

Your Arthroscopic Subacromial Decompression at The Royal Bournemouth Hospital



This booklet from the Orthopaedic Directorate has been designed to answer any questions you may have

Please bring this booklet into the hospital with you

Introduction:

Dear Patient,

This booklet details having a Shoulder Arthroscopic Subacromial Decompression at the Royal Bournemouth Hospital. It is intended to be for patients who decided to have surgery after discussing the options, benefits and possible risks with their Consultant or Surgeon.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits so please bring it with you.

This booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist or therapist. These alterations should take priority.

All members of the Orthopaedics Team are committed to providing you with the highest standard in care and we look forward to welcoming you.

Best Wishes,

The Orthopaedic Team

This guide belongs to:

.....
Your orthopaedic consultant is:

.....
Appointment Dates

Surgery:

Follow up:

Other:

Goals

Goal 1:

Goal 2:

Goal 3:

We encourage your questions and enquiries;
please write them here to ask at your next meeting

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Educational information

What is this operation for?

This surgery aims to reduce your shoulder pain. In the shoulder there are tendons which pass under an arch. This arch is created by the bones and ligaments of the shoulder. A tendon can rub on this arch causing swelling and pain particularly when you lift up your arm. A subacromial decompression may be necessary to relieve your symptoms. This surgery will increase the space under the arch, to break the cycle of rubbing and swelling and therefore reduce your pain when you move your arm.

We would not normally consider surgical intervention within six months of the onset of symptoms. Surgery tends to be undertaken after a period of substantial non-operative management such as physiotherapy, steroid injection, pain activity avoidance, pain relief and other non-operative modalities.

There is some evidence in the literature to suggest that an arthroscopic subacromial decompression is no better than physiotherapy or non-operative management, however there are certain patients that do warrant and benefit from a subacromial decompression in the views of most shoulder surgeons, but careful patient selection is important.

Risks of this surgery

Where we discuss risk with you we will use the following terms:

Term	Numerical Ratio	Equivalent
Very common	1/1 to 1/10	A person in a family
Common	1/10 to 1/100	A person in a street
Uncommon	1/100 to 1/1000	A person in a village
Rare	1/1000 to 1/10,000	A person in a small town
Very rare	Less than 1/10,000	A person in a large town

Additionally there are risks associated with the anaesthetic used for the operation; your anaesthetist will discuss these with you.

Surgery should not be undertaken lightly and it is always important to know the risks before proceeding. Your consultant will have discussed these risks with you prior to listing you for surgery.

Common

- Scars
- Stiffness
- Pain
- Failure to resolve symptoms
- Need for further surgery

Uncommon

- Infection
- Bleeding
- Neuro vascular injury

Rare

- Deep Vein Thrombosis or Pulmonary Embolism
- Fracture
- Worsening of pain

Very Rare

- Death
- Anaesthetic complications e.g. Heart attack, Stroke, breathing problems, chest pains,

Before your surgery

Pre-admission assessment

The Pre-admission Department from Royal Bournemouth Hospital will contact you with the appointment information. If you have any questions about your appointment please call the Pre-Admission Department.

The visit to the Pre-admission Assessment Clinic may require you to be at the hospital for several hours. It is important to attend this appointment or your surgery may be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a nursing assessment and preoperative tests will be done. These tests may include:

- X-rays
- Blood and urine tests
- ECG (Electrocardiogram)

You may be seen by other health care professionals during the visit. These may include:

- Pre-Assessment Specialist Nurse
- Anaesthetist
- Ward Doctor

Please bring the following to your pre-operative assessment appointment:

- All your current medications
- A list of allergies including the type of reaction.

Actions to take before your surgery

Once you have your date for surgery you can do several things to aid preparation for your operation and to improve your recovery.

Planning ahead

It is important to plan and make arrangements for how you will manage when home. Stocking up your freezer with easy cook items is advised (particularly if you live alone), as you may find daily tasks such as cooking more difficult initially after your operation. If you have family or friends who can stay with you or visit regularly this may make your recovery easier both for helping with household tasks and moral support.

Smoking

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking benefit from long term improvements to general health, decrease the risks associated with anaesthetic and have a better outcome from surgery.

If you are interested in stopping smoking please speak to your pre assessment nurse or GP for advice and services available.

Weight

Even though you may feel fit and healthy at your current weight, patients with a higher body mass index (BMI) are more likely to experience potentially serious complications both during and after surgery.

