

Shoulder Surgery (Subacromial Decompression)

What is the Acromion?

The acromion is the topmost part of the shoulder blade (scapula) and sits above the rotator cuff.

The rotator cuff consists of four muscles and tendons that help stabilize and move the shoulder joint by attaching the upper arm (humerus) to the acromion.

Common Problems with the Acromion and Rotator Cuff:

- ✓ **Rotator cuff weakness or tears** This can lead to pain, instability, and difficulty moving the shoulder.
- ✓ Impingement Syndrome This occurs when the rotator cuff is squeezed underneath the acromion, causing pain, inflammation, and restricted movement.

What is a Subacromial Decompression?

A subacromial decompression is a surgical procedure in which a portion of the underside of the acromion is shaved off. This creates more space for the rotator cuff to move freely, reducing pain and impingement symptoms.

This procedure is often performed **alongside other surgeries**, particularly those involving the **rotator cuff**.

Your surgeon has recommended **shoulder surgery**, but the decision to proceed is entirely **yours**.

This document provides information about the **benefits and risks** of the procedure to help you make an **informed decision**. If you have any **unanswered questions**, speak with your **surgeon or healthcare team**.

Once you feel comfortable with the information, you will be asked to **sign an informed consent form**. This is the **final step** in the decision-making process, but you may **change your mind at any time before the surgery**.

What Are the Benefits of Surgery?

- ✓ **Reduced pain** The procedure aims to relieve pressure on the **rotator cuff**, leading to **less discomfort**.
- ✓ Improved shoulder function With more space in the joint, you should experience better mobility and easier movement.

Are There Any Alternatives to Surgery?

In many cases, **shoulder impingement or rotator cuff tears** can be managed without surgery.

Non-Surgical Treatment Options:

- ✓ Activity Modification Avoiding movements that worsen symptoms, such as overhead lifting.
- ✓ **Physiotherapy** Strengthening the **surrounding muscles** can improve stability and function.
- ✓ Pain Management Over-the-counter pain relievers, including:
 - Paracetamol
 - Anti-inflammatory medications such as ibuprofen
 Steroid and Local Anaesthetic Injections These may provide temporary pain relief lasting several months, but repeated injections can have side effects.

⚠ Important Note: You should not have a steroid injection within two weeks of receiving a vaccination, as it can reduce your body's ability to produce antibodies.

What Happens If I Decide Not to Have Surgery?

- Your surgeon may recommend **physiotherapy** to help **strengthen the shoulder muscles**.
- Some **cases improve over time**, but if symptoms persist for **a year or more**, the condition is **less likely to resolve on its own**.
- Without treatment, **persistent impingement** may lead to **worsening pain, weakness, and reduced range of motion**.

What Does the Surgery Involve?

Pre-Surgical Assessment

Before surgery, your surgeon may request imaging tests, including:

- ✓ X-rays To evaluate bone structure and detect abnormalities.
- ✓ Ultrasound Scan To assess soft tissue damage.
- ✓ MRI Scan To examine the rotator cuff and surrounding structures.

These results will help **your surgeon plan the most effective surgical approach**.

Surgical Procedure

Pre-Operative Preparation

- The **healthcare team** will perform safety checks to ensure that you are undergoing the **correct procedure** on the **correct side**.
- You can assist by **confirming your name and the planned operation** with your surgeon and healthcare team.

Anaesthesia and Infection Prevention

- The procedure is typically performed under **general anaesthesia**, but alternative anaesthetic techniques may be available.
- Your anaesthetist will discuss the best option for your medical history and condition.
- Local anaesthetic injections may be used to help manage post-operative pain.
- Antibiotics may be administered during surgery to reduce the risk of infection.

Duration of the Surgery

• The procedure typically takes between **45 minutes to one hour**, depending on the complexity of the repair.

