INFORMATION FOR PATIENTS

After your arthroscopic subacromial decompression of the shoulder

This leaflet provides information on arthroscopic subacromial decompression surgery, and gives guidelines on your post-operative rehabilitation.

About your shoulder
Your shoulder is a ball and socket joint with a ligament above it forming an arch. The ligament attaches to the bony prominences on your shoulder blade (the “acromion” and the “coracoid”). The area between this arch and the shoulder joint is called the “subacromial space” (see diagram below).

Your shoulder is surrounded by a deep layer of tendons, known as the rotator cuff. One of these tendons (supraspinatus) passes under the arch and commonly becomes worn and painful, especially with overhead activities.

The tendon may swell and rub on the bone and ligament above. The bone may respond to the rubbing by growing extra bone, forming a “spur” which may further inflame the tendon.

If the cycle of rubbing and swelling cannot be broken by rest, time, physiotherapy and corticosteroid injections, then surgery may be necessary.

About the surgery
The operation aims to increase the size of the subacromial space and reduce pressure on the tendons underneath. It involves removing the ligament and shaving away any bony spurs on the acromion. This allows the tendons to heal.
The subacromial decompression is usually performed using keyhole surgery ("arthroscopic"). Normally you will be fit to leave hospital on the day of your operation.

Post-operative guidelines

The wound
The operation is usually carried out through two or three 5mm “keyholes”. There may be stitches or small steristrips over the wounds. The wounds should be kept dry until they heal, which usually takes about five to seven days.

Wearing a sling
You will be fitted with a sling after your operation, to provide comfort only. It should be removed to do your exercises and discarded as soon as possible (usually within the first 2-4 days). Often it can be helpful to wear your sling at night if the shoulder feels tender.

Sleeping
Sleeping on your operated arm can be uncomfortable for a while. It is recommended that you lie on your back or opposite side. Pillows or a sling can be used to support your operated arm in bed.

Pain relief
A degree of discomfort can be expected after surgery but you should not have to put up with pain. You will be prescribed pain relief and anti-inflammatories by the ward staff, but you can also use an ice pack or packet of frozen peas to provide pain relief. Wrap crushed ice or frozen peas in a damp tea towel and place on the shoulder for up to 15 minutes. Cover your dressings in cling film before applying the ice to keep them dry.

Driving
You may return to driving once you are able to safely manipulate the steering wheel with two hands, and are able to comfortably lift your hand above your head. This is usually about a week after your surgery. If you are unsure, check with your therapist or surgeon.

Also check with your insurance company as you may need to inform them of your operation.

Return to work
This will depend on your occupation. If you have a sedentary job you should be able to return as soon as you feel able (often after one week). If your job is more physical and involves lifting or repetitive overhead work, you may need a longer period of time off (sometimes up to three months). This should be discussed with your therapist or surgeon.

Leisure activities
Repetitive overhead activities, such as DIY or racquet sports, should be avoided for three months.
If swimming, breaststroke can begin as soon as you feel comfortable, but front crawl should not be attempted until three months after your operation.

Physiotherapy follow-up
Physiotherapy is essential after your operation to improve your function, control your pain and rehabilitate the muscles back to full function. You will see a therapist two weeks after your surgery, and the number of times you need to attend will depend on your individual needs.

Progress
The speed of improvement is often variable. By three weeks you should have full movement back but may still have discomfort and find difficulty with overhead activities. After about three months you should feel that your symptoms are better, but it can take six to nine months to fully recover. You will continue to improve for up to a year following your procedure.

When to contact the doctor
Complications following this operation are rare but contact your GP if:

- Drainage continues from the wound for more than 24 hours after surgery
- Redness or a foul odour develops around the wound
- Pain cannot be controlled by medication
- Your temperature rises above 38°C

Prolonged nausea and vomiting may be a sign of an adverse reaction to your pain medication. Contact your GP in this case.

Other post-operative instructions

Post-operative exercises
Physiotherapy exercises aim to get your shoulder moving after your operation, preventing stiffness and often easing pain.

They should be performed four times daily until you see your therapist at the follow up appointment.
If you are having any problems with these exercises, please contact the Physiotherapy Department on:

King’s Mill Hospital  01623 622515
Newark Hospital  01636 685885

**Week 1 after your operation**

In standing, leaning slightly forwards let your operated arm swing forwards and backwards, ten times like a pendulum.

In standing, leaning slightly forwards, let your operated arm swing side to side, ten times like a pendulum.

In standing, clasp your hands together. With straight arms, use your non-operated arm to gently lift your operated arm. Only lift until you feel the pain start to come on. Do not push through pain. Repeat ten times.

**Week 2 after your operation**

Lying on your back, holding a stick with both hands, let your good arm lead the movement to elevate your operated arm. Repeat 5-10 times.

Holding a stick behind you, use your good arm to raise your operated arm behind you. Repeat 5-10 times.

Holding a stick with your good hand at the bottom, and operated arm at the top, push the operated arm out to the side. Repeat 5-10 times.

Lying on your back with your elbows bent to 90°, hold a stick and use your good arm to gently push your operated arm out to the side. Repeat 5-10 times.
In standing, hold the wrist of the operated arm with the other hand and slide both hands up your back together. Repeat 5-10 times.

Further sources of information
NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)
PET is available to help with any of your comments, compliments or concerns and will ensure a prompt and efficient service.

King’s Mill Hospital Tel: 01623 672222
Newark Hospital Tel: 01636 685692
Email: PET@sfh-tr.nhs.uk

The Complaints Department
Sherwood Forest Hospitals NHS Foundation Trust, King’s Mill Hospital, Mansfield Road, Sutton-in-Ashfield, Nottinghamshire NG17 4JL
Tel: 01623 672366 or 01623 676073
Email: complaints@sfh-tr.nhs.uk

If you email us your complaint, please provide us with your own name, address and telephone contact details. If you are contacting us on behalf of a patient, please also provide us with the patient’s name and if possible, their date of birth.

If you need this information in a different language or format, please contact the PET (as above).

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