

Introduction:

Dislocation of the shoulder joint is common and an incidence of 1.7% in the general population has been described. The most common form is Antero inferior dislocation. A variety of techniques to reduce shoulder dislocation have been described. This suggests that none of the techniques are perfect. It has been usual practice to give intravenous morphine to these patients on arrival to Emergency Department for pain relief.

Objective:

Our objective was to look at the pain relief provided to patients with anterior dislocation of the shoulder joint when using the original Kocher technique described by Kocher in 1870 for reduction of shoulder, where no traction was applied to the arm. We used the method in 114 patients to see whether it was successful. We also looked at the time taken for the discharge of these patients from the department.

Methods:

114 patients with anterior dislocation of shoulder were included in this study. Age and sex of the patients were recorded, so were the attempts it took to reduce the shoulder and the time of discharge was also recorded

Results:

76 males and 48 females were included in this study. 24 patients were given intravenous morphine in the ambulance during transportation of these patients to the hospital. We only gave codeine and paracetamol to relieve pain in the emergency department. Entonox was used in all patients, only 22 patients required more than one attempt to reduce the dislocation and none of the patients complained of any pain during the reduction. We failed to reduce the dislocation in 6 patients because these patients were very apprehensive and un-cooperative. These patients required a general anaesthetic to reduce the shoulder.

The average time spent in the Emergency Department was no more than 2 hours and the patients did not require any observation following the reduction of the shoulder.

Discussion:

There has been a general belief that shoulder dislocations are very painful and traction is required to overcome the spasm of the muscles produced by the dislocated shoulder. We tried Kocher's method in the original form and we were able to reduce 108 of 114 patients without pain and without sedation in the Emergency Department. We found that the Kocher's method if used correctly, does not require any force, thus, reducing the risk of secondary injury to the joint and surrounding structures. The addition of traction to the classic technique of Kocher's and Milch has been perpetuated throughout recent literature obscuring their effectiveness. Incorrect application of these techniques, especially Kocher's, has resulted in complications.

Conclusion:

Kocher's method if used correctly is a very effective method for the reduction of dislocated shoulder. Entonox can be used to distract the attention of the patient rather than to relieve the pain because the procedure is pain free.

