

Patient information

Subacromial Decompression

You will be admitted for surgery to your shoulder as a result of a subacromial impingement syndrome.

The subacromial impingement syndrome is a condition where one of the rotator muscles running over the shoulder joint is trapped between the shoulder blade and the shoulder joint. As a result of this, you may be experiencing pain particularly on overhead activities but also when reaching behind your body. Night-time pain is common. The condition arises from natural wear and tear (degeneration) of the rotator cuff. Normally non-operative treatment (anti-inflammatory tablets, physiotherapy, avoidance of specific activities, steroid injections) is successful but should this not be the case surgery may be required.

Surgery

Surgery is either performed under general anaesthetic or under sedation along with a nerve block of the area. Your anaesthetist will advise you about the most appropriate anaesthetic.

Surgery is normally performed as a keyhole procedure (arthroscopic). The keyhole procedure involves making between 2-3 stab wounds around the shoulder.

During the keyhole procedure a camera is inserted through the back of the joint and a shaving device is inserted through one or two other portals (stab wounds).

The scar tissue above the irritated muscle is removed and the under surface of the bone pressing on the muscle is likewise trimmed. If the joint between the collar bone and the shoulder bone (acromioclavicular joint) should be found to be worn this may be trimmed at the same sitting.

Occasionally it may be appropriate to change from a keyhole procedure to an open procedure during the operation. This would be where a large muscle tear is encountered in which case an open repair of the muscle tear may be appropriate.

Post-operative Care

Most patients are discharged home on the day of surgery.

If surgery has been performed using a nerve block the operated area is usually numb for 12-18 hours after surgery.

After the operation your arm will be immobilised in a sling for comfort. The sling can be discarded as soon as you have regained muscle control of your arm after the nerve block has worn off. During the night-time you may find it comfortable to wear the sling with a tee-shirt over the operated shoulder. During the day-time it would be advisable to use the sling when outdoors in order to protect your shoulder for 2-3 days.

As this is a keyhole procedure dissolvable sutures are used to close the wounds. These sutures do not require removal. The wounds will close up within 6-8 days of the operation. Where an open procedure has been performed the wound is closed with a suture which needs to be removed after 10-12 days.

Occasionally the dissolvable suture is prominent in the wound. If this is the case you or your partner may cut the prominent suture with a sharp pair of clean scissors or you can have the suture trimmed by your practice nurse. In most cases the prominent suture will fall out itself once the deeper suture has dissolved.

Rehabilitation

You can start moving your arm and shoulder as soon as the nerve block has worn off (if you have had one) and you have regained function in your arm. You can use your arm for normal activities during the day as comfortable.

You should start the following exercises within 24 hours. They should be practiced 3-4 times a day.

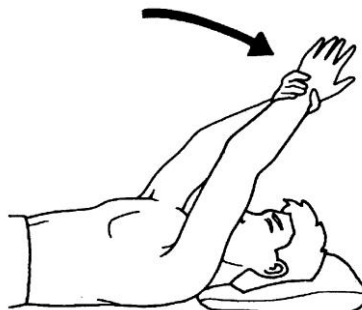


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Bend elbow towards shoulder and straighten out fully.

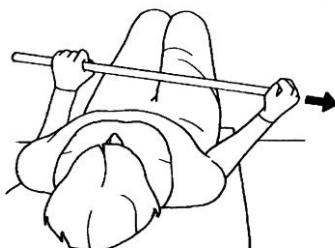
Repeat 10 times.

Use your hand and wrist normally – move forwards and backwards, and in a circular motion to prevent stiffness.



Lying on your back with elbows straight. Use the un-operated arm to lift the operated up, keeping it as close to the ear as possible.

Repeat 10 times.



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In lying or sitting holding a stick. Keep the elbow of the operated arm into the side and use the stick to push your operated arm out to the side keeping your elbow against the body.

Repeat 10 times.



Sit or stand.

Roll your shoulders in both directions.

Repeat 10 times.

If you have any questions about the exercises, please speak to your physiotherapist or the West Suffolk Hospital Physiotherapy Department on 01284 713300.

You will be referred for outpatient physiotherapy which will take place in the community at a location near to you.

Following keyhole surgery you may return to driving once your shoulder is comfortable, normally within 2-3 weeks. Following open surgery it may take slightly longer.

Outcome

In general, 30-40% of patients experience improvement to their symptoms at approximately three months following surgery and between 80-90% have full or significant symptomatic recovery within six months of surgery.

You may continue to experience discomfort from your shoulder during certain activities (such as reaching behind you or reaching above shoulder height). This discomfort may continue for three to six months following surgery but in the majority of cases it will settle down.

Orthopaedic Follow Up

Prior to the surgery we will have assessed your shoulder function with the Oxford Shoulder Score. Six weeks, three months and six months after surgery we will send you scoring sheets and stamped addressed envelopes for you to complete. Please send these sheets back to the hospital so that we can monitor your progress.

In order to minimise the inconvenience to you, wherever possible we do not ask you to come back for a clinical assessment but instead rely on assessing you 'remotely' with the Oxford shoulder score via the completed questionnaires. It is however very important that you do contact us if there are problems with your shoulder and likewise we will contact you if the shoulder score should reveal slower progress than expected.

If you should have any worries with regard to your progress, or other matters in connection with surgery, our Specialist Nurse Practitioner will be happy to discuss this with you over the telephone or will be happy to arrange an outpatient appointment to see me or my team in the outpatient clinic.

Please contact Specialist Nurse Practitioner, Donna Taylor, by telephone on 01284 713924. This phone is normally answered during day-time hours, 8am to 5:00pm, or you can leave a message on the answering machine and your phone call will be returned on the same day or if after hours, the following morning.

Complications

Wound seepage: At the keyhole procedure a large amount of water is used to wash through the shoulder joint during the procedure. As a result of this seepage from the

wounds may be seen for the first 2-3 days following surgery. This is to be expected and should not cause any anxiety.

An occlusive waterproof dressing is used over the wounds in which case you can have a bath or shower immediately post-operatively. The dressings over the shoulder should be left intact for 1 week. If the wounds are dry by then you can have a bath or shower.

Infections: Infections are very rarely seen following surgery. As stated above a leakage of the wound is very common but it is very rare that an infection occurs. If the wound should become tender, red, swollen or leaking pus, you should contact your GP or the orthopaedic ward for advice.

Post operative bleeding: Occasionally a small bleed may be seen following surgery. This is rare and normally can be treated by applying pressure to the bandage covering the wound. If the bleeding should continue you should contact the orthopaedic department.

Pain: The keyhole procedure and the open procedure will both be associated with some post-operative discomfort. You should take painkillers as prescribed your surgeon. If pain and discomfort is still felt you can apply an ice bag to your shoulder. If further pain relief is required, you should contact your General Practitioner or the Orthopaedic Department.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>