Isle of Wight NHS
NHS Trust

Patient Information Leaflet

Subacromial Decompression of the Shoulder

Produced by: Orthopaedic Department

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SMOKEFREE
Isle of Wight

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.

You are coming into hospital to undergo a Subacromial Decompression of the Shoulder. This operation is carried out to treat the condition known as 'Impingement'. This information booklet has been designed with YOU in mind. We hope it will help alleviate any worries you may have about your forthcoming operation.

It is natural to be apprehensive about any operation – we understand this. If you have any particular worries, let the staff know so we can help.

What is 'Impingement?

The important tendons of the shoulder (known as the 'Rotator Cuff' tendons) are irritated and abraded in the small space between the shoulder joint and the overlying ledge of bone (the Acromion). This condition causes pain, which is often felt in the upper arm rather than the shoulder, and loss of movement. It can sometimes lead to actual tearing of these tendons. If the tendons are torn the operation may, sometimes, be combined with an operation to try to repair the tear. If the tear is not repairable a decompression may nevertheless be done to lessen discomfort.

The operation

The four Rotator Cuff tendons move in a small space between the joint and the Acromion, and may become troublesome whenever the space is further narrowed. This can happen due to certain activities (especially repeated overhead lifting), swelling of soft tissues and extra spurs of bone due to arthritis. The operation of decompression, therefore sets out to maximise the space for the tendons by removing both bone and soft tissue. The tissues removed are:

- Bone from the front edge of the Acromion
- The CoracoAcromial Ligament
- The Subacromial Bursa
- Bone from the outer end of the Clavicle, 'Collarbone' (sometimes)

The tissues are reached through an incision, which is usually placed over the joint between the collarbone and the shoulder blade. This incision is usually 7-8 cm long although it may be longer if tendons need to be repaired. After this the deltoid muscle is carefully lifted and split to reveal the underlying tendons and tissues as above. If a tear in the tendons is present a decision will be taken at this stage as to whether it should (or could) be repaired. At the end of the procedure the deltoid muscle is repaired and the skin wound stitched. A plastic drainage tube is often left in the shoulder for 24 hours to reduce undue swelling. Its removal is very easy and is done on the ward.

After the operation

The operation is often done as a day case but you may need to stay in for one night. A sling is worn for two weeks while the deltoid muscle heals. Stitches are removed ten days after the operation, usually by the practice nurse. Movements are commenced fourteen days after the operation and physiotherapy is beneficial. Movements should return fairly quickly (as long as

no tendons had to be repaired) but it is impossible to predict how quickly the pre-operative symptoms will settle. Sometimes this can be quite rapid (6-12 weeks) but sometimes it can take as long as 12 months. It is normally possible to return to light work by 6-8 weeks, while heavy work and sport may take 3-4 months. It should be possible to drive 4-6 weeks after the operation.

You will be seen in the clinic 6-8 weeks after the operation to check your progress.

What are the risks?

As always, when carrying out surgery, there are a few potential risks. Fortunately this operation is rarely accompanied by complication. There is a risk, of course, that the operation will not cure the complaint, but decompression has a good overall success rate at about 80%. The risk of infection and problems with wound healing is very low. It is possible that the deltoid repair may give way, causing weakness, but again this is rare. Other complications are extremely rare.

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.

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

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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