

Your Arthroscopic Sub-Acromial Decompression (ASD)

Information for Patients

This leaflet will provide you with general information about Sub-Acromial Decompression (ASD) surgery. It will briefly explain the operation procedure and provide guidance on the recovery process, including rehabilitation expectations.

Surgery is required due to inflammation of soft tissue structures, i.e. the bursa and rotator cuff tendon impinging on the under surface of the bone. Normally all attempts at conservative treatment i.e. physiotherapy and injection will have failed for this to be considered. The aim of surgery is to make the space in the shoulder joint wider to allow more room for the tendons to move.

A keyhole (arthroscopic) procedure is performed. A small telescope and instruments are used to help to avoid a big wound and complications associated with this. Two to three small cuts are made around the shoulder where the instruments and telescope with the camera enter the joint to perform the procedure.

Additional procedures that can be performed along with a ASD

1. Acromio-clavicular joint (ACJ) excision – This involves removal of the joint at the top of the shoulder between the collar bone and shoulder blade. It is performed if x-rays show arthritis of the joint and the consultant feels this is contributing to your symptoms.

N.B - Expect discomfort to be slower to settle after this operation than a normal ASD.

2. Biceps tenotomy – The biceps tendon running through the shoulder is cut. It is performed if it is damaged or inflamed and the consultant feels this is contributing to your symptoms. The result is often a change in the appearance of the biceps muscle with it sitting slightly lower on your arm. The biceps

muscle still works as normal just slightly weaker as the muscle has two tendons and the other tendon continues to function normally.

Long term benefits of ASD

- Pain relief
- Improved range of movement
- Increased ability to perform functional activities

Recovery may take up to 6–9 months for full benefit. However, you should start to notice the vast majority of recovery within 6-12 weeks.

What should I bring with me for my operation?

You will arrange with Mr Dattani the timings and location of your surgery. Most of the time the surgery is performed as a day-case which means you will come in and go home on the same day as long as you have someone to escort you. Your arm is likely to be numb and you will be in a sling after the operation. Bring loose clothing and we would recommend button-up or zip-up tops as you will not be able to lift your arm up in front of you following the procedure. Avoid bottoms with complicated belts or zips as you will be effectively one-handed following the procedure.

If the surgery is performed late in the evening then you will be admitted to a ward. Bring limited items when you come into hospital as storage space is limited. Try to avoid bringing large amounts of cash or valuable items.

You should bring the following items:

- Any medicines you take regularly
- Any walking aids you use
- Comfortable, loose clothes – **See above instructions**
- Nightdress/pyjamas
- Flat supportive shoes/slippers with back support – big enough to allow for your foot to swell a little
- Wash bag - soap, toothpaste, deodorant etc.

Consenting to the operation

Before you have your surgery you will be seen by Mr Dattani who will discuss the operation with you. It is important that you understand why you are having surgery and all the risks associated with it. You will be asked to sign a form consenting to the surgery.

Anaesthetic

You will be seen by an anaesthetist before your operation who will discuss different forms of anaesthesia. The operation is usually performed under general anaesthesia (fully asleep) and is supplemented with a nerve block (inter scalene block) this involves an injection of local anaesthetic to numb the nerves that supply the feeling and muscles around the shoulder. It greatly reduces the feeling of pain, and also makes the arm heavy until the block wears off. It reduces the requirement for pain killers after your operation.

What are the risks of having a Sub-Acromial Decompression?

All operations have risks both from the anaesthetic and the procedure itself. However most of these complications are relatively minor and easily treatable, but may mean you need to stay in hospital longer.

Risks	Information
Pain	The procedure involves moving soft tissues and removal of bone, which may be uncomfortable for up to 6 months afterwards.
Bleeding	A small amount of bleeding is inevitable with this operation. Very rarely you may develop significant bruising.
Infection	Sometimes a wound can become infected and show signs of inflammations (i.e. red, hot, itchy). This will require treatment with antibiotics.
Scar	The operation will leave two to three small scars around the shoulder. Poor wound healing may lead to thickened scars.
Frozen Shoulder	A general restricted range of movement in the shoulder sometimes occurs. Physiotherapy, injections and sometimes further surgery can help.

Nerve damage	There are a number of important nerves in the tight area around the shoulder. Damage can cause symptoms of muscle weakness or numbness along the arm. This is an extremely rare occurrence.
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After the Operation

After the operation you will be taken to one of the recovery rooms and may have several drips attached with nurse supervision. You will be wearing an oxygen mask.

Pain Control

The nerve block will wear off after 24-48 hours and therefore it is important to start taking your prescribed pain killers to control the pain. You should expect some pain and stiffness to continue for 6-12 weeks.

Ice

When you go home you may want to use an icepack on your shoulder to try and reduce your pain and swelling; however you **must not** use an icepack if there is still numbness around your shoulder or you cannot feel any cold sensation. You should not use this for more than 10-15 minutes at a time. It is important that your wound does not get wet so make sure any icepacks you use are well wrapped up, i.e. with a tea towel.

Wound Care and Washing

Your wound must remain dry until it has healed; reducing the risk infection. Your wound should heal within 10-14 days. You may take a shower and use an icepack as long as you keep the wound covered and dry with a waterproof dressing. Avoid the use of spray deodorants and powder near the scar. The nurses will discuss wound care with you prior to your discharge. The wounds are either closed with steristrips or stitches that require removing 10-14 days post operatively. This will happen at your first clinic appointment.

