

# Arthroscopic subacromial decompression of the shoulder

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**If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.**

### **What is Arthroscopic Subacromial Decompression?**

This operation (ASD) is done for a condition known as the 'Impingement Syndrome'. In this condition the main tendons of the shoulder are irritated or compressed by overgrowths of bone or swollen joints. To relieve the irritation and pain some soft tissues and bone are removed to allow free movement of the tendons.

Arthroscopic (minimally invasive) surgery for this condition is a relatively recent introduction but is now routinely carried out and is well-evaluated. It demands a large amount of high-tech equipment and, just occasionally, breakdowns can lead to postponement of the procedure. Should any of this equipment fail during the surgery, your Surgeon will complete the procedure using the traditional open technique BUT THIS IS VERY RARE.

The operation is usually performed under General Anaesthetic and the anaesthetist may offer you a special nerve block injection to ease post-operative discomfort during the first 24 hours. Because of this, more of these procedures are now being done as day-cases.

The operation has an extremely low complication rate. The only significant risk is the introduction of infection to the joint and this is very rare (under 1%).

You should be aware that it takes time for the tendons to recover from the impingement. It is, therefore, very unusual for relief of the original symptoms to occur in less than 3 months. It can occasionally take as long as 12 months. Do not expect immediate improvement.

### **Before the Operation**

You will usually be seen in the pre-assessment clinic 2 to 3 weeks before the operation. Here we check that you still need the operation and that you are fit enough for the treatment to take place.

### **Consent**

Before a doctor or other health professional examines or treats you, they need your consent. Sometimes you can simply tell them whether you agree with their suggestions. However, sometimes a written record of your decision is helpful – for example if your treatment involves sedation or general anaesthesia. You'll then be asked to sign a consent form. If you later change your mind, you're entitled to withdraw consent – even after signing.

### **The operation**

You will probably be admitted on the same day as the operation, although it might occasionally be necessary to bring less fit patients in the day before.

Your anaesthetist will speak to you about the type of anaesthetic and nerve blocks to be used. After your anaesthetic is administered your operation will take place in a modern clean-air operating theatre and takes about 1 hour.

You will wake up in the Recovery area. If a nerve block has been used your arm may feel 'dead' for up to 12 hours. The operated shoulder is often quite swollen because fluid under pressure is used to improve the view inside the joint. This swelling goes within 24 hours.

Because your arm may be 'dead' you will need a sling for 24 to 48 hours if you are going home the same day.

You will be given appropriate pain-killing medication for the first ten days.

Please remember that, although the skin incisions are very small, a full operation has taken place inside.

### **After the operation**

We encourage you to use your arm as soon as discomfort permits. There are no internal stitches or repairs to be protected. Even if you do something that hurts, the surgical procedure will not be disturbed. Your early movements are, of course, expected to be uncomfortable. Physiotherapy should not be required.

The few external stitches will be removed by your GP's nurse at 10 days. After this you may safely bath and shower.

You should not drive a car for 48 hours after the operation but may then drive as soon as you feel it is safe to do so. You may return to work as soon as you feel it is possible. We advise that you avoid trying to lift above shoulder height for 6 weeks.

### **Follow-up**

You will normally be seen in the clinic at 3 months, though we do not necessarily expect improvement by this time.

Please remember that the success rate of this type of surgery is approximately 80%. Some patients may need to be considered for more traditional open surgery if the problem does not respond arthroscopically

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

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You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

### **We Value Your Views On Our Service**

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive  
Isle Of Wight NHS Trust  
St Mary's Hospital  
Newport  
Isle of Wight  
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at [enquires@cqc.org.uk](mailto:enquires@cqc.org.uk)

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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