

Patient Information

Arthroscopic Subacromial Decompression

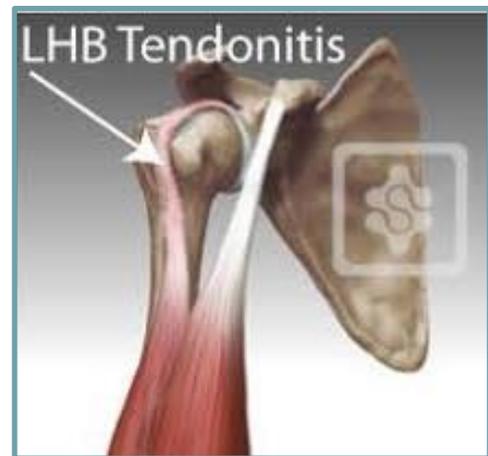
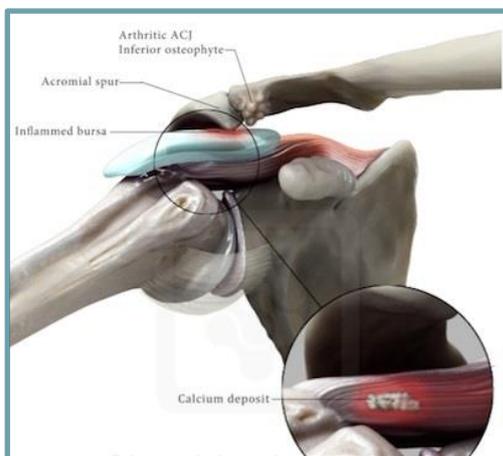
And acromioclavicular joint excision, excision calcific deposit, long head of biceps tenotomy

KEY POINTS

- Nearly all are done as day case surgery (home the same day)
- You will have a general anaesthetic (you will be asleep)
- You will not need a sling beyond 1 to 2 days
- Most people are driving within 1 to 2 weeks
- Most people return to work once they can drive although it may be considerably longer if you are a manual worker
- You can return to sport as soon as you feel able to do so
- This is a safe, reliable and effective operation for 90% of people
- This is not a quick fix operation. Symptoms may take weeks or months to improve

About your operation

The operation is done by keyhole surgery ('arthroscopy'). You will have a full general anaesthetic, i.e. you will be asleep. Two or three 5mm puncture wounds are made around the shoulder to allow entry of the arthroscopic instruments; one of these is a camera, which allows the surgeon to thoroughly inspect the inside of the shoulder joint. A burr is used in the shoulder to shave away bone spurs and, if necessary, to clear the acromioclavicular joint. Occasionally it might be necessary to scoop out any calcific deposit or even to cut the biceps tendon (LHB tenotomy). All these procedures are performed in order to relieve pain.



What are the risks?

All operations involve an element of risk. Generally this is a very safe operation:

- Stiffness of the shoulder. 5-10% of patients will develop stiffness. This is a self limiting complication which will improve with time and physiotherapy.
- Incomplete cure. 5-10% of patients will still have some symptoms after the operation
- Infection. This is a rare complication (rare; less than 1%).
- Popeye sign. If the biceps tendon has been cut then the biceps muscle will bulge abnormally (popeye sign) but will remain strong and work normally.
- Complications relating to the anaesthetic, such as sickness, nausea or rarely cardiac, respiratory or neurological (less than 1% each, i.e. less than one person out of one hundred).

What are the alternatives?

Not all these options are appropriate for all people:

- Modifying activity and sport to avoid the pain
- Taking painkillers and/or anti-inflammatory tablets
- Cortisone injections
- Physiotherapy and other allied specialities such as acupuncture and osteopathy

Will it be painful?

This procedure can be painful, particularly in the first couple of weeks. You will be given tablets to take home with you. It is important you take them as soon as you start to feel the pain, to allow you to keep your shoulder moving. Careful use of icepacks can also be helpful.

Do I need to wear a sling?

You will be given a sling to wear home. This is for your comfort only and you are encouraged to discard it as soon as possible. As early as the same evening or the day after surgery. You may find using a small pillow under your arm at night is the most comfortable.

When can I go home?

You can go home on the same day.

Do I need to do exercises?

Yes. You will be shown exercises by a physiotherapist before you leave hospital. The exercises aim to stop your shoulder getting stiff and build strength in the muscles around your shoulder.

What do I do about the wound?

You will not have any stitches, only small dressings over two or three small wounds. Keep the wounds dry until they are healed, which is normally within 5 to 7 days.

Are there things that I should avoid?

Not really. The worst that can happen is to cause yourself pain. Avoid heavy lifting for the first few weeks. Do not be frightened to start moving the arm as much as you can. Gradually, the movements will become less painful.

When can I drive?

You can drive as soon as you feel able to comfortably control the vehicle. This is normally between one and two weeks. It is advisable to start with short journeys. It is illegal to drive while wearing your sling.

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 2 weeks of the operation but if you have a heavy lifting job or one with sustained overhead arm movement you may require a longer period of rehabilitation.

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.

How am I likely to progress?

It is important to recognise that improvement is slow and that this is not a quick fix operation. By 3 weeks after operation you will not have noticed much improvement and it is common for people to wonder whether they made the right decision about having the operation done! However, you should have recovered nearly full movement. Getting your hand up your back usually takes a little longer. By 3 months after the operation most people are delighted and have noticed a great improvement in their symptoms. Everything continues to improve slowly and by 9 to 12 months after the operation your shoulder should be back to normal.

CONTACT US

Private Patients

Tel: 0203 897 0663

Email: brownlow.pa@med-services.co.uk

NHS Patients

Tel: 0118 922 0008

Email: tracey.sandland@circlereading.co.uk

www.berkshireshoulders.co.uk