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NHS
Sherwood Forest Hospitals
NHS Foundation Trust

# Arthroscopic subacromial decompression

## Information for patients

**This booklet contains information about the shoulder surgery that you have been advised to have, and aims to answer some of the questions you may have about the operation and your stay in hospital.**

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# About shoulder surgery at Sherwood Forest Hospitals

At our King's Mill Hospital site, there is an elective orthopaedic ward and an elective day case unit (DCU). At our Newark site, there is an elective day case unit/ward (Minster ward). The ward and site of your shoulder or elbow surgery will be discussed with you by your consultant team in the outpatient clinic before your operation.

You will be admitted to one of these wards during your stay in hospital. On each ward a "named nurse" will be allocated to you to co-ordinate your nursing care. You will also have named physiotherapists to supervise your rehabilitation.

You will usually be admitted to the hospital on the day of your operation, and you will usually go home the same day. If you think you will need transport to get home or help when you get home, please tell your named nurse when you first come in.

# What to bring

You need to bring in with you any medicines that you are taking, toiletries, a towel, nightwear and some loose and comfortable clothing. Please leave valuables at home.

# Operation day

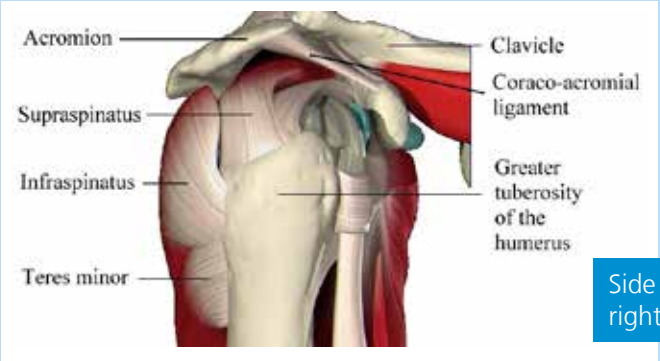
Your anaesthetist will see you on the morning of the operation to discuss your anaesthetic with you.

You will be able to eat and drink as usual the day before your operation. You may be able to have an early morning drink even on the day of your operation but you need to discuss this with the ward team before you have any drink.

**You must not smoke after midnight the day before the operation.**

# Subacromial impingement and pain – what is the problem?

Your shoulder is the most mobile joint in your body and therefore relies on strong muscles to move and stabilise it. The most important muscles for this purpose are your rotator cuff muscles. These muscles originate from your shoulder blade and their tendons form a hood covering the ball of your shoulder joint.




Side view of the right shoulder

These tendons can get damaged in two ways, either by an accident, or by weakening and 'wearing out' over time. Bony spurs can develop underneath the arch of bone above your shoulder joint (the acromion). When you move your arm into certain positions, such as reaching up or behind the back, these spurs can press on your tendons making them inflamed and painful.

Non-surgical treatment such as physiotherapy and injections of anti-inflammatory medicine (Cortisone) is not always successful.

After the operation, it may take up to three months for the inflammation of your shoulder to settle down. This is quite usual.

# Subacromial decompression operation – what is it?

A subacromial decompression operation smooths the bone on the underside of the acromion (the arch of bone over your shoulder). Any scarred or inflamed tissues will also be cleared away.

# How is it done?

The procedure may be carried out as a keyhole procedure (arthroscopically) using a telescope about 5mm in diameter and instruments of similar size. This will give you 2-4 small scars of about 5-7mm in length on the back, the side and the front of your shoulder.

During your operation, we will also examine your shoulder joint.

Arthroscopic

# When will the stitches come out?

If you have had stitches, they will be removed at your GP surgery, usually 10 days after your operation. An arthroscopic wound does not usually need stitches.

# After my subacromial decompression operation

Your shoulder wounds will have dressings on them. You will not have to wear a splint or sling.

# How can I sleep?

You **must not** lie on your operated shoulder. We recommend that you lie on your back or the opposite side, as you prefer. Ordinary pillows can be used to give you comfort and support (feather pillows are easier to use than foam ones).

If sleeping on your side, having a pillow or two under your head usually gives enough support for most people.
A pillow tucked along your back helps to prevent you rolling onto your operated shoulder in the night. A pillow folded in front of your tummy for your hand to rest on allows the shoulder to rest comfortably and helps getting a good night's sleep.

If sleeping on your back use a pillow under the elbow of your operated arm as shown. Again, important in helping you get a good night's rest.

