Further sources of information
http://www.patient.co.uk/showdoc/553/
http://www.shoulderdoc.co.uk/article.asp?section=11
http://www.medic8.com/healthguide/articles/painfulshoulder.html
http://www.cks.nhs.uk/patientinformationleaflet/shoulderpainarc/structuredview/treatments
http://www.youtube.com/watch?v=SAwnuStnvsY

Arthroscopic subacromial decompression and rotator cuff repair

Patient Advice and Liaison Service (PALS)
- King’s Mill Hospital
  01623 672222
- Newark Hospital
  01636 685692

If you need this information in a different language or format, please contact the Communications and Engagement Team on 01623 672294 or email: patient.information@sfh-tr.nhs.uk

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Aims of this booklet

- This booklet will help you familiarise yourself with the problem in your shoulder and the operation you are to undertake. It will help you understand what will happen on the day of your operation and what to expect after the operation. There is also a short section on the risks and possible complications associated with the procedure.

Introduction

- Your shoulder pain is most likely caused by inflammation in the space between the top of the humerus bone (the ball of the "ball and socket" joint) and the tip of the shoulder blade (acromion).

- As you lift your arm out to the side, these bones rub together causing pain. They also pinch the tendons, which normally sit between the two bones, causing inflammation and result in bleeding. Very rarely, surgery may be needed to prevent complications because of a lack of blood.

- There is no guarantee the operation will work. It is successful in about eight out of ten people. Rarely, patients find their symptoms can be worse after surgery.

- There is no guarantee the operation will be a permanent cure, and there is always a possibility of needing further surgery in future.

- Your arm may be stiff after the operation. It is very important to follow the physiotherapists’ advice in the weeks after the operation to prevent permanent stiffness.

Useful contact details

If you require any further information please contact:

- Pre-op Assessment
  King’s Mill Hospital
  01623 622515
  extension 4213, 6638 or 4214

- Day Case Unit
  King’s Mill Hospital
  01623 622515
  extension 3195
Are there any risks associated with this procedure?

- There is a small risk of infection. If this happens, the operation site will become red and inflamed. There may be some pus and you may feel generally unwell or feverish. If this happens, see your GP as you may need antibiotics and sometimes another keyhole operation to wash the inside of the joint.

Contact your GP if:
- drainage continues from the wound for more than 24 hours after surgery
- redness or foul odour develops around the wounds
- pain cannot be controlled by medication
- your temperature rises above 101°F (38.3°C).

- Prolonged nausea and vomiting may be a sign of adverse reaction to pain medication. Your GP should be contacted in this case.

- There is a small risk of significant bleeding. If this happens, you may need to stay in hospital a little longer so pressure dressings can be applied to stop the bleeding.

- There is a small risk of injury to a nerve. If this happens, you may have temporary or permanent numbness or weakness in your arm or hand. This is very rare.

- There is a small risk of injury to a blood vessel. This may cause pain.

- Arthroscopic subacromial decompression is a keyhole operation to relieve shoulder pain.

- The tendons from the rotator cuff muscles are found in the shoulder joint. The rotator cuff muscles help to move the shoulder.

- It is thought you have a torn rotator cuff tendon in the shoulder. This can sometimes be repaired through the keyholes at the same time. This may help to improve the movement in your shoulder.

During the two weeks before your surgery

- You will attend pre-op assessment for routine observations and investigations depending on your age and health. You will also see your surgeon to discuss your operation and sign your consent form.

- Before surgery you may be asked to stop taking drugs which make it harder for your blood to clot. These include warfarin, clopidogrel, dipyridamole, aspirin, ibuprofen (Advil, Motrin), naproxen (Naprosyn, Aleve), and other drugs. You will be informed at your pre-op assessment appointment which of your drugs should be stopped and when to stop them.

- If you have diabetes, heart disease, high blood pressure or any other medical condition, your surgeon may ask you to see...
the doctor who treats you for these conditions. This is to make sure they are under control and will not delay your operation.

- Tell your doctor if you have been drinking a lot of alcohol - more than one or two drinks a day.
- If you smoke, try to stop. Ask your doctor or nurse for help. Smoking can slow down wound and bone healing.
- Always let your doctor know about any cold, flu, fever, cold sore breakout, or other illness you may have before your surgery.

