

Who to contact if you are worried or require further information

For general enquiries about appointments, please phone:

Mr Smibert's secretary on: 01935 384597

Mr Chambler's secretary on: 01935 384779

For enquiries regarding admission dates, please phone the Admissions Office on: 01935 384619

If your wound changes in appearance, weeps fluid or pus, or you feel unwell with a high temperature, contact your GP.

If you have a query about **exercises or movements**, contact the **Physiotherapy department** where you are having treatment if you have already started, or else the Yeovil Physiotherapy Department on 01935 384358.

For queries regarding **self care** (eg, dressing, bathing) contact the **Occupational Therapy Department** on 01935 384215.

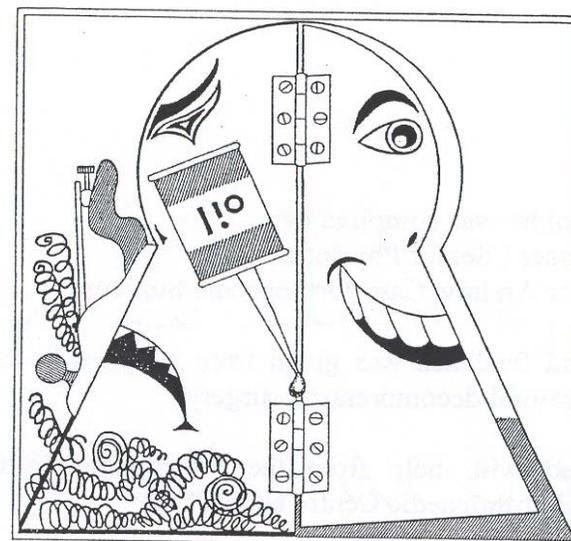
Patients may be contacted by post and requested to complete and return a questionnaire. This is useful for the surgical team, for monitoring patients progress and may save an unnecessary visit to the hospital.

We would like to thank the Nuffield Orthopaedic Centre (Upper Limb Clinic) for allowing us to re-produce the information in this leaflet.

If you require this leaflet in any other format, eg, large print, please telephone 01935 384590

Information for you after your operation

Sub-Acromial Decompression



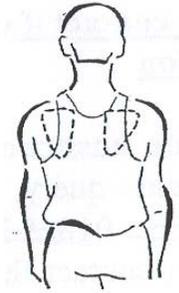
This information booklet has been produced to help you gain the maximum benefit after your operation. **It is not a substitute** for professional medical care and should be used in association with treatment at the Orthopaedic Clinic. **Individual variations** requiring specific instructions not mentioned here may be required.

This booklet was compiled by:
Jane Moser (Senior Physiotherapist)
Professor Andrew Carr (Orthopaedic Surgeon)
Louise Le Good (Senior Occupational Therapist)
At the Nuffield Orthopaedic Centre, Oxford.

Help and feedback was given from people who have had sub-acromial decompression surgery.

Lower trapezius

Sitting or standing.
Keep your arms relaxed.
Roll your *shoulder blades* back and downwards.
Hold it for 10 seconds.
(Do not let your back arch.)



Repeat 10 times.

External rotation

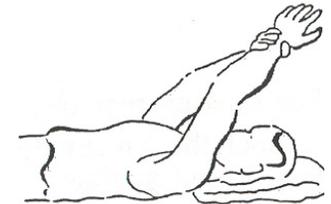
Sitting or standing, *elbow to your side*. Hand near stomach.
Take hand away from stomach.
(This twists the shoulder joint.)
Can support/add pressure with a stick held between your hands.



Repeat 10 times.

Flexion in lying (left shoulder)

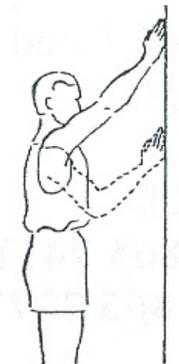
Lying on your back on bed/floor. Support your operated arm and lift up overhead.
Gradually remove the support.



Repeat 10 times.

Flexion in standing

Standing facing a wall, with elbow bent and hand resting against wall. **Slide** your hand up the wall, aiming to get a full stretch.



Repeat 10 times.

When can I drive?

You can drive as soon as you feel able. This normally is within a week. Check you can manage all the controls and it is advisable to start with short journeys.

Exercises

Use pain relief medication and/or ice packs to reduce the pain before you exercise, if necessary.

Do short, frequent sessions (eg, 5-10 minutes, 4 times a day) rather than one long session.

It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. However, intense and lasting pain (eg, more than 30 minutes) is an indication to change the exercise by doing it less forcefully or less often.

Continue to do these exercises until you get the movement back, or you see the physiotherapist.

Note: Pictures are shown for the right shoulder unless specified.

Pendulum (left arm)

Lean forwards.

