

Your arthroscopic subacromial decompression (ASD) at University Hospitals Dorset (UHD)

Introduction:

This booklet is about having an arthroscopic subacromial decompression (ASD) at UHD.

This guide will explain what will happen before, during, and after your surgery.

Please bring it with you to the hospital. This is a general guide. Your hospital team might change your treatment. If this happens, follow their advice instead of what is in the guide.

Educational information

What is this operation for?

Shoulder pain can happen when a tendon rubs inside the shoulder. Tendons join muscles to bone. In the shoulder, the tendons pass under a small arch made of bone and ligaments.

When you lift your arm, a tendon can rub on this arch. This may cause swelling and pain.

A subacromial decompression is an operation that may help. The surgeon makes more space under the arch. This helps stop the tendon from rubbing. When the rubbing stops, the swelling may improve. This can reduce pain when you move your arm.

Doctors do not usually suggest surgery during the first six months after symptoms begin. Most people try treatments that do not involve surgery first. These may include physiotherapy, steroid injections, pain medicine, and avoiding painful activities.

Some studies suggest that arthroscopic subacromial decompression may not work better than physiotherapy or other non-surgical care. However, some patients do benefit from this surgery. Many shoulder surgeons feel it can help certain people. Careful patient selection is important.

Risks of surgery

All operations carry risks. Your surgeon will explain these to you before your procedure.

Common (1 in 50 to 1 in 20 people)

- Failure to improve symptoms
- Scarring
- Pain
- Bleeding
- Stiffness or loss of movement

Less common (1 in 100 to 1 in 50 people)

- Infection
- Temporary numbness or pins and needles

Rare (1 in 1000 to 1 in 100 people)

- Injury to nearby nerves or blood vessels
- Raised or thick scars (hypertrophic or keloid)
- Delayed wound healing

Very rare (fewer than 1 out of every 1,000 people)

- Complex regional pain syndrome (CRPS), which causes severe and long-lasting pain
- Break in the shaved bone (acromial fracture)
- Blood clot in the leg or arm (deep vein thrombosis, DVT)
- Stroke
- Heart attack (myocardial infarction)
- Death (extremely rare)

Before your surgery

Pre-assessment appointment

You will need a pre-assessment before surgery. We cannot give you a surgery date without this. We will send you the details.

The appointment may take a few hours. A nurse or therapist will check if you are fit for surgery.

Please bring a:

- list of all medicines you take and their doses (include herbal or over-the-counter medicines)
- note of any allergies
- list of past operations

Sometimes you may need more tests. If so, we will explain why. You may also need another appointment.

Once we know you are fit for surgery, we tell the admissions team. They will contact you when a date is free.

Actions to take before your surgery

There are things you can do to prepare once you are on the list for surgery. These will help your operation go smoothly and support your recovery.

Planning ahead

Think about how you will manage at home after surgery. This is very important if you live alone. Some daily jobs, such as cooking or cleaning, may be harder at first. Try to fill your freezer with simple meals you can heat up. This will make life easier while you heal. If family or friends can stay with you, or visit often, it will help. They can support you with housework and daily tasks. Having support can also make recovery feel more positive.

Stopping smoking

Smoking can slow down healing and increase the chance of problems after surgery. If you stop smoking, you lower the risks linked to the anaesthetic. Stopping also improves the results of your operation and your long-term health. If you would like help to stop smoking, speak with your pre-assessment nurse or your GP.

Weight management

Your weight can affect your safety during and after surgery. A healthy weight makes problems less likely. Body mass index (BMI) is one way to check if your weight is right for your height. If your BMI is high, there is a greater risk of serious problems during or after surgery. If you want to lose weight before your operation, speak with your pre-assessment nurse or your GP.

What to do if you are unable to attend your surgery date?

If your surgery date doesn't suit, please contact us as soon as possible. This allows us to reschedule and offer the slot to someone else. Call the admissions team on **0300 019 4919**.

Day of surgery

Eating and drinking

You must have an empty stomach for surgery. If you eat or drink too close to the operation, you could be sick. This can harm your lungs.