Keyhole (Arthroscopic) Surgery

Whenever possible, **keyhole surgery** (arthroscopy) is used, as it is associated with:

- **✓** Less post-operative pain
- **✓** Minimal scarring
- **✓** Faster recovery and return to daily activities

Procedure Steps:

- 1. Small incisions (3-4 small cuts) are made at the front, back, and side of the shoulder.
- 2. **A small telescope (arthroscope)** is inserted through one incision to provide a **clear view inside the shoulder joint**.
- 3. **Specialized surgical instruments** are inserted through the other incisions.
- 4. The surgeon will:
 - Remove any thickened or inflamed tissue
 - Shave down the underside of the acromion, creating more space for the rotator cuff to move freely
 - Repair small tears in the rotator cuff (if necessary)

Closure and Recovery

- Once the procedure is complete, any **incisions will be closed** with **stitches or clips**.
- You will be monitored in a **recovery area** before being discharged.

What Should I Do About My Medication?

Before your surgery, it is essential to inform your **healthcare team** about all medications you take, including:

- ✓ **Blood-thinning medications** (e.g., aspirin, warfarin, clopidogrel)
- **✓** Herbal and complementary remedies
- **✓** Dietary supplements
- ✓ Over-the-counter medications (e.g., ibuprofen, paracetamol)

Your **healthcare team will provide specific instructions** regarding whether any medications should be **stopped or adjusted** before surgery to **reduce the risk of complications**.

How Can I Prepare for the Operation?

Taking **proactive steps** before surgery can **reduce the risk of complications** and improve **your recovery process**.

Lifestyle Modifications:

✓ Stop smoking – Quitting several weeks before surgery reduces the risk of complications and promotes long-term healing.

- ✓ Maintain a healthy weight Being overweight increases surgical risks; weight management may help prevent complications.
- ✓ Engage in regular exercise Staying active can help prepare your body for surgery and support recovery.
 - Before starting any new exercises, consult your healthcare team or GP.

Reducing Infection Risk:

- **Do not shave or wax** the surgical area **one week before surgery** to reduce infection risk.
- **Take a bath or shower** the day before or on the day of the procedure.
- **Keep warm before and after surgery** Inform your healthcare team if you feel cold.
- If you have diabetes, keep your blood sugar levels well-controlled to minimize infection risk.

Hospital Preparation:

- **Speak to your healthcare team about vaccinations** to lower the risk of serious illness post-surgery.
- Practice hand hygiene and wear a face covering if requested in the hospital.

What Complications Can Happen?

The healthcare team will take precautions to minimize risks, but all surgeries carry some level of risk.

Risk statistics are based on **medical studies**, and your **doctor can provide a more personalized risk assessment** based on your health condition.

Some complications can be **serious**, so it is essential to discuss any concerns with your **doctor or anesthetist** before surgery.

General Surgical Risks:

- Bleeding during or after surgery It is rare to require a blood transfusion.
- Surgical site infection (risk: 1 in 100)
 - Contact your healthcare team if you experience:
 - Fever or high temperature
 - Pus or unusual discharge from the wound
 - Redness, swelling, or increasing pain at the wound site
 - Most infections resolve with antibiotics, but occasionally the wound needs to be drained or another surgery may be required.
 - Do not take antibiotics unless prescribed by a doctor.
- Allergic reactions to surgical materials, medications, or equipment
 - The healthcare team is trained to **detect and treat allergic reactions** if they occur.
 - Inform your doctor if you have any known allergies or past reactions to medications, medical tests, or dressings.
- Chest infection The risk is lower if you have stopped smoking and have been free from COVID-19 symptoms for at least seven weeks before surgery.

Specific Complications of Subacromial Decompression Surgery

- Bleeding into the Shoulder (risk: 1 in 100)
 - This may cause pain and swelling.

