



**SYMPOSIUM OF THE BELGIAN SOCIETY OF EMERGENCY  
AND DISASTER MEDECINE.  
BRUSSELS, BELGIUM, 17/1/2015.**



**REDUCTION OF A SHOULDER DISLOCATION WITHOUT SEDATION, MYTH OR REALITY?**

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**Introduction**

Shoulder luxation is frequent in emergency departments, and occurs often in aged or in non-fasting patients, increasing sedation risk. There are a lot of reduction methods, most of them requiring sedation. We compared the Cunningham method, which doesn't need sedation, and other reduction techniques requiring sedation. We made a one-year retrospective study in our Emergency Department to compare this two methods.

**Material and Method**

We reviewed 148 files containing the word «luxation», 97 were excluded. We separated the 51 files in two groups, according to the technique used : 13 shoulder reductions were performed with the Cunningham method (without sedation) and 38 with other "classical" methods (with sedation). We compared length of stay in the emergency department, drugs used, and immediate or delayed complications. We also collect the age of patient, type and etiology of luxation and association with fracture.

**Results**

The mean age of patients was 51 years old. There was an associated fracture in 38 %, and trauma was the main cause of dislocation (70%). No immediate or delayed complication was noticed. We showed a statistically significant difference in the length of stay, with a mean of 5h25 in the "classic" group and 1h44 in the "Cunningham" group.

**Conclusions:**

Our medical care should be improved by using a shoulder reduction method without sedation in the emergency departments. We could save time and increase operational safety. However, these results are limited and need to be confirmed by prospective study.