

Patient information

Arthroscopic Subacromial Decompression

Therapies Department

You have been given this leaflet because your surgeon thinks that you will benefit from this operation. The aim of this operation is to reduce your pain and so improve your function.

What is subacromial decompression?

The picture shows a shoulder, which includes the glenohumeral (shoulder, ball, and socket joint). The acromion and the end of the clavicle form a bony arch over the top of the humerus (shoulder). The space under the acromion is called the subacromial space.

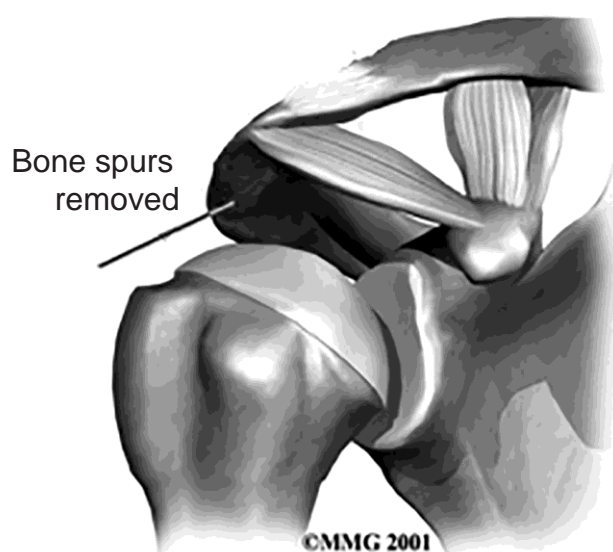
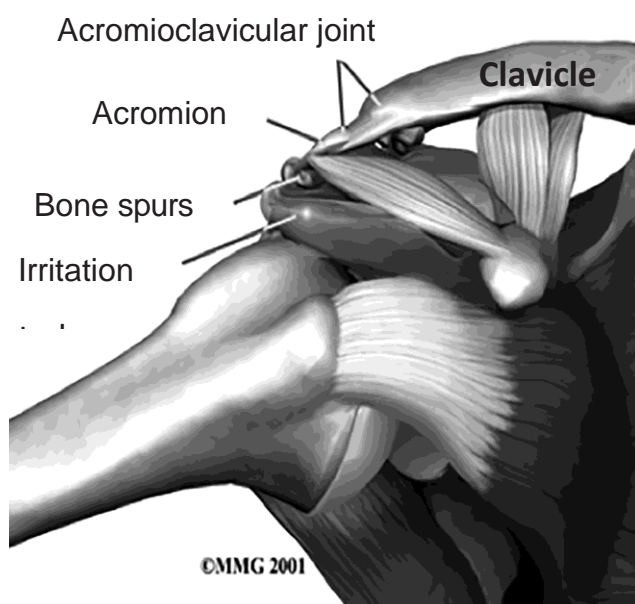


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The structures within the space include the bursa (a lubricating structure) and the tendons of the rotator cuff muscles. Subacromial impingement occurs when structural changes occur that decrease the size of this space. These can be bony changes either on the under surface of the acromion or the acromioclavicular joint.

There can also be inflammation in the bursa, which often becomes thickened. The rotator cuff tendons, particularly the supraspinatus muscle, can become worn and painful.

Possible associated procedures

During your operation your surgeon will use a tiny camera to look inside your shoulder for other areas of damage. It may be necessary to do an additional procedure at the same time.

These include:

- Rotator cuff repair. For more information, please ask for a copy of PI 1575' Rotator Cuff Repair'.
- Acromioclavicular joint excision. For more information, please ask for a copy PI 1547 'Excision of the Acromioclavicular (AC) Joint'.
- Excision lateral end of clavicle.
- Biceps tenotomy with or without tenodesis (cutting of the biceps tendon with or without fixing in place in the shoulder joint).

What are the benefits of surgery?

The operation aims to increase the size of the subacromial space and reduce the pressure on the muscles and tendons. It involves shaving away the bone spur on the acromion and trimming the bursa.

What are the risks of having subacromial decompression?

All operations involve an element of risk, these are very small, but you need to be aware of them and can discuss them with your doctor at any time.

