Subacromial Decompression Surgery

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Subacromial Decompression Surgery

This leaflet aims to help you gain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at North Bristol NHS Trust. Each person’s operation is individual and you may be given specific instructions that are not contained in this leaflet.

The shoulder

The shoulder is a ball and socket joint with a ligament above it. This forms an arch, which is called the subacromial space. The ligament attaches to bony prominences (the ‘acromion’ and coracoid’) on your shoulder blade.

The shoulder joint is surrounded by a deep layer of tendons (the rotator cuff) that pass under the arch (see diagram below). One of these tendons (supraspinatus) commonly becomes worn and painful. It may swell and rub on the bone and ligament above. The bone may then respond to the rubbing and form a spur (a bony outgrowth).

The left shoulder, viewed from the back

![Diagram of the shoulder joint showing the arch, supraspinatus, and arm bone.]
Subacromial impingement

Certain movements of the arm reduce the space under the arch. This may occur when you use or move your arm at shoulder height causing ‘pinching’ of the tissues within the subacromial space.

The rubbing causes further swelling of the tendon on the acromion bone. This is a vicious cycle. This condition is known as a subacromial impingement.

If the cycle of rubbing and swelling is not broken by time, rest, physiotherapy and/ or cortisone injections, then surgery may be an option.

About Your Sub acromial decompression operation

The operation is commonly performed as keyhole surgery (‘arthroscopy’) but can also be performed as an open procedure.

A subacromial decompression involves releasing the ligament from the front of the acromion and trimming off the under surface of the acromion bone. This increases the space under the arch allowing the tendon to move more freely and thus break the cycle of rubbing and swelling.
What are the risks?

All operations involve an element of risk. Sub-acromial decompression includes:

- Minor complications relating to the anaesthetic such as sickness and nausea are relatively common. Cardiac, respiratory or neurological problems are much more rare. (Less than 1 in 1,000 people.)

- **Infection.** These are usually superficial wound problems. Occasionally, deep infection may occur many months after the operation. (Less than 1 in 100 people.)

- Persistent pain and/or stiffness in/around the shoulder. (5-20 out of 100 patients will still have symptoms after the operation).

- Damage to the nerves and blood vessels around the shoulder. (Less than 1 in 100 people.)

- A need to re-do the surgery is rare. Further surgery is needed within 10 years in less than 5 out of 100 cases,

Please discuss these issues with the doctors if you would like further information.
Frequently asked questions

Will it be painful?

Although you will only have small scars, this procedure can be painful due to the surgery performed inside your shoulder. Usually, the Consultant will place local anaesthetic into the shoulder joint, so that the pain is eased when you wake up.

You will be given painkillers (either as tablets or injections) to help reduce the discomfort whilst you are in hospital. A 1-week prescription for continued pain medication will be given to you for your discharge home. Keep the pain under control by using medication regularly at first. It is important to keep the pain to a minimum, as this will enable you to move the shoulder joint and begin the exercises you will be given by the physiotherapist. If you require further medication after these are finished, please visit your General Practitioner (GP).

You may find ice packs over the area helpful (CSP, 1998). Use a packet of frozen peas, placing a damp towel between your skin and the ice pack. Use a waterproof dressing until the wound is healed, to prevent it getting wet. Leave the ice pack on for up to 20 minutes and you can repeat this several times a day.

Do I need to wear a sling?

A sling is for comfort only. If you are given one following your surgery you can take it on and off as you wish. You do not need to wear the body strap, this can be discarded.
What position should I sleep in?

If you are lying on your back to sleep, you may find placing a thin pillow or small rolled towel under your upper arm comfortable. If you sleep on your side, then resting your arm on a pillow in front of you can help (see diagram).

Do I need to do exercises?

Yes, you will be shown exercises by the physiotherapist on the ward and you will need to continue with them once you go home. They aim to stop your shoulder getting stiff and to strengthen the muscles around your shoulder (Brox et al. 1999). Do short, frequent sessions (e.g. 5-10 minutes, 4 times a day) rather than one long session.

It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. It is important to keep the pain to a minimum to enable to you to move the shoulder joint and begin the exercises you will be given by the physiotherapist. If necessary, use painkillers and/or ice packs to reduce the pain after you exercise. Intense and lasting pain (e.g. more than 30 minutes) means you should change the exercise by doing it less forcefully or less often.

Continue to do these exercises until you get the movement back or you see the physiotherapist. An outpatient appointment for physiotherapy will be arranged for you in approximately 2 weeks time.
What do I do about the wound?

Your wound will have a showerproof dressing on when you are discharged. You may need to have the wound and dressing checked at your GP practice the day after your discharge, the nurses will discuss this with you if it is necessary. You may shower or wash with the dressing in place, but do not run the shower directly over the operated shoulder, or soak it in the bath. Pat the area dry, do not rub. You can use icepacks while the dressing is in place, but cover the wound and dressing with cling film or a plastic bag. The stitches/ clips will need to be removed at your GP practice. The nursing staff will advise you when this can happen; it is usually between 10 – 14 days after your operation. Avoid using spray deodorant, talcum powder or perfumes on or near the wound until it is fully healed. Please discuss any queries you may have with the nurses on the ward.

When do I return to the outpatient clinic?

This is usually arranged for approximately 6-12 weeks after your operation to check on your progress. Please discuss any queries or worries you may have when you are at the clinic. Further clinic appointments are made after this as necessary.
Are there things that I should avoid?

- There are no restrictions to movement in any direction. Do not be frightened to start moving the arm as much as you can. You may experience some pain on movement. Gradually, the movements will become less painful.

- Avoid heavy lifting for at least 3 weeks. You may gradually return to these activities if your pain is under control.

- Be aware that activities at or above shoulder height stress the area that has been operated on. Do not do these activities unnecessarily. Try and keep your arm out of positions that increase the pain.

How am I likely to progress?

The discomfort from the operation will gradually lessen 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 performed to relieve pain from your shoulder and this usually happens within 6 months of the surgery (Wilk & Andrews 1993). There may be improvements for up to 1 year.

When can I drive?

You cannot drive while you are wearing the sling after that time period, the law states that you should be in complete control of your car at all times. It is your responsibility to ensure this and to inform your insurance company about your surgery.
When can I 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 heavy lifting job or one with sustained overhead arm movements you may require a longer period of rehabilitation. Please discuss this further with the doctors or physiotherapist if you feel unsure.

When can I participate in my leisure activities?

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your shoulder. **Nothing is forbidden**, but it is best to start with short sessions involving little effort and then gradually increase the effort or time for the activity. Sustained or powerful overhead movements (e.g. trimming a hedge, some DIY, racket sports etc.) will put stress on the subacromial area and it may take longer to become comfortable. Discuss this with your physiotherapist.
References and Further Information


Guidelines for the management of soft tissue (musculoskeletal) injury with Protection, Rest, Ice, Compression and Elevation (PRICE) during the first 72 hours. ACPSM CSP 1998.


www.theupperlimb.co.uk
www.Shoulderdoc.co.uk
www.noc.nhs.uk/shoulderandelbow

This is based upon information originally produced by Jane Moser (Clinical Physiotherapy Specialist) and Professor Andrew Carr (Consultant Orthopaedic Surgeon) for The Nuffield Orthopaedic Centre, Oxford.

Help and feedback was given from people who have had subacromial decompression surgery.
NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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