What happens on the day of surgery?

- You will usually be asked to attend the Day Case Unit, which is on level 0 of tower 1 (blue tower) King’s Mill Hospital, at 7.30am on the morning of your operation. This is so we can check everything is ready, and the anaesthetist can see you before the operation.
- The anaesthetists are the doctors who provide the anaesthetic for the operation. They will ask you some questions about your health and discuss with you the anaesthetic options.
- This operation will usually be done under a regional anaesthetic (block), which means the arm is numbed by a carefully placed injection in the base of the neck on one side. This prevents you from feeling any pain during the operation. You will also have the option of sedation in addition to the

What happens afterwards?

- You should see the nurse at your GP surgery two weeks after the operation to check your wounds have healed and remove any stitches if necessary. Depending on the type of job you do, you may be able to return to light duties at this stage if you wish, though your arm will still be in a sling.
- We will arrange to see you in clinic again six-eight weeks after your surgery. After this, you are encouraged to move the shoulder freely. You should be able to return to most jobs within a couple of weeks after your clinic appointment. Also, when your arm is comfortable out of the sling and you feel you could safely swerve in an emergency, you can return to driving.
- It can take up to a year for the full benefit of the operation to be felt, but you should have good relief of your symptoms after a few months.

Outcome

- Patients experience improvement to their symptoms over the subsequent months following surgery and between 80-90 percent have full or significant symptomatic recovery within six months of surgery.
- Ice may be applied to the shoulder to control pain and swelling. Excessive swelling increases pain and may increase scarring, which in turn will tend to cause stiffness in the joint. You should apply ice for at least 20 minutes about three times a day. Ice should not be placed directly on the skin. Place a moist towel on the skin and apply ice in a plastic bag directly over the towel.

Do I need to wear a sling?
- Your arm should be in a sling for up to four weeks to allow the repaired tendon to heal. You can take your arm out of the sling to do some gentle exercises. You do not need to have your arm strapped to your body.
- The physiotherapist will show you what movements are safe to do. These are gently swinging your arm like a pendulum, or using your good arm to lift your operated arm.
- You may find it helpful to wear the sling at night, with or without the body strap, for the first few nights, particularly if you tend to lie on your side. Alternatively you can rest your arm on pillows placed in front of you. If you are lying on your back to sleep you may find placing a thin pillow or small rolled towel under your upper arm will be comfortable.
He/she will inject a small amount of local anaesthetic and adrenaline into the shoulder, mainly to reduce bleeding during surgery.

- The surgeon will then go and “scrub up” and put on an operating gown. During this time, the theatre nurse will paint your shoulder and arm with antiseptic to prevent infection.
- A clear plastic sheet will be placed over your shoulder to keep the shoulder area sterile. If you have not had the sedation option, you will be able to watch the operation on a television screen.
- The surgeon makes two small cuts on the shoulder, about half-an-inch (1cm) long and will insert a telescope into the shoulder.
- Through the other hole, the surgeon can insert various surgical instruments.
- The operation involves smoothing out the rough, spiky bone under the point of the shoulder blade. This is done with a tiny electric “burning stick” (diathermy) and a tiny electric burr, a bit like a dentist’s drill. The diathermy also helps stop bleeding.

- If the operation cannot be done through the keyholes, a slightly bigger incision may be necessary.
- If there is a torn tendon, it will be assessed at the time of surgery to see whether or not it can be repaired. If it can, the surgeon will repair it by stitching it to the bone. This is usually done through the keyholes, but sometimes a cut needs to be made on the side of the shoulder.
- When the operation is finished, the surgeon will close the wounds with steristrips (butterfly stitches) and a sterile dressing. Sometimes, proper stitches are also required. Your arm will be put in a sling for support.
- After the operation, you will be taken back to the day case unit.
- As long as there are no complications, you will go home the same day.

**After the surgery**

- You will be provided with pain relief in the form of tablets after your operation. You may also be given some to take home with you. If you had a shoulder nerve block in your neck before the operation, this will give you up to 16 hours of pain relief after the operation.