the LONDON SHOULDER PARTNERSHIP

Patient Information

SHOULDER ARTHROSCOPY
&
SUBACROMIAL DECOMPRESSION

Mr. T.D.Tennent FRCS(Orth), Mr E.O.Pearse FRCS(Orth)

This information booklet has been produced to help you obtain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at the orthopaedic clinic. Individual variations requiring specific instructions not mentioned here may be required.

If your wound changes appearance, weeps fluid or pus, or you feel unwell with a high temperature, during office hours please contact our PA. Alternatively contact the hospital where you had your operation in the first instance.

Who to contact if you are worried or require further information.
Main switchboard: 0203 318 5775
Mr Tennent's PA: 07702 641031
Mr Pearse's PA: 0207 881 4134

We would like to thank the Nuffield Orthopaedic Centre (Upper Limb Clinic) for allowing us to reproduce some of the information contained in this booklet

What happens in subacromial impingement

This is a common cause of acute and chronic shoulder pain in patients over 40 years of age. In this condition, the rotator cuff tendon and the surrounding bursa becomes pinched under the acromion when the arm is elevated above 90 degrees. Pain is typically described as being over the lateral aspect of the arm but difficult to pinpoint. The pain is usually worse with overhead activity and reaching behind the back. In the majority of cases, this condition usually resolves with a period of rest, physiotherapy and / or cortisone injections. About 40% of patients will fail to improve with nonoperative treatment and surgery may be required. Patients under 25 years of age rarely have the compressive rotator cuff disease typically seen in older patients. In these younger patients underlying muscular weakness & imbalance, poor mechanics and glenohumeral instability (secondary impingement) should be identified and treated.

Treatment Options

The initial treatment is conservative. The doctor may suggest that you rest and avoid overhead activities. Approximately 60% of patients benefit from 1 or 2 injections of local anaesthetic and a cortisone preparation to the affected area or from a period of physiotherapy. Treatment may take several weeks to months. Many patients experience a gradual improvement and return to function.

When conservative treatment does not relieve pain, surgery may be recommended to remove the impingement and create more space for the rotator cuff.. The most common surgical treatment is arthroscopic subacromial decompression.

Purpose of the operation

To smooth the undersurface of the acromion and remove the shoulder pain.

The procedure

The operation requires a general anaesthetic

An injection into the side of the neck called a scalene block is usually done to help with postoperative pain. This has risks associated with it which the anaesthetist will explain to you.

2 incisions will be made in the shoulder, one at the back and one at the side. Each is less than 1cm long

The incisions will be closed with paper stitches “Steristrips” with a small dressing over the top. A nappy (Pampers, Huggies) will be applied over the top to soak up excess fluid from the surgery (arthroscopy uses a lot of water to irrigate the joint during the procedure).

A sling will be applied before you wake up. This is purely to support the arm for the first few hours after surgery and should be removed as soon as possible.

As result of the scalene block the arm will be numb and “dead” for up to six hours after surgery. This is entirely normal and most people go home with the arm still numb as it makes travel easier. As soon as you feel any pain you should start the painkillers you have been prescribed

What is going to happen?

The day of surgery

You will be asked not to eat or drink anything for 6 hours prior to surgery.
You will be admitted to the hospital a couple of hours before the operation and the nurse will ensure that you are fit and prepared. The surgeon will go over the operation again with you and ask you to sign a consent form (see above for consent). The arm to be operated on will then be marked with an indelible marker.
The anaethetist will then come and discuss the anaesthetic. When it is time for surgery you will be taken on the trolley round to the operating theatre.
After the surgery you will be taken to a recovery ward where the nurses will observe you while you wake up from the anaesthetic. Once you are fully awake you will be taken back to the ward. As soon as you feel comfortable you may go home. You will need to have an adult with you at home as you will still be slightly under the effect of the anesthetic even if you feel fine.

1st Postop week

Leave the dressings alone
Remove the sling as soon as possible and start to use the arm You may shower but do not soak the dressings
Start the exercises as described on the separate sheet
You will be seen in the clinic approximately 3 weeks after surgery when the wounds and the range of motion will be examined and your future care will be explained.

Risks

All surgical procedures have some element of risk attached. The risks outlined below are the most common or most significant that have been reported.

Continued pain: 5%

Sometimes it is not possible to relieve all the pain even if the operation has been performed technically well. Occasionally this is due to regrowth of a small piece of bone within the excised joint. If this occurs then the procedure can be repeated.

Infection: less than 0.1%

If an infection does occur it is usually superficial in the wounds and is easily treated with antibiotics

Rarely the infection can be deep inside the joint and this requires surgery to wash the joint out.

Nerve damage: less than 0.1%

The axillary nerve runs close to the bottom of the joint and, if damaged causes weakness of the deltoid muscle and difficulty in raising the arm.

Stiffness: 1%

The shoulder will often become stiff after surgery and this usually settles with physiotherapy. Rarely the shoulder can become very stiff and require manipulation or

arthroscopic release surgery.

Frequently asked Questions

When can I shower?

Immediately after the surgery

When will I be seen in clinic after the operation?

You will be seen at approximately 3 weeks post surgery. Later appointments will be determined by your progress

When can I drive?

As soon as you feel comfortable. This is usually 2-4 weeks

When can I return to sports?

Most people are able to return to light sports at about 4 weeks. More intense activity (contact sports, weightlifting) may take 6 weeks or more
It may take 6 months or more for all the pain to settle when doing overhead activity (swimming etc)

When can I return to work?

Is the job physical?
Does the job require the operated arm?
Do I drive to get to work?

As a general rule if you can get to work you can resume a sedentary job within the week. Physical jobs will require at least 6-8 weeks.

How will I know if the operation has worked?

It often takes 3 months or more before all of the pain has settled. Nearly all patients are asymptomatic by 6 months