Sling

You will be given a sling to wear for 1-2 weeks. This is just used to make your shoulder more comfortable for the first few days then as your shoulder improves you can reduce how much you use it.

How do I get dressed?

It is important to use your arm despite the pain to prevent stiffness, which can be a source of further pain and discomfort. Moving the arm will not damage the shoulder. It is easier to use front button shirts and pull-up trousers with an elastic waistband in the first few weeks. When dressing put the operated arm into sleeves first and when undressing take the un-operated arm out first, followed by the operated arm.

Armpit Hygiene

To wash under your arm lean forward slightly while your arm is out of the sling as if you were doing the elbow straightening exercise. Lean forwards slightly so that your arm hangs slightly away from your body. You should then be able to wash and apply deodorant.

Follow-up appointments

Week two - Shoulder team physiotherapist and dressings nurse

Your home exercise programme will be checked, as will your wound and if needed stitches removed. A physiotherapy referral will be made if appropriate.

Week six – Review with Mr Dattani

The progress of your rehabilitation will be checked and changed if necessary.

Week twelve – Review with Mr Dattani

This is a review to ensure a good recovery has been made and no further treatment is needed.

If all goes well you will not need any further appointments. If your progress is slower than anticipated further appointments will be arranged to ensure your recovery is as good as it can be.

How will I progress and what should I avoid doing?

Day 1 until follow up at 2 weeks

- Sling: wear for 48hours constantly, removing it to regularly exercise your arm and shoulder. Wear at night for up to 2 weeks and in public as required but start weaning down the use after 1-2 weeks.
- Exercise: start moving your shoulder and arm as pain allows, and complete the below exercises.

You may find that your whole arm becomes slightly swollen and stiff, particularly if you do not move it. To prevent this happening you should do the following exercises 10 times 3-4 times a day from day 1.

Avoid: Any painful movements and exercise within limits of pain



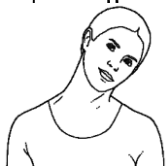
Hand & Wrist Exercises

Keep clenching your hand into a fist and then straightening your fingers
With fingers straight move them wide apart and then back together
Move your wrist round in circles



Elbow Exercises

With operated arm out of the sling, fully straighten and then bend your elbow. Use your other arm to help if necessary.
With you arm bent to 90° turn your forearm so that the palm of your hand faces up and then down.



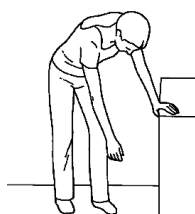
Neck Exercises

Do not let your neck become stiff. Slowly turn your head from side to side and then tilt it each side.



Shoulder Blade Squeezes

To prevent your shoulders becoming hunched post-op pull your shoulder blades together, hold for 5seconds and then relax.



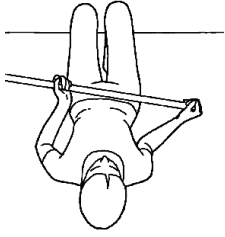
Shoulder – Pendulum Exercises

While standing let your operated arm swing down by your side. Gently swing your arm in circles, side to side and then forwards and backwards.
Use this position to wash in your armpit.



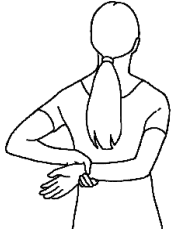
Shoulder – Assisted Flexion

Lying on your back, clasp your hands together keeping thumbs facing upwards. Use your good arm to help lift the operated arm up in a nice smooth arc.



Shoulder – Assisted External Rotation

Lying on your back, hold a stick/umbrella/broom in both hands keeping elbows bent to 90°. Use the stick to push your operated arm out to the side whilst keeping your elbows tucked in against you side.



Shoulder – Internal Rotation

While standing use your good arm to help gently push the other one up behind your back.

2-6 weeks

Exercise: You will be given guidance on increasing your range of movement and restoring strength to your arm.

Avoid: Any painful movements and exercise within limits of pain

Repeating any movements that involve reaching over your head

These movements may irritate the operated region and cause inflammation which can be painful and slow down your recovery

6-12 Weeks

You should be working on restoring;

- Full movement to the shoulder
- Full strength in the arm
- Ability to perform the majority of function activities

When will I be back to normal?

Returning to work

Inform your surgeon at your pre-operative clinical appointment if you are intending to return to work. The speed at which you can return to work is entirely dependent on the job you do. For rough guidance we advise:

- 2 weeks off for light/sedentary work
- 2-3 months for manual occupations or sustained overhead postures.

Driving

If you normally drive, you can start driving again after two weeks dependent on pain levels, range of movement and strength in the arm and shoulder. You should not start driving until you feel you have enough movement in your arm to drive safely and once you have consulted with your insurance company.

Returning to sport

The following are rough guidelines and you should discuss with the physiotherapist at the 2 week follow up before undertaking any sport.

- Golf - 6 Weeks
- Swimming - Breast stroke when able, front crawl 3 months
- Racquet sports - Competitive at 4 months, avoid overhead activities in sports for 3 months
- Contact sport - 3 months providing adequate strength regained.