Let your arm hang freely.

Start with small movements.

Swing your arm:

- a. forwards and backwards**
- b. side to side**
- c. in circles**

Repeat 5 times each movement



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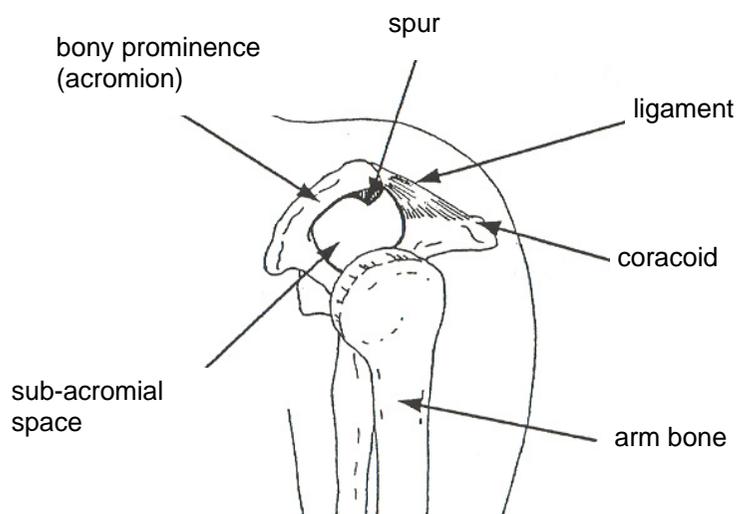
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About your shoulder

The shoulder is a ball and socket joint with a ligament above it forming an arch. The ligament attaches to bony prominences (the 'acromion' and 'coracoid') on your shoulder blade.

The shoulder joint is surrounded by a deep layer of tendons (the rotator cuff) which pass under the arch. One of these tendons (supraspinatus) commonly becomes worn and painful. It may swell and rub on the bone and ligament above. The bone then may respond to the rubbing and form a spur (see diagram below).

Right shoulder viewed from the side



Certain movements of the arm reduce the space under the arch. This is when you use or move your arm at shoulder height (see diagram top of next page).

The rubbing causes further swelling of the tendon on the acromion bone. This is a vicious circle.

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

How am I likely to progress?

The discomfort from the operation will gradually lessen over the first few weeks. You should be able to move your arm comfortably below shoulder height by 2-4 weeks and above shoulder height by 6 weeks.

Normally the operation is done to relieve pain from your shoulder and this usually happens within 6 months (for 80-90% of people according to the research). However, there may be improvements for up to 1 year.

When can I return to work?

This will depend on the type of work you do and the extent of the surgery. If you have a job involving arm movements close to your body you may be able to return within a week. Most people return within a month of the operation, but if you have a heavy lifting job, or one with sustained overhead arm movements, you may require a longer period of rehabilitation. Please discuss this further with the doctors or physiotherapist if you feel unsure.

When can I participate in my leisure activities?

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your shoulder. **Nothing is forbidden**, but it is best to start with short sessions involving little effort and then gradually increase the effort or time for the activity. However, be aware that sustained or powerful overhead movements (eg, trimming a hedge, some DIY, racket sports, etc) will put stress on the sub-acromial area and may take longer to become comfortable.

What do I do about the wound?

You will not have any stitches, only small sticking plaster strips over 2 small wounds. Keep the wounds dry until they have healed, which is normally within 5-7 days. You can wash or shower and use ice packs, but protect the wounds with cling film or a plastic bag.

Avoid using spray deodorant, talcum powder or perfumes near or on the wounds until they are well healed.

When do I return to the outpatient clinic at Yeovil District Hospital?

This is usually arranged for approximately 6 weeks after your operation to check on your progress. Please discuss any queries or worries you may have when you are at the clinic. Further clinic appointments are made after this as necessary.

Are there things I should avoid?

- 1) There are no restrictions (other than the pain) to movement in any direction. **Do not be frightened to start moving the arm as much as you can.** Gradually, the movements will become less painful.
- 2) **Avoid** heavy lifting for 1 week.
- 3) **Be aware** that activities at or above shoulder height stress the area that has been operated on. Do not do these activities unnecessarily. Try and keep your arm out of positions which increase pain.