Your surgery may be cancelled if you do not follow the fasting instructions you are given.

Only stop medicines if the pre-assessment team told you to. Take all other morning medicines as normal, with a small sip of water. Do not drink alcohol for 24 hours before surgery.

Arrival at the hospital

You will come to hospital on the same day as your surgery.

Your letter will tell you where to go and what time to arrive.

When you arrive, a nurse will check you in. They may take your blood pressure and sometimes a blood test. The surgeon will see you before surgery.

You can ask any questions.

Before surgery, you will change into a hospital gown. You must remove piercings, jewellery, glasses, false nails, and dentures.

Your surgery

The anaesthetic

Before surgery you will meet the anaesthetist. They will explain the anaesthetic. They will check it is safe for you and answer your questions. For shoulder surgery you will have a general anaesthetic and a nerve block. The nerve block is an injection near your collarbone. It makes your arm numb from shoulder to hand for up to 24 hours. After surgery your arm may feel numb and weak. Be careful not to knock or injure it while the block wears off.

The surgery

The surgeon will make small cuts around your shoulder. A thin tube with a light and camera (arthroscope) goes into one cut. This lets the surgeon see inside the joint. Through the other cuts, they use tools to clear away swollen tissues and shave down a small area of bone. By doing this they create more space under the bone arch in the shoulder, which stops the tendons from catching or pinching when you move your arm.

Closing the cuts

After the surgery the cuts will be closed with stitches or strips. They will then be covered with a dressing.

After your surgery

When will I be able to go home?

We expect that you will be able to go home on the same day as your procedure. You must have someone at home with you for the first 24 hours while you recover from the anaesthetic.

Will I have a sling?

You will return from theatre in a sling. You will need to use the sling at first while the numbness from the nerve block wears off, and then for your comfort. Once the feeling in your arm has fully returned, you can take the sling on and off when you want to.

When you wear the sling, make sure your forearm is supported and that your hand is not hanging lower than your elbow.

Try to stop using the sling as soon as you can. Usually within 2 to 5 days. Some people choose to keep wearing it at night for a bit longer if their shoulder is still sore.



What exercises should I do?

After your surgery, a physiotherapist will see you. Doing your exercises is important for your recovery. Try to complete them at least four times a day, unless told otherwise.



Exercise 1: Wrist and hand

Make a fist, then straighten your fingers.
Repeat 10 times every hour.

Exercise 2: Elbow bend and straighten

Take your arm out of the sling.
Keep your elbow by your side.
Bend your elbow, bringing your hand towards your shoulder.
Then straighten it again.
Repeat 10 times.



Exercise 3: Neck stretch

Look forward.
Gently lower your right ear towards your right shoulder.
Hold for five seconds, then return to the start.
Repeat on the left.
Do three times each side.

Exercise 4: Shoulder blade squeezes

Sitting or standing.

Pull your shoulder blades back and down together.

Hold for three seconds and then relax.

Repeat this 10 times.



Exercise 5: Pendulums

Lean forwards with your other arm supporting you on a table.

Let your operated arm hang down and relax.

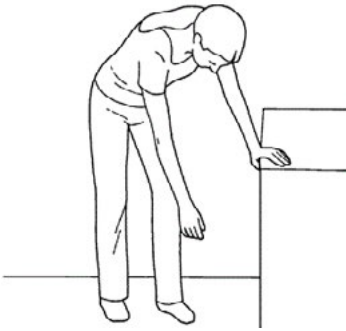
Swing your arm forwards and backwards 10 times.

Then side to side 10 times.

Then in a circle 10 times.

This can be repeated more if comfortable.

Slowly build up the size of the swing/circle.



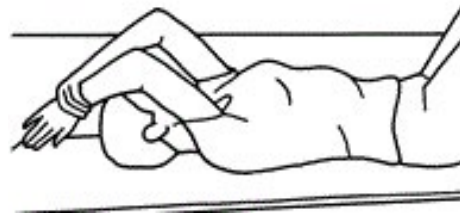
Exercise 6: Assisted lifting to the front

Lying on your back.

Support your operated arm with your other arm and lift it over your head.

