

the surgery. You will also be given pain-killing tablets after the operation if you need them.

#### WHAT WILL IT BE LIKE AFTER?

We will examine your shoulder after surgery before you go home. You are unlikely to need a polysling to rest your shoulder immediately after surgery. The physiotherapist will see you prior to discharge to give you some simple exercises to undertake before the sutures are removed.

#### HOW SOON CAN I:

##### **Drive?**

Driving is allowed as soon as a patient feels safe and able to do so – usually within 2 weeks. Return to work is dependant on the activities required – sedentary work 2 weeks, heavy manual work 6 weeks.

##### **Play Sport?**

Once you have your sutures removed you can gradually increase your level of activity under the guidance of your physiotherapist. Once you can move your shoulder comfortably you can start swimming and golf, increasing the activity gradually.

#### WHAT ARE THE RISKS?

The operation has good success rates but patients often require a course of physiotherapy rehabilitation to gain maximum benefit.

The risks of infection and wound problems are minimal (less than 1%).

There is a small risk of persisting pain and/or stiffness (post-operative frozen shoulder) but this is self-limiting and rarely requires further intervention.

For any further information please ask your Orthopaedic and Trauma surgeon or physiotherapist.



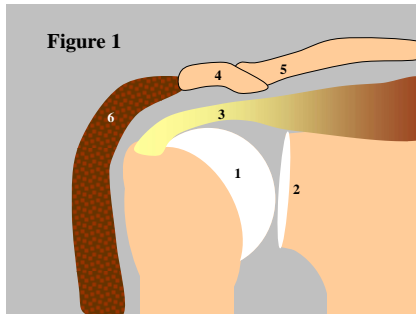
Shoulder  
Impingement &  
Decompression

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# SHOULDER IMPINGEMENT & DECOMPRESSION

## INTRODUCTION

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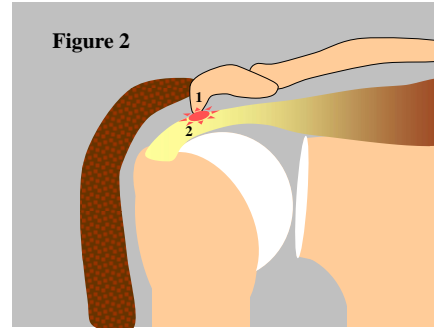


The shoulder (Figure 1) is a ball (1) and socket (2) joint. The rotator cuff tendons (3) pass beneath the roof of the shoulder, the acromion (4) in the subacromial space and attach around the ball to move the joint. The acromion attaches to the collar bone (5) forming the AC joint and the whole shoulder is surrounded by the big deltoid muscle (6).

## WHAT IS INVOLVED?

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Impingement syndrome (Figure 2) occurs when the rotator cuff tendons, which uniquely pass between two areas of bone, rub on a relatively hooked under surface of the acromion (1) and become inflamed resulting in tendonitis and bursitis (2). When the tendon gets inflamed it swells and consequently rubs more resulting in more inflammation and so the vicious circle continues.



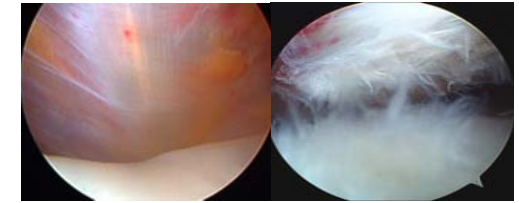
This results in pain around the shoulder located on the outside of the deltoid muscle which is exacerbated by activities particularly overhead. Nights are often disturbed.

Initially rest and activity modification to avoid those functions that make the pain worse should be tried in combination with simple painkillers (paracetamol) and anti-inflammatory tablets (ibuprofen).

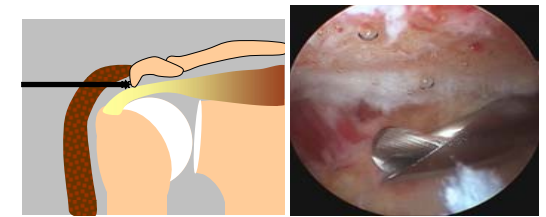
Physