

Patient Information

SHOULDER ARTHROSCOPY
&
SUBACROMIAL DECOMPRESSION

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This information booklet has been produced to help you obtain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at the orthopaedic clinic. Individual variations requiring specific instructions not mentioned here may be required.

If your wound changes appearance, weeps fluid or pus, or you feel unwell with a high temperature, during office hours please contact the relevant PA. Alternatively contact the hospital where you had your operation in the first instance.

Who to contact if you are worried or require further information.

PA at St. George's Hospital: 0208 725 2032

PA (Private Patients): 01737 352494

SWLEOC: 01372 735800

St. Anthony's Hospital: 0208 337 6691

Parkside Hospital: 0208 971 8000

We would like to thank the Nuffield Orthopaedic Centre (Upper Limb Clinic) for allowing us to reproduce some of the information contained in this booklet.

Patient information sheet

Arthroscopic Subacromial Decompression of the shoulder

What happens in subacromial impingement

This is a common cause of acute and chronic shoulder pain in patients over 40 years of age. In this condition, the rotator cuff tendon and the surrounding bursa becomes pinched under the acromion when the arm is elevated above 90 degrees. Pain is typically described as being over the lateral aspect of the arm but difficult to pinpoint. The pain is usually worse with overhead activity and reaching behind the back. In the majority of cases, this condition usually resolves with a period of rest, physiotherapy and / or cortisone injections. About 40% of patients will fail to improve with nonoperative treatment and surgery may be required. Patients under 25 years of age rarely have the compressive rotator cuff disease typically seen in older patients. In these younger patients underlying muscular weakness & imbalance, poor mechanics and glenohumeral instability (secondary impingement) should be identified and treated.

Treatment Options

The initial treatment is conservative. The doctor may suggest that you rest and avoid overhead activities. Approximately 60% of patients benefit from 1 or 2 injections of local anaesthetic and a cortisone preparation to the affected area or from a period of physiotherapy. Treatment may take several weeks to months. Many patients experience a gradual improvement and return to function.

When conservative treatment does not relieve pain, surgery may be recommended to remove the impingement and create more space for the rotator cuff.. The most common surgical treatment is arthroscopic subacromial decompression.

Purpose of the operation

To smooth the undersurface of the acromion and remove the shoulder pain.

The procedure

The operation requires a general anaesthetic

An injection into the side of the neck called a scalene block is usually done to help with postoperative pain. This has risks associated with it which the anaesthetist will explain to you.

2 incisions will be made in the shoulder, one at the back and one at the front. Each is less than 1cm long

The incisions will be closed with paper stitches “Steristrips” with a small dressing over the top. A nappy (Pampers, Huggies) will be applied over the top to soak up excess fluid from the surgery (arthroscopy uses a lot of water to irrigate the joint during the procedure).

A sling will be applied before you wake up. This is purely to support the arm for the first few hours after surgery and should be removed as soon as possible.

As result of the scalene block the arm will be numb and “dead” for up to six hours after surgery. This is entirely normal and most people go home with the arm still numb as it makes travel easier. As soon as you feel any pain you should start the painkillers you have been prescribed.

Risks

All surgical procedures have some element of risk attached. The risks outlined below are the most common or most significant that have been reported.

Continued pain: 5%

In the majority of cases all the pain is removed by surgery however occasionally a small amount of pain persists. This is usually mild but very rarely (less than 1%) can be the same or worse than prior to surgery.

Infection: less than 0.1%

If an infection does occur it is usually superficial in the wounds and is easily treated with antibiotics

Rarely the infection can be deep inside the joint and this requires surgery to wash the joint out.

Nerve damage: less than 0.1%

The axillary nerve runs close to the bottom of the joint and, if damaged causes weakness of the deltoid muscle and difficulty in raising the arm.

Stiffness: 1%

The shoulder will often become stiff after surgery and this usually settles with physiotherapy. Rarely the shoulder can become very stiff and require manipulation or arthroscopic release surgery.

What is going to happen?

The day of surgery

You will be asked not to eat or drink anything for 6 hours prior to surgery.

You will be admitted to the hospital a couple of hours before the operation and the nurse will ensure that you are fit and prepared.

The surgeon will go over the operation again with you and ask you to sign a consent form (see above for consent). The arm to be operated on will then be marked with an indelible marker.

The anaesthetist will then come and discuss the anaesthetic.

When it is time for surgery you will be taken on the trolley round to the operating theatre.

After the surgery you will be taken to a recovery ward where the nurses will observe you while you wake up from the anaesthetic.

Once you are fully awake you will be taken back to the ward. As soon as you feel comfortable you may go home. You will need to have an adult with you at home as you will still be slightly under the effect of the anesthetic even if you feel fine.

1st Postop week

Leave the dressings alone

You may shower but do not soak the dressings

Start gentle motion as pain allows.

Start the exercises as described on the separate sheet

Frequently asked Questions

When can I shower?

Immediately after the surgery

When will I be seen in clinic after the operation?

You will be seen at 2 and 8 weeks post surgery. Later appointments will be determined by your progress

When can I drive?

As soon as you feel comfortable. This is usually 2-4 weeks

When can I return to sports?

Most people are able to return to light sports at about 4 weeks. More intense activity (contact sports, weightlifting) may take 6 weeks or more

When can I return to work?

