



## Patient Information – Arthroscopic Decompression

### **What are the aims of surgery?**

Arthroscopic subacromial decompression aims to address symptoms of impingement in order to restore shoulder function and relieve pain and discomfort.

### **What needs to be done prior to surgery?**

The decision to have a subacromial decompression should only be made after thorough discussion with your surgeon. You should be satisfied that you have all the information you require in order to make an informed decision and that you are aware of both the potential risks and benefits of the planned procedure. It is important that you fully disclose any health problems you may have had. Some may interfere with surgery, anaesthesia or aftercare. You should inform your surgeon and anaesthetist of previous allergies or reactions to antibiotics, anaesthetics or other medicines and in particular of any problems with prolonged bleeding or excessive bruising. Anti-inflammatories or other drugs which increase bleeding may need to be stopped prior to surgery. You should stop smoking at least two weeks before surgery as smoking increases the risks of surgery and impairs healing. If you decide to have surgery, your surgeon will ask you to sign a consent form. Read it carefully and raise any questions. It may be necessary for additional procedures to be performed at the time of surgery if the arthroscopic findings vary from the imaging studies. As you may need help with your daily activities after the operation you should make the necessary arrangements prior to surgery.

### **What does the operation involve?**

The arthroscopic surgical technique involves making several (usually 2 small incisions less than 1cm long) around the shoulder so that the subacromial space and rotator cuff tendons can be viewed. The procedure is performed using an arthroscope which is a thin instrument attached to a video camera and light source. It allows the operating surgeon to see inside the shoulder joint and perform the procedure while viewing a video monitor. The arthroscope is inserted into the subacromial space. Working through other small incisions, the surgeon uses small instruments to remove inflamed tissues. Small burrs are used to remove any bone spurs that may be pressing on the rotator cuff tendons. The incisions are closed with one or two stitches or small adhesive strips and dressings are applied. Local anaesthetic will usually be injected into the wounds to help with postoperative pain control. After surgery, you will be transferred from the operating theatre to the recovery room where nursing staff will monitor your recovery and administer further pain relief if needed.

### **What happens after the operation?**

Your arm may be in a sling or shoulder immobiliser. This is to protect the shoulder, relieve pain and maintain it in the correct position. You may be able to go home on the day of surgery but occasionally an overnight stay may be required. You will be unable to drive, so should arrange for someone else to drive you home. You will normally have a follow-up visit with your orthopaedic surgeon within the first couple of weeks of surgery. Stitches (if used) are usually removed at this visit.

### **What rehabilitation is needed?**

While the shoulder is healing some pain and discomfort should be expected. You may need to use pain-killers during this period. It may be difficult to perform some day-to-day activities for some weeks following the procedure. Your physiotherapist will design an exercise program for you. This is important to your recovery should begin shortly after surgery. It starts with gentle exercises that gradually help you regain shoulder movement. In



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uncomplicated cases the protective sling can be removed 48 hours after surgery. Your surgeon will advise you about a timescale for return to work and resumption of normal activities. Recovery takes time. It commonly takes several weeks for strength, comfort and full function of your shoulder to return to normal.

### **What are the likely outcomes of surgery?**

In uncomplicated cases a good outcome in terms of pain relief and improved function can be achieved in around 80% of people.

### **What complications are associated with the procedure?**

As with all surgical procedures there are risks associated with the procedure despite the highest standards of practice. Complications can occur that may have permanent effects. It is not possible to outline every possible side effect or rare complication however, it is important that you have enough information about the possible complications of the procedure to fully weigh up the benefits and risks of surgery.

Possible complications of surgery include wound infection (treatment with antibiotics may be needed, and a second or third operation may be needed to treat the infection). Pain, discomfort or bleeding from around the incisions may occur. Most scars fade and flatten, but some may become "keloid" and remain raised, itchy, thick and red. Further treatment may be needed to try to improve the scarring.

In unusual cases, pain may not resolve over the long term. Persistent stiffness of the shoulder joint may require additional treatment. Injury to nerves close to the surgical area can occur. This may require further surgery.