosed clinically and confirmed by imaging studies. Your doctor will talk to you to obtain a history of the injury and your symptoms, and perform a physical examination. Imaging investigations are often needed. MRI scans can be very useful. A special test (arthrogram) is sometimes needed, which requires a contrast medium to be injected into the shoulder joint so that these tears can be easily detected. This is often done at the same time with the MRI scan.

How Is It Treated?

Non-Operative Treatment

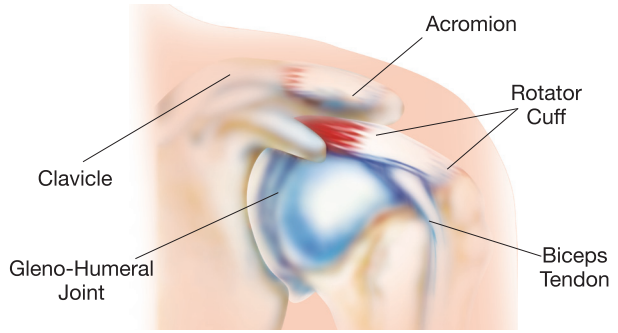
Medication

Local injection

Operative Treatment

If the symptoms are not relieved by non-operative measures, surgery should be considered

Physiotherapy

Relieves the symptoms

Most of the time, the torn glenoid labrum can be repaired by keyhole surgery (arthroscopically). Your doctor will make a few holes about the shoulder and insert instruments into the shoulder. The torn glenoid labrum is sutured back using suture anchors. After the operation, the shoulder is sometimes stabilized with shoulder immobilizer and physiotherapy is often needed.