# Rehabilitation

Rehabilitation is important to get the most out of your shoulder after the operation. The first stage is to get your shoulder moving again, with the following exercises. Please be guided by your level of discomfort, we do not expect you to get full range of movement on the first day - you can do too much.

**Do not start any exercises until a physiotherapist has showed you or advised you.**

# Exercises

**Please scan the QR code beside each instruction/exercise to view a video demonstration.**

Try to do five to ten repetitions of each exercise twice a day.

You should do your exercises in this order at home, until your follow-up physiotherapy appointment. They can then be altered or increased under the guidance of your physiotherapist.

Leaning forwards from your hips, circle your arms from your shoulder in gentle, pendulum type movements. Keep your palms facing forwards as you go clockwise and anticlockwise.

Shrug your shoulders up and backwards in a smooth, circular motion.

Stand tall grasping a stick with both hands behind your back. Roll your shoulders back and down. Now use the stick to help take your operated arm up and out behind you.

In the position above, pull your operated arm up behind your back.

You may use a stick or a towel if you can't reach it with your hand.

Lie on your back with your elbows on folded towels so that they are level with your shoulders. Bend your elbows to 90 degrees, and use a stick to turn your operated arm out to the side. Keep your elbows tucked in.

From lying on your back with your elbows supported as before, use your unoperated arm to lift the other up towards your head. Try to get your hands on top of your head if you can.

Stand facing a kitchen worktop, windowsill or another stable surface. Lean forward and rest your elbows upon the surface. Place your hands, palm up as you slowly walk backwards, making sure the weight is taken by your legs and not through your elbows. Walk forwards again to ease off.

# When can I go home?

- When you have recovered from your anaesthetic
- When your pain is controlled
- When you have seen the physiotherapy team.

# Is that the end of my treatment?

A physiotherapy appointment for ongoing treatment will be made for you at your local physiotherapy department (usually two after your operation).

You will also go to the follow-up clinic at King's Mill or Newark Hospital. This is run by the advanced practice physiotherapist and/or nurse specialist. They will see you six weeks after your operation. They can also arrange a quick appointment with your surgical team if necessary.

At six months, you will have your final clinic check-up, and the physiotherapist or nurse specialist will discharge you unless your surgeon's opinion is needed.

# What will I do as an outpatient?

You will continue with your exercises with the help of a physiotherapist and will be given more exercises if you need them. You will gradually work on developing the strength in your shoulder, progressing to full functional movement. We will encourage you to learn how to use your shoulder comfortably.

If you have a heavy or demanding job, you may also be helped by our occupational therapists.

# When can I do my normal activities?

This depends upon your symptoms. Most people are comfortable by between three to 12 weeks after surgery.

Driving can be resumed when you are comfortable and safe to control a car. It is wise to discuss this with your insurance company.

The following table gives you the timescales for the amount of rest required to your arm before resuming a particular type of activity.

**Guide:**

| | |
|---|---|
| • Light work (no lifting) | 10 days – 6 weeks |
| • Medium (light lifting above shoulder level) | 6 weeks onwards |
| • Heavy (above shoulder level) | Discuss with the team |

If you feel that your work or leisure activities come into the "heavy" category, please discuss this with the physiotherapists so that we can plan the best rehabilitation for you.

If you are at all worried about your shoulder you should contact the hospital's shoulder and elbow team.

# Useful contact numbers

**King's Mill Hospital** **Telephone: 01623 622515**

**Newark Hospital** **Telephone: 01636 681681**

| | **Extension number** |
|---|---|
| Mr Kurian's secretary | 4117 (Monday to Friday, 8am-5pm) |
| Mr Bidwai's secretary | 6148 (Monday to Friday, 8am-5pm) |
| Mr Mitra's secretary | 6318 (Monday to Friday, 8am-5pm) |
| Nurse surgical care practitioner | 4104 (Monday to Friday, 8am-5pm) |
| Advance practice physiotherapist | 6148 (Monday to Friday, 8am-5pm) |
| King's Mill Day Case Unit | 3048 (Monday to Friday, 24 hours) |
| King's Mill orthopaedic ward | 2343 (Monday to Sunday, 24 hours) |
| Newark Hospital Day Case Unit (Minster ward) | 5850 (Monday to Friday, 8am-5pm) |
| King's Mill physiotherapy department | 3221 (Monday to Friday, 8am-5pm) |
| Newark Hospital physiotherapy department | 5885 (Monday to Friday, 8am-5pm) |

**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 compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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