



SPORTS SURGERY CLINIC

*Specialists in Joint Replacement, Spinal Surgery,
Orthopaedics and Sport Injuries*



Arthroscopic Subacromial Decompression

Ms. Ruth Delaney
Consultant Orthopaedic Surgeon

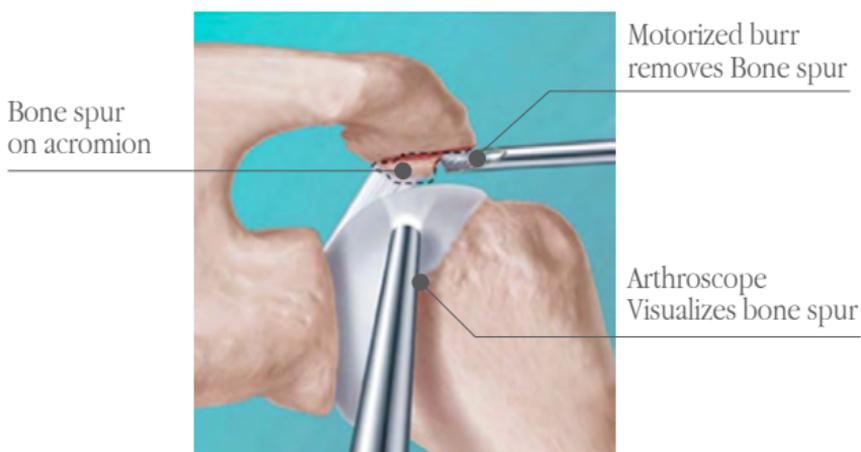


INTRODUCTION

The subacromial space is an area above the main shoulder joint, through which the tendons of the rotator cuff pass. These tendons can often become inflamed and swollen, causing pain. The tissue around the tendons, called bursa, also becomes inflamed, termed bursitis. In addition, the so-called 'point of the shoulder', or the acromion, which is a projection of bone from the shoulder blade, can be shaped in such a way as to further limit the space for the tendons to travel through. This may be due to degeneration or a bone spur, or may simply be the way an individual's shoulder blade anatomy is formed. The acromion makes a joint with the outer end of the clavicle, which can be another source of pain or bony spur formation.

Subacromial decompression surgery

The surgery is performed under general anaesthesia. This is an arthroscopic ("keyhole" surgery), with a number of small, 5mm incisions. The inflamed bursal tissue around the tendons is cleared away with a combination of small, arthroscopic instruments, and any bony spur is smoothed down using a shave or burr. If the joint between the acromion and the collarbone (the AC or acromioclavicular joint) has been painful on clinical exam in the office and is found to be contributing to any bone spur seen at arthroscopy, then it too is smoothed with the burr, and any arthritic bone ends of the AC joint are removed.



Risks

There is a very small risk (<1%) of bleeding, infection, damage to nerves, or shoulder stiffness. You will be given antibiotics by the anaesthetist at the beginning of surgery to minimise the risk of infection.

Post-operative Care

Pain Control

It is normal to have some swelling around the shoulder and some discomfort or pain after surgery. As the fluid used during surgery to expand the shoulder joint is gradually reabsorbed by your body, the swelling will decrease over 2-3 days after surgery. The post-operative pain should be controlled by pain medicine and ice. Apply ice, in the form of ice packs or crushed ice/frozen peas wrapped in a damp cloth, to the shoulder frequently (approximately 20 mins at a time, at least 2-3 times a day).

Sling

You will be placed in a basic sling or collar and cuff at the end of your surgery. This sling is for comfort only and can start to be removed in the initial days after surgery. Shoulder motion is encouraged. The arm can be used normally for activities of daily living.

Wounds

There will typically be a number of small incisions about the shoulder, covered by waterproof dressings. Leave the waterproof dressings in place for 10 days to allow wound healing. You may shower 72 hours (3 days) after surgery, but do not soak the shoulder in the bath or go into a pool until after cleared to do so at your follow up appointment with Ms. Delaney. Skin stitches are absorbable and do not need to be removed.

Follow up Appointments

An appointment will be made for you to see Ms. Delaney approximately 2 weeks after surgery.

Ring the office at 01-526 2335 to confirm this appointment.

Rehabilitation

Many patients after subacromial decompression surgery progress quite quickly on their own and need minimal, if any, supervised physiotherapy. At your first post-operative visit, Ms. Delaney will give you a prescription for physiotherapy, if needed, and a detailed post-operative protocol for you and your physiotherapist to follow.

Driving



You must not drive while in the sling or while taking narcotic pain medication. Ms. Delaney will advise when you may begin driving.

Return to Work

Return to work depends on the nature of your occupation. You need to discuss this with Ms. Delaney. After subacromial decompression, most patients return to work within about a week.

Return to Leisure Activities

Return to leisure activities and sports will depend on the type of sport and your rehabilitation progress. Ms. Delaney and your physiotherapist will advise you on the timing of your return to sport. Once you have regained full, comfortable shoulder range of motion, you can resume strengthening exercises for your shoulder and gradually return to leisure activities involving the shoulder.



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