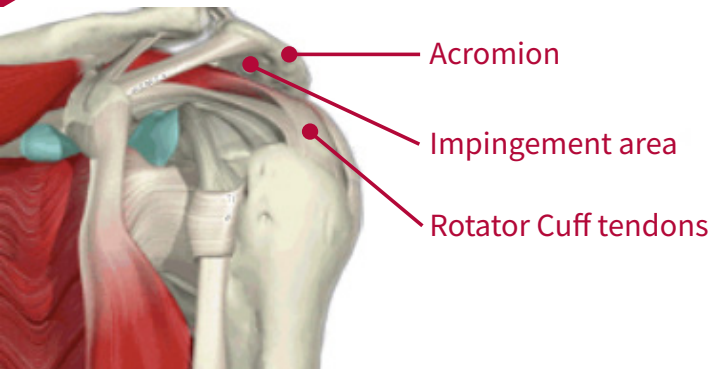
# INTRODUCTION

The subacromial area lies between the top of the rotator cuff tendons at the top of the arm bone (humerus) and a bony prominence on the shoulder blade (acromion). Subacromial impingement develops if either the rotator cuff is injured or a bone spur is present under the acromion. The rotator cuff and acromion will then rub against one another, causing a painful condition known as impingement. Each time the arm is raised there is friction between the tendons and the acromium, which may cause pain and inflammation. Impingement may become a serious problem for some people and disturb their normal activities. This is when treatment is needed. Most patients will have tried physiotherapy, anti-inflammatory medication and steroid injections prior to surgical intervention. The keyhole surgery aims to increase the size of the subacromial area and reduce the pressure on the rotator cuff tendon. It involves a thorough arthroscopic examination of the complete joint followed by shaving away part of the acromion bone using special arthroscopic instruments to increase the space. Some patients also have symptoms related to the small joint between the clavicle (collar bone) and the acromion (AC Joint) and this is also removed at the same time (AC joint excision arthroplasty).




ARTHROSCOPIC SUBACROMIAL DECOMPRESSION

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# RISKS

The surgery is performed under general anaesthetic. There is a small risk (<1%) of damage to nerves or blood vessels or infection. The surgery is successful in approximately 90% of patients. A small proportion of patients (<5%) develop prolonged stiffness (reduced movement) of the shoulder following the procedure. As with any surgery there is also a small proportion of patients who fail to derive benefit from the surgery or require futher procedures such as a repair of the injured rotator cuff tendon.

# IMMEDIATE POST-OPERATIVE PERIOD

The operative area is filled with long acting local anaesthetic. After this the shoulder may well be sore and you will be given painkillers to help this whilst in hospital. These can be continued after you are discharged home. Ice packs may also help reduce pain. Wrap frozen peas or crushed ice in a damp, cold cloth and place on the shoulder for up to 15 minutes. The surgery is performed by filling the shoulder with fluid and using special arthroscopic (keyhole) instruments. The fluid gradually is absorbed by the body and the normal post-operative swelling resolves over 2-3 days. Pain medication will be prescribed and should be taken for as long as pain persists.

# WEARING A SLING

You will return from theatre wearing a sling. This is for comfort only and should be discarded as soon as possible (usually within the first 3 to 4 days). Some people find it helpful to continue to wear the sling at night for a little longer if the shoulder feels tender.

# THE WOUND

This is a keyhole operation usually done through two or three 5mm puncture wounds. There will be no stitches only small sticking plaster strips over the wounds. These should be kept dry until healed. This usually takes 5 to 7 days.

# EXERCISES

After leaving hospital you should exercise the arm frequently throughout the day. The arm may feel sore whilst you are doing the exercises but there should be no intense or lasting pain. Aim for four exercise sessions per day. It is important initially to concentrate on gentle range of motion rather than strengthening.

# DRIVING

You may begin driving when you feel comfortable commonly at around one week following surgery.

# RETURNING TO WORK

This will depend on your occupation. If you are in a sedentary job you may return as soon as you feel able usually after one week. If your job involves heavy lifting or using your arm above shoulder height you may require a longer period of absence typically 6 -8 weeks.

# FOLLOW UP APPOINTMENT

A follow up appointment for around three weeks after your surgery. At this stage the operative findings will be reviewed and the range of motion will be assessed. Most patients can continue a home exercise program and will not need to attend a physiotherapist. If there is less then 80% of the range of motion physiotherapy will be advised.

# PROGRESSION

This is variable. However experience shows us that by 3 weeks movement below shoulder height becomes more comfortable. By this stage you should have almost full range of movement although there will probably be discomfort when moving the arm above the head. At three months after your surgery your symptoms should be approximately 80% better and you will continue to improve for up to a year following the procedure. Occasionally a further steroid injection may be necessary after a number of months if symptoms persist.

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