Is the job physical?

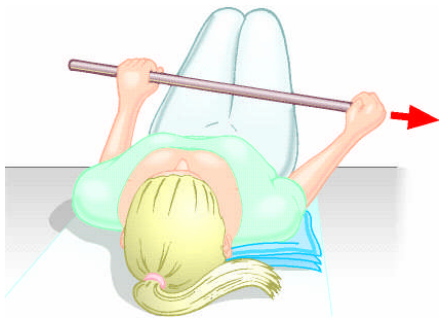
Does the job require the operated arm?

Do I drive to get to work?

As a general rule if you can get to work you can resume a sedentary job within the week. Physical jobs will require at least 6-8 weeks.

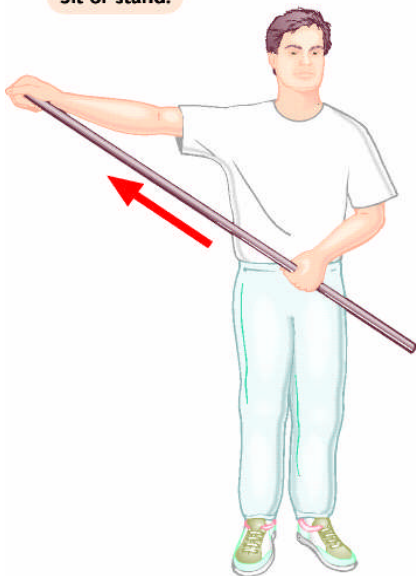
How will I know if the operation has worked?

It often takes 3 months or more before all of the pain has settled.

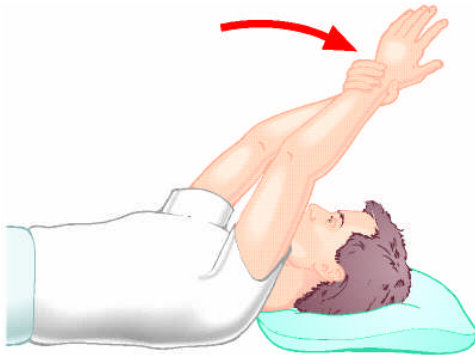


Use a stick to push the hand on the operated side out to the side. Keep the elbow in to the side throughout.

Sit or stand.



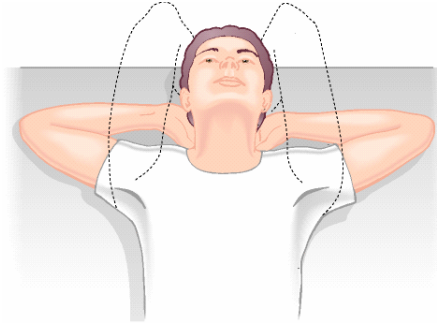
Use a stick or umbrella
Keep the shoulder down
Push the operated arm out to the side
Try not to move your body



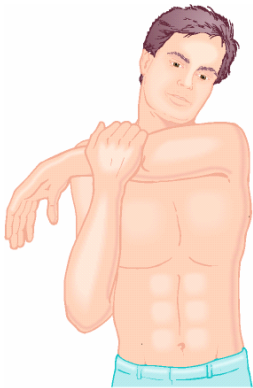
Lie on your back
Support your operated
arm with the other hand
Lift the operated arm as
far over the head as it
will go
Do not let your back
arch



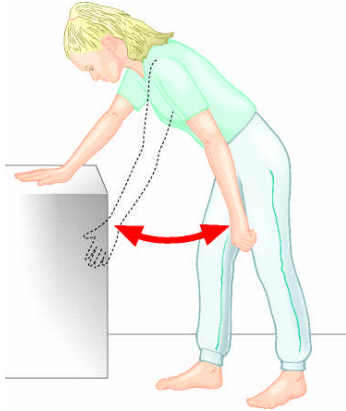
Alternatively you can
cross you arms to
support the operated
arm.



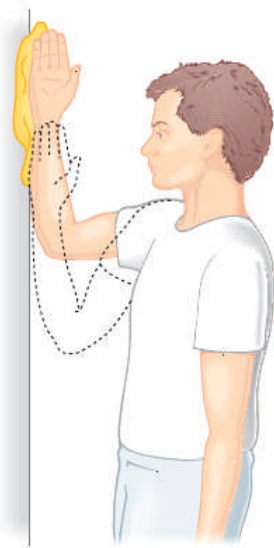
Lie on your back
Place your hands behind
your head
Gently let the elbows down
aiming to touch the bed



Stand against a wall on lie
on the floor
Raise the operated elbow to
chin height
Use the non operated arm
to pull the elbow across the
body
Try not to twist your body



Let the arm hang down
Swing forwards and backwards
Swing in circles to the left and
right
As it becomes easier lean
further forward



Stand facing the wall
Place a duster or cloth between
hand and wall
Gently slide the hand up the
wall and back down
Try to keep your shoulder
down as you do this



Hold the operated wrist
with the other hand
Gently lift the arm up
behind the back



Hold a towel in both hands
with the operated hand at
waist level
Gently pull the towel up
with the other hand, pulling
the operated arm up behind
the back



Try to set up a pulley
This can be purchased as a kit
or can be made over a door or
banister
Sit or stand
Use the non-operated arm to
pull the operated arm up
Try not to twist your body