The risks are:

Common

- Short term stiffness and swelling.
- Asymmetrical appearance of biceps.
- Mild bleeding or leakage of blood-stained fluid for a few hours post-surgery.

Unusual (less than one in ten)

- Wound Infection.
- Failure to resolve symptoms.
- Recurrence.

Rare (less than one in 100)

- Chronic regional pain syndrome (an abnormal reaction to surgery or trauma resulting in unexpected levels of pain, sensitivity stiffness and swelling).

- Persistent stiffness.
- Nerve injury.
- Deep infection.
- Bleeding requiring additional treatment.
- Deep vein thrombosis/pulmonary embolism (blood clot in legs/lungs).

If you suffer a sudden increase in pain, onset of pins and needles and/or numbness or start to feel unwell and hot you must be reviewed by either your Consultant, GP or you must attend your local NHS Walk-in Centre at the earliest opportunity.

Alternatives

You are having this surgery because other treatment options such as physiotherapy and injection have been unsuccessful.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications.

Side effects are common, but are usually short-lived: they include nausea, confusion, and pain. Complications are very rare but can cause lasting injury: they include awareness under anaesthesia, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your consultant or a member of their team.

Getting ready for your operation

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, a chest X-ray, and sometimes a heart trace. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have. You will be given instructions on eating and drinking.

You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 am and 4.30 pm Monday to Friday. Therefore, if you are discharged outside these times, we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain bands can be worn but they will be taped.
- Please leave body piercings at home. Acrylic nails and nail polish will also need to be removed.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to take a shower and put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the waiting area, a theatre nurse will check your details with you. You will then be asked to put on a disposable hat. The ward nurse will then leave you and you will then be taken to the anaesthetic room.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly. It is important that if you feel any pain, you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick, we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going home

You may be discharged home the same day as your operation. Occasionally you may be kept in hospital overnight.

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days after having an operation.

Your shoulder is likely to be uncomfortable in the first few days post- surgery. This is normal.

You may not feel there is a significant improvement in your pre-operative pain until a few weeks after surgery.

Discharge information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

Your wound must remain covered with dressings for the first 10-14 days after your operation. You shouldn't have any sutures (stitches) in that need removing; rarely an internal suture may need trimming - this can be done during your outpatient appointment. If you have any concerns with your wounds, please discuss with your physiotherapist or GP/practice nurse. Your shoulder is likely to be uncomfortable in the first few days post-surgery.

Getting back to normal – How you can help yourself to recover.

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days after having an operation.

Your shoulder is likely to be uncomfortable in the first few days post-surgery. This is normal. However, this should start to improve within the first two weeks after surgery.

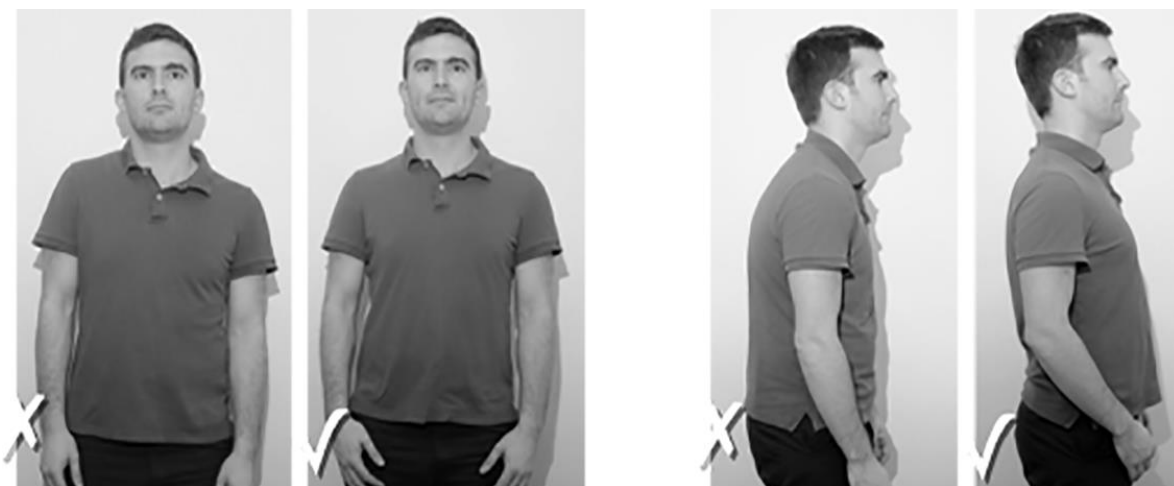
There are several things you can do to aid your recovery and help settle any post- operative pain.