- In some cases, additional keyhole surgery (arthroscopy) may be needed to wash out the shoulder.
- Restricted Shoulder Movement (Frozen Shoulder) (risk: 5 in 100)
 - This can lead to stiffness and limited motion.
 - o Treatment options include physiotherapy, medications, and corticosteroid injections.
- Deep Shoulder Infection (risk: less than 1 in 100)
 - A severe infection may require intravenous antibiotics or additional surgery to clean out the shoulder joint.
- Blood Clot in the Axillary Vein (Thrombosis) (risk: less than 1 in 100)
 - A clot in the axillary vein (located under the shoulder joint) may cause arm swelling and require further treatment.
- Complex Regional Pain Syndrome (CRPS) (risk: less than 1 in 100)
 - A rare condition that causes severe pain, stiffness, and loss of function in the arm and hand.
 - o The exact cause is unknown, and recovery can take months or years.
 - Treatment may involve pain management strategies and physiotherapy.
- Nerve Damage (risk: less than 1 in 100)
 - o This may cause **weakness**, **numbness**, **or pain** in the shoulder or arm.
 - In most cases, nerve function improves over time, but in rare cases, the effects may be permanent.

Consequences of This Procedure

Pain Management

- The **healthcare team will provide pain relief medication** to help manage discomfort after surgery.
- It is essential to **take the medication as prescribed** to allow for movement and promote healing.

Scarring

- If you have keyhole (arthroscopic) surgery, scarring is minimal.
- **If you have open surgery**, the incision will be **larger** (usually at the front of the shoulder), increasing the risk of noticeable scarring. However, most scars **heal neatly over time**.

How Soon Will I Recover?

In the Hospital

- After the operation, you will be transferred to the recovery area before being moved to a hospital ward.
- Post-Surgical Immobilization:
 - You will need to keep your arm in a sling for support.
 - o In most cases, the **sling is only needed for a few days** to improve comfort.
 - If your rotator cuff was repaired at the same time, you may need to wear the sling for several weeks.
- Discharge:
 - Most patients can go home the same day, but some may require a longer hospital stay depending on their recovery progress.
- If you have **any concerns** during your hospital stay or at home, contact the **healthcare team** for reassurance or medical advice.

Returning to Normal Activities

If you received **sedation or general anaesthesia** and are discharged on the same day:

- ✓ A responsible adult must take you home in a car or taxi and stay with you for at least 24 hours.
- ✓ Stay near a phone in case of emergency.
- ✓ Avoid driving, operating machinery, or engaging in hazardous activities (including cooking) for at least 24 hours, or until you have fully regained coordination and movement.
- ✓ Do not sign legal documents or consume alcohol for at least 24 hours.

Post-Surgical Wound Care

- Keep your wounds dry for 7 days and use waterproof dressings when showering or bathing.
- If your wounds remain clean and dry after 7 days, you can remove the dressings.
- Stitches or clips are usually removed about one week after surgery.

Physiotherapy and Rehabilitation

- A physiotherapist will provide exercises and movement guidance to support your recovery.
- Follow all instructions carefully to maximize recovery and regain strength and movement.

Resuming Activities

- Your healthcare team will guide you on when it is safe to return to normal activities.
- **Avoid contact sports or heavy lifting** until your healthcare team confirms it is safe.
- Recovery Timeline:
 - o Full recovery and return to normal activities **may take up to 6 months**.
- Driving Restrictions:
 - Do not drive or ride a bike until you can safely control your vehicle, including in an emergency.
 - o If your surgeon repaired a rotator cuff tear, do not drive for at least two months.

The Future

- ✓ 8 out of 10 people experience significant improvement, but pain relief and improved mobility take time.
- ✓ The shoulder is a complex joint, and in some cases, symptoms may return over time.

Summary

Subacromial decompression surgery can help reduce pain and weakness caused by impingement. The procedure is generally safe and effective, but complications can occur.

- ✓ Understanding **the benefits and risks** will help you make an **informed decision** about your treatment.
- ✓ Being aware of potential complications allows for early detection and treatment if needed.

Important Information

- Keep this document as a **reference** for discussing your treatment with the **healthcare team**.
- Some **risk statistics** in this document are based on **global studies and medical databases**.
- Your doctor or surgeon can provide a more personalized risk assessment and discuss alternative treatment options if necessary.

Disclaimer

This document is **for informational purposes only** and **should not replace professional medical advice** from your **doctor or healthcare team**. Always consult a qualified medical professional for guidance tailored to your specific condition.

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