HARROGATE SHOULDER CLINIC

Patient and Carer Information

Arthroscopic Subacromial Decompression

The procedure

Arthroscopic subacromial decompression is performed for patients who have painful shoulder impingement that has not resolved with non-surgical treatments. The operation prevents the bones and tendons in the shoulder rubbing against each other when the arm is raised.
The subacromial space is found between the upper arm bone (humerus) and the under surface of the roof of the shoulder. The roof is made up of a bone (acromium) and ligament (coracohumeral ligament). A small, fluid-filled sac (bursa) and the tendons of rotator cuff muscles occupy this subacromial space. When the arm is raised the space narrows and the tendons can become pinched and the bursa becomes inflamed (known as subacromial impingement).
The procedure involves removing the inflamed bursa, cutting the ligament and shaving some bone (from the acromium) to create more space for the tendons to move freely. This is performed by keyhole (arthroscopic) surgery, as a day case procedure.

What are the reasons for doing this?

Pain is relieved by removing the inflamed and painful bursa and by creating more space for the tendons to move freely in the subacromial space.

Are there any alternatives?

• Steroid injections into the shoulder
• Taking regular pain killers and/or anti-inflammatory tablets
• Seeking advice from a shoulder physiotherapist
Surgery should only be performed when these have been tried and failed.

What are the risks?

Risks of the operation are:
Wound infection - rare and usually involves the skin. Occasionally a deep infection can occur, the risk is less than 1%.
Stiffness – shoulders can become stiff after shoulder surgery. Around 5% of patients develop stiffness that normally resolves with physiotherapy.
Nerve injury – there is a very small risk to nerves around the shoulder. The risk is less than 1%.
On-going pain – 5-20% of patients will have some on-going discomfort / pain after surgery.

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Risks of the anaesthetic:
Your anaesthetist will talk to you about this.

There is some information about anaesthetics below and there is additional patient information from the Royal College of Anaesthetists available.

What anaesthetic will be used?

You will meet the anaesthetist before your operation and will have a chance to ask any questions you might have about your anaesthetic.
Most patients will have a general anaesthetic and possibly a supplementary nerve “block” (regional anaesthetic) that provides pain relief in the immediate post-operative period. The block numbs your arm and you will not be able to move the arm until the block wears off (usually 12-18 hours). Your arm will be in a sling.
It is important to take some painkillers before the block wears off, generally before you go to bed the day you have had surgery, to reduce the risk of developing pain.

Jewellery

All jewellery needs to be removed from the arm that is to be operated on before surgery.

Blood clot prevention

Risk of blood clot in the arm (deep vein thrombosis or DVT) is rare following shoulder surgery. Prevention is by physical means of stockings and pumps in theatre and early mobilisation after surgery (walking). Keeping well hydrated after surgery is also advised (drinking water).

Consent

You will be asked to give your consent to this treatment following further discussion with medical or nursing staff. It is important that you understand what is involved and you will have an opportunity then to ask any questions that you might have.

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Plan ahead for discharge home

If you think you may have any difficulties, please discuss these at your pre-operative assessment appointment.

The procedure is performed as a day case and you will be in a collar and cuff sling for a few days (as comfort allows). The only restriction to movement after surgery is discomfort. You will need someone at home for at least the first night after surgery.
Normally there are no stiches, your wounds should be covered until dry, but you can shower with waterproof dressings within a few days of surgery.

Contact your GP if

- You have severe pain
- You develop a fever
- Your wound appears red and lumpy or starts to leak fluid
- You develop arm/leg pain and swelling, or if your arm/leg becomes warmer than usual, or reddish / purplish in colour.
- You develop unexplained shortness of breath, chest pain and / or coughing up blood

Physiotherapy

Total rehabilitation time can be up to nine months.

You will see a physiotherapist on the ward before your operation and physiotherapy will start within a week of surgery (when you see the therapist).

Your physiotherapist will explain what you can and can't do with your arm and shoulder and will show you how to do the exercises you need. Your exercise plan may be different to other patients who have had similar operations. This is because each operation is slightly different and so the exercises needed are also different.

Your physiotherapist will have instructions for your exercises.

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Milestones (as able):

Return to work	Sedentary job: as tolerated	
	Manual job: may need to modify activities for 2-3 months	
Driving	1 week	
Swimming	Breaststroke:	As able
	Freestyle:	12 weeks
Golf	As able	
Lifting	As able	
Racquet sports	Avoid repetitive overhead shots for 3 months	

Further Information

If you require further information or advice please contact the ward you have been on

Ward phone number ……..……..