- Using ice on your shoulder for 15 minutes, twice a day or after exercise and therapy. Gel packs, frozen peas or a plastic pack of ice can be used. These must be wrapped in a damp towel as direct contact with the skin can cause burns (cover your dressings with cling film or a plastic bag to prevent them getting wet).
- Sleeping can be uncomfortable if you try and lie on your operated arm. We would recommend that initially you lie on your back or on the opposite side.

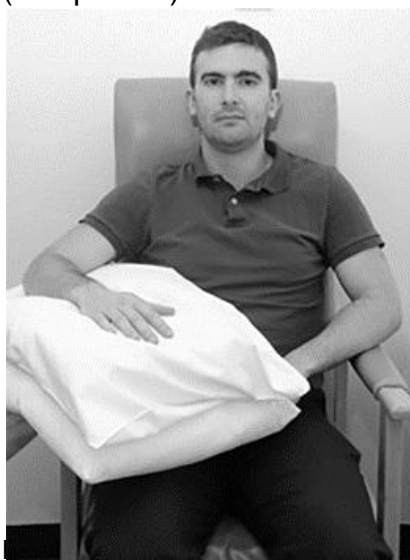


Make sure that your elbow is above your shoulder. If you are on your side, then a folded pillow supports your operated arm from your elbow to your wrist.

Posture can make an important difference to your pain after surgery. Avoid 'hitching' your shoulder or holding it in a raised position. Also try to avoid slumping or standing/sitting with round shoulders.



In the first few days after surgery, you will find it helps to support your arm on pillows with your elbow in front of your shoulder and slightly out to the side when you are sitting down (see picture).



The best pain relief is usually achieved within six months after surgery (in up to 90% of patients according to the research) however there can be continued improvement for up to one year.

How long do I need to wear the sling?

Your sling is for comfort only and should be discarded as soon as possible – usually within the first two to four days. You may find it useful to continue to wear the sling at night for a little longer if the shoulder feels uncomfortable. In the first few days after surgery, it is generally recommended you wear the sling if you are going out to protect your arm.

How long will it take me to recover?

It can take up to four weeks after surgery for your pain to start to improve. Patients having this procedure will usually regain functional range of movement by eight to twelve weeks.

What is the long-term prognosis?

You will continue to improve up to two years following the operation, but from six months these improvements are usually much slower. Everybody is individual and makes progress at slightly different rates, but overall, more than eighty percent of patients get a satisfactory result in the first six months.

Returning to work

Return to work is dependant on the nature of your work and how quickly your pain settles.

The following are guidelines only:

- Sedentary work – as soon as you feel comfortable, usually one week.
- Light manual work – usually around three weeks.
- Heavy manual work – six weeks.

Driving and leisure activities

You can usually begin driving one to two weeks after your operation if you feel comfortable and have good range of movement. It is suggested that you check you can safely do a three-point turn and an emergency stop before your return to driving. Check you can manage all the controls and start with short journeys.

We advise you to check this with your doctor or physiotherapist if you are unsure. It is important to tell your insurance company that you have had shoulder surgery.

For particular guidance regarding sport or DIY please speak to your physiotherapist.

Further appointments - when will you back to see the doctor?

You will be seen in outpatient clinic approximately six weeks after your surgery. This appointment will be made and given to you before you are discharged from hospital.

Physiotherapy appointments - how often will I have to attend?

It is essential to your recovery to attend physiotherapy as directed by your physiotherapist.

You have an important part to play in your own recovery and therefore will be expected to follow your home exercise programme as instructed.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Specific Notes for You

Further Information:

For further information please contact relevant hospital below

Royal and Broadgreen Hospitals

Telephone: 0151 706 2760

Textphone number: 18001 0151 706 2760

Aintree Hospital

Telephone: 0151 529 3335

Textphone number: 18001 0151 529 3335

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