Try not to arch your back.

Repeat this 10 times as far as is comfortable



Exercise 7: Assisted rotation to the side

In sitting or standing hold a stick in both hands with the elbow of your operated arm at a 90 degree angle.

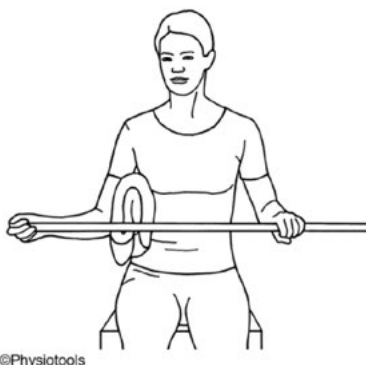
Use the other arm to push the stick, moving the hand of your operated arm outwards and away from your body.

Keep the elbow of the operated arm tucked against your ribs.

Only push the arm as far as comfortable.

Hold for five seconds then return to the starting position.

Repeat this 10 times.



Recovering at home

How will I manage daily tasks?

At first daily tasks may be more challenging as your shoulder will be painful and your movement limited.

Some things may be harder:

- **Getting around:**

If you normally use a walking stick in the arm that had surgery, try using the other hand. You may need a different walking aid. Ask the physiotherapist at the hospital.

You should stand from a chair without using the operated arm. Avoid low chairs. Adding a cushion can make standing easier.

- **Washing and dressing:**

Sit down and rest your arm on a pillow when it is out of the sling. Your wounds will be closed with stitches or strips and covered with splash-proof dressings. You can shower but avoid soap or rubbing the area. Wear loose, front-opening clothes. When dressing, put your operated arm in first. When undressing, take it out last.

- **Making food:**

Cooking may be difficult to begin with. Freeze some meals or buy ready-made ones before your operation.

Rest

Balance exercise with rest. You need to do your exercises at least four times a day but also make sure you rest your shoulder.

Pain relief

As the nerve block wears off, your arm and shoulder may hurt. Take painkillers as advised. This will make you more comfortable and help you keep up with your exercises.

Sleeping

It is best to lie on your back or the opposite side. Use a pillow for support if needed. You may want to continue to wear your sling in bed initially, even once you have stopped using it during the day.

Follow up appointments

Wound check

Your wound will be checked 10-14 days after surgery, usually by the nurse at your GP practice.

Physiotherapy follow-up

You will be referred to your local hospital for outpatient physiotherapy. Your first appointment is usually 2-3 weeks after surgery.

Surgical follow-up

You will also have a follow-up with your consultant's team between 2 to 6 weeks after surgery. They will check how you are healing.

Expectations

Daily activities

You can start using your arm for light tasks, like eating, as soon as it feels comfortable. At first, try to avoid movements that make your pain worse. For example repeatedly reaching above your shoulder or behind your back.

For the first two weeks, do not lift anything heavier than a glass of water or a cup of tea.

Returning to work

When you go back to work depends on the type of job you have:

- Desk jobs: usually one to two weeks
- Light manual work: usually four to six weeks
- Heavy manual work: usually two to three months.

A phased return (starting with lighter duties) is often recommended.

Leisure activities

How quickly you return to your hobbies depends on your pain, movement, and strength. Start with short, gentle sessions and build up slowly. Activities that involve strong or repeated overhead movements will take longer to get back to.

You can talk to your physiotherapist for more advice.

Driving

You must not drive while still wearing your sling. You should only drive when:

- you feel comfortable
- you have enough strength and movement to control the car safely at all times

Check your insurance policy. Some companies need you to tell them about your operation before driving again.

Most people can return to driving within two to three weeks.

Frequently asked questions

Who should I contact if I have questions?

If you have any questions, you can ask your surgeon or physiotherapist on the day of the surgery.

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

Main orthopaedic ward: 0300 019 6223 (24 hours a day, seven days week)

Pre-assessment: 0300 019 4102 (Monday to Friday 9am until 4pm)

Admissions: 0300 019 4919 (Monday to Friday 9am until 4pm)

Exercise Images courtesy of RG PhysioTools

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