



Shoulder Subacromial decompression

Patient information about the surgery and postoperative care

About the sub-acromial decompression

The surgery is done by keyhole (arthroscopy). Sub-acromial decompression involves releasing the ligament from the front of the acromion and trimming off the under surface of the acromion bone.

This allows more room for the tendon of the rotator cuff to move and the blood released from trimming the bone will rejuvenate the degenerated tendon.

Success following this operation depends upon the ability of muscle to heal and you complying with the physiotherapy.

Are there any risks?

These are very rare but still can happen;

- a) **Anaesthetic** complications; such as sickness, nausea or rarely cardiac, respiratory or neurological complications. (Less than 1%)
- b) **Infection**. These are usually superficial wound problems. Deep infection may occur in Less than 2% of cases.
- c) Persistent **pain** and/or **stiffness** of the shoulder. 15–20% of patients will still have symptoms after the operation.
- d) **Nerves** and **blood vessels** damage around the shoulder. (Less than 1%)
- e) Need to **redo the surgery** (revision). In less than 5% of cases, further surgery may be needed within 10-15 years.

Questions often asked

Will it be painful?

You will only have two or three small scars, however this procedure can be painful.

Before the operation you may be given a nerve block to reduce pain following surgery. This is done by injecting local anaesthetic around the nerves in your shoulder under ultrasound guidance.

This means that you **will not have any feeling or movement in your arm** when you awake from the anaesthetic. This may last several hours (at least 5-6 hours depending on the type and strength of anaesthetic drugs given). When you **begin** to feel the sensation returning (often a 'pins and needles' feeling), you should start taking the pain killers that you have been given. It is recommended that you take pain medication before full sensation returns. Use medication regularly to begin with, to keep the pain under control. Take care of your arm whilst it is numb. You could injure it because you are unable to feel it. Keep your arm away from sources of heat and cold.

Wearing a sling

The sling is for comfort only. You can take it on and off as you wish. You do not need to have your arm strapped to your body. Normally the sling is discarded after a few days.

You may find it helpful to wear the sling at night, with or without the body strap for the first few nights.

Exercise and physiotherapy

You will be shown exercises by the physiotherapist or the staff prior to your discharge from the ward and you will need to continue with the exercises once you go home. They aim to stop your shoulder getting stiff and to strengthen the muscles around your shoulder. **I do believe that doing your exercises regularly is key to the success of the operation. It is also important not to do more than recommended by the physiotherapists to avoid inflaming the shoulder.**

Usually an outpatient appointment for physiotherapy will be arranged for you in 2 weeks time.

Wound care

You will not have any stitches, only small sticking plaster strips over two or three small wounds, unless more extensive surgery has been done. Keep the wounds dry until they are healed, which is normally within 5-7 days. Usually the dressings will be removed at between 10-14 days at your clinic appointment.

Are there things that I should avoid?

- a) There are no restrictions (other than the pain) to movement in any direction. **Do not be frightened to start moving the arm as much as you can.** Gradually the movements will become less painful.
- b) **Avoid** heavy lifting for 6 weeks.

- c) Activities at or above shoulder height stress the area that has been operated on. Do not do these activities unnecessarily.

How am I likely to progress?

The level of discomfort from the operation will go down over the first few weeks. You should be able to move your arm comfortably below shoulder height by 2–4 weeks and above shoulder height by 6 weeks.

Normally the operation is done to relieve pain from your shoulder and this usually happens within 6 months (80%–90% of patients). However, there may be improvements for up to 9 months to a year.

Return to work

This will depend on the type of work you do and the extent of the surgery. If you have a job involving arm movements close to your body you may be able to return within a week. Most people return within a month of the operation but if you have a job that involve heavy lifting or sustained overhead arm movements you may require a longer period of rehabilitation.

When can I go back to sports and DIY?

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your shoulder. I would say 2 months after surgery is optimal. However, be aware that sustained or powerful overhead movements (e.g. trimming a hedge, some DIY, racket sports etc.) will put stress on the sub-acromial area and may take longer to become comfortable.

Driving after surgery

This normally is within a week or two. Check you can manage all the controls and it is advisable to start with short journeys. Check your insurance policy. You may need to inform the insurance company of your operation.