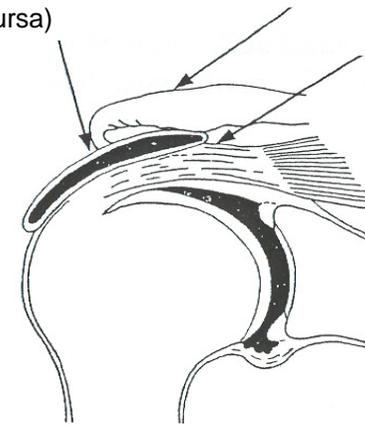
Sub-acromial impingement - right shoulder

Arm by side

cushion of fluid (bursa)

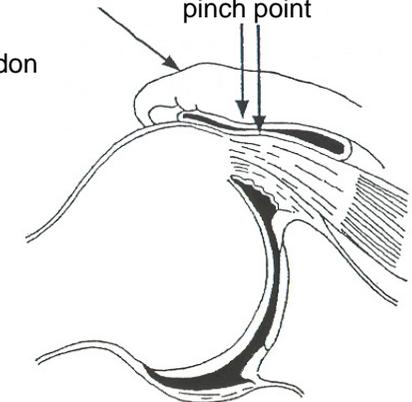
bone 'acromion'

tendon



Arm at horizontal

compression/
pinch point



About the sub-acromial decompression

The operation is done by keyhole surgery ('arthroscopy'). Sub-acromial decompression involves releasing the ligament from the front of the acromion and trimming off the undersurface of the acromion (see diagram below). This allows the tendon to move more freely and thus break the cycle of rubbing and swelling.

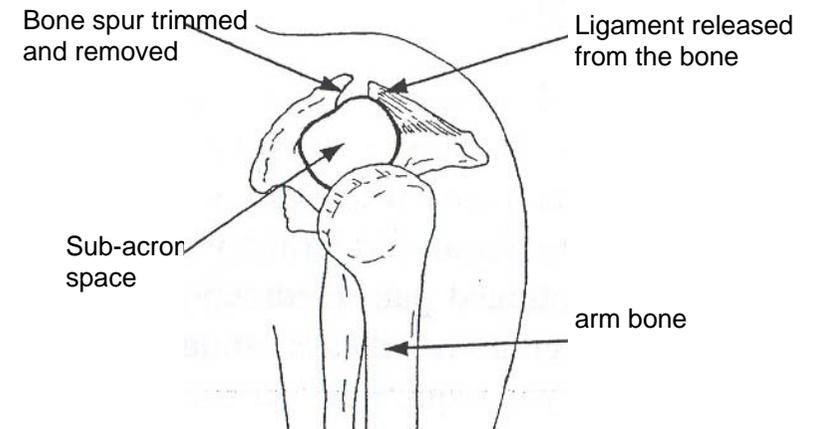
Right shoulder viewed from the side - decompression

Bone spur trimmed
and removed

Ligament released
from the bone

Sub-acromion
space

arm bone



What are the risks?

All operations involve an element of risk. We do not wish to over-emphasise them but feel that you should be aware of them before and after your operation. The risks include:

- 1) Complications relating to the **anaesthetic** such as sickness, nausea or rarely cardiac, respiratory or neurological. (less than 1% each, ie less than one person out of one hundred.)
- 2) **Infection**. These are usually superficial wound problems. Occasionally deep infection may occur many months after the operation. (less than 1%).
- 3) Persistent **pain** and/or **stiffness** in/around the shoulder. 5-20% of patients will still have symptoms after the operation.
- 4) Damage to the **nerves** and **blood vessels** around the shoulder. (less than 1%.)
- 5) A need to **re-do the surgery** is rare. In less than 5% of cases, further surgery is needed within 10 years.

Please discuss these issues with the doctors if you would like further information.

Anaesthetic

The operation is performed under a general anaesthetic. Usually the anaesthetist will administer a block of the shoulder and arm beforehand, by injecting local anaesthetic into the neck.

This reduces pain after surgery and makes the whole operation smoother. The benefits of this method outweigh the small risk of complications associated with this technique.

Questions that we are often asked

Will it be painful?

Although you will only have small scars, this procedure can be painful due to the surgery performed inside your shoulder. You will be given pain relief medication (either as tablets or injections) to help reduce the discomfort whilst you are in hospital. A prescription for continued pain medication will be given to you for your discharge home. Please contact your general practitioner (GP) if you require further medication after that.

You may also find ice packs over the area helpful. Use a packet of frozen peas, placing a piece of wet paper towel between your skin and the ice pack. Until it is healed, also use a plastic bag to protect the wound from getting wet. Leave the cold pack on for 10-15 minutes and you can repeat this several times a day.

Do I need to wear a sling?

The sling is for comfort only. You can take it on and off as you wish. You do not need to have your arm strapped to your body. Normally, it is discarded after a few days.

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.

Do I need to do exercises?

Yes! You will be shown exercises by the physiotherapist and you will need to continue with the exercises once you go home. They aim to stop your shoulder getting stiff and to strengthen the muscles around your shoulder. The early exercises are shown at the back of this booklet.

Usually, an out patient appointment for physiotherapy will be arranged for you in 3 to 4 weeks time, but it may be earlier than this if your shoulder is stiff. This delay allows the discomfort from the operation to reduce and the healing process to be well under way.