If you are keen to lose weight before your surgery please speak to your pre assessment nurse or GP for advice and services available.

Cancellation

If you are unable to attend your appointment, please contact us immediately so that we can offer your appointment to another patient.

Arriving for your surgery

Day of surgery

Eating and drinking

Please follow the instructions given to you about when to stop eating and drinking before your operation. If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs.

If you normally take prescribed medicines in the morning, please continue to take these on the day of surgery, apart from tablets you have been specifically told not to take by the pre-assessment team. Take them with a sip of still water.

Please do not drink alcohol for 24 hours before surgery.

Arrival

You will come into hospital on the same day as your operation. You will need to present yourself to the Sandbourne Admissions Suite to be admitted for surgery. Most shoulder arthroscopic subacromial decompression are performed as day surgeries and will be able to go home on the day of the operation however you may be required to stay overnight depending on the time of your operation and your recovery.

When you arrive at the Sandbourne Suite a nurse will check you in and complete your admission paperwork. You may also be visited by the surgeon and anaesthetist before your operation.

You will then be asked to put on a hospital gown. All patients who are able will walk to theatre for their operation accompanied by a member of our nursing staff. You will be asked to remove any loose items such as glasses and false nails prior to your surgery.

Your surgery

Anaesthetic

An arthroscopic subacromial decompression is performed under a general anaesthetic. This means you will be unconscious throughout the operation. You may also have a nerve block which will assist with pain control. The nerve block will affect sensation and muscle strength in the arm. It can take 24 to 48 hours before this wears off completely.

Surgical procedure

This operation is performed arthroscopically (this is another word for 'key hole' surgery). Two or three very small incisions (cuts) are made to access the shoulder joint. The surgeon can use these incisions to place a small camera inside the shoulder as well as the instruments to perform the surgery. A surgical drill will shave away part of a ligament and some bone to create more space under the arch to allow the tendons to move more freely.

Closure and dressing

The small incisions will be closed with stitches or steri-strips. These will be covered with dressings. When you wake up from the anaesthetic your arm will normally still feel numb and be resting in a sling.

What happens after the operation? (while I am in hospital)

We hope that you will be able to go home on the same day as your procedure, however depending on your recovery and your home situation you may be required to stay overnight.

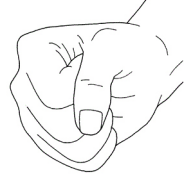
After your surgery

Physiotherapy

Following your operation you will be seen by a physiotherapist to go through the following exercises and advice with you. Physiotherapy is important to get the most out of your shoulder after the operation. We advise you to complete the following exercises at least 4 times a day unless otherwise stated.

Exercise 1: Wrist and hand

Make a fist with your fingers and then open up your hand. Repeat 10 times every hour. Keep your wrist moving also.



Exercise 2: Elbow flexion/extension

You should take your arm out of the sling every hour to bend and straighten your elbow fully 10 times. This will stop it from becoming stiff whilst you wear the sling.

Exercise 3: Shoulder shrugs

Gently bring both shoulders up towards your ears then slowly return them back to their relaxed position. Repeat this 10 times.



Exercise 4: Pendulum exercise

Lean forwards with your good arm supporting you on a table. Let your operated arm hang down and relax. Swing your arm forwards and backwards 10 times, side to side 10 times and in a circle 10 times. This can be repeated more if comfortable. Gradually increase the size of the swing/circle.

If these exercises are going well you can progress to the ones shown below:

Exercise 5: Pulleys

Using a pulley system (you can improvise by asking someone to place a dressing gown belt through a coat hanger which is hanging on top of a door), use your strong arm to help raise your operated arm. Only move your arm as far as you feel comfortable. Repeat this for up to five minutes (start with 30 seconds and build up as comfortable).



Exercise 6: Assisted flexion

Lying on your back, support your operated arm with your other arm and lift it up as far as tolerated. Try not to arch your back. Repeat this 10 times.

What happens when I go home?

Will I have a sling?

This is provided initially until the reduced sensation caused by the nerve block resolves and then for your comfort. You can take it off and on as you wish once your sensation has returned. When you are wearing the sling ensure your forearm is well supported and do not allow your hand to be lower than your elbow. You should aim to wean out of the sling as soon as possible (usually 2 to 5 days). Some people find it helpful to continue to wear the sling at night for a little longer if the shoulder feels tender.

Rest

It is important that you have a balance between exercise and rest. You will be expected to complete your exercises at least 4 times a day. However you will need to ensure that you spend some of the day resting your shoulder.

Pain relief

As the nerve block wears off and the feeling returns to your arm and shoulder, it may feel painful therefore you should take regular painkillers as advised by the nursing staff. This will keep you more comfortable and allow you to complete your exercises. You may also use an ice pack (or bag of frozen vegetables) wrapped in a towel for 15 minutes. This will help to reduce any swelling and pain.

Sleeping

Lying on your back or the opposite side will be most comfortable. A pillow can be used for additional support. You may want to wear your sling in bed initially for comfort.

Dressings and stitches

You will have stitches or steri-strips to close the wounds on your shoulder and these will be covered by splashproof dressings. This means that you can have a shower but you should not use soap or rub over the area. This will cause the dressing to peel off. The nursing staff will advise you regarding having your wound checked and the removal of stitches/steri-strips. This will normally be 10 to 14 days following your operation and will be performed by the practice nurse at your GP surgery.

Outpatient physiotherapy

We will arrange your outpatient physiotherapy appointment at the hospital closest to where you live. This will be arranged for approximately 2 weeks after your operation. The physiotherapist will progress your exercises and assist you in your recovery. You will be required to attend a few physiotherapy appointments and continue your exercises regularly between these sessions.

Clinic review

You will receive an appointment through the post for a review with your consultant or a member of their team. This will be for about 6-8 weeks after your operation. They will be able to monitor your progress and answer any questions you may have.

How will I manage everyday activities?

Bear in mind that some activities may be more difficult after your operation as your shoulder may be painful and the movement restricted initially. Before you come into hospital, think about and practice how you will manage everyday tasks when you return home after your operation. Examples of activities which you may find difficult are.

● Mobility:

If you currently use a walking aid in the hand which is being operated on, you need to consider whether you could use it in the other hand or whether an alternative walking aid may be required. You may need to discuss this with the physiotherapist on your admission.

You will need to be able to stand up from a chair without using your operated arm. You may need to consider avoiding sitting on low furniture or placing an extra cushion on the chair to sit on. This may make it easier to stand up.

● Personal Care:

Getting washed and dressed needs to be done carefully. Sitting down is usually best as you can support your arm on a pillow while it is out of the sling. Loose clothing with front fastenings are usually easiest to put on. When getting dressed, dress your operated arm first. When getting undressed, this arm comes out last.

● Food preparation and cooking:

Freezing some meals or stocking up on ready meals is a good idea as food preparation and cooking will be difficult following your operation.

Expectations

Initially after your operation you may use your arm for light activities as you feel comfortable but avoid lifting heavy items or performing repeated activities above shoulder height.

● When can I return to work?

This depends on the type of job that you have. If you have a desk based job you should be able to return to work within 2 to 4 weeks, providing you are comfortable and avoid repetitive overhead activities. If your work involves moderate to heavy lifting then you may need to wait 2 to 3 months. Your physiotherapist at outpatients can help guide your return to work.

● When can I start driving again?

Before you return to driving you must be out of your sling. Additionally you must be strong, comfortable and confident enough to be in complete control of the vehicle. You should check your insurance policy too as you may need to inform your insurance company of your operation.

● When can I return to leisure activities?

This depends on your pain, range of movement and strength. You should start with short gentle sessions and build these up gradually as able. Activities which require powerful or repetitive overhead activity will take longer to return to. You can discuss this with your outpatient physiotherapist.

Frequently asked questions

What should I bring with me to hospital?

What to take

- This booklet
- All current medications in their original boxes
- Elbow crutches or walking sticks if you use them
- Flat trainers or shoes
- Mobile phones/books
- Telephone numbers of friends/relatives
- Glasses and case

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Please remove nail varnish and piercings.

Useful Contacts

Royal Bournemouth Switchboard:	01202 303626
Sandbourne Suite:	0300 019 6104
Ward 12:	0300 019 4770
Pre-Assessment:	0300 019 4102

Exercise Images courtesy of RG PhysioTools

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Addressograph

Shoulder arthroscopic subacromial decompression acknowledgement of understanding

I have read and understood this booklet with information regarding arthroscopic subacromial decompression surgery. This includes:

- ☐ Risks to this surgery
- ☐ What to expect before my surgery
- ☐ What to expect from my surgery
- ☐ What to expect after my surgery
- ☐ Exercises and after care

Signed:

Date:

This sheet will be stored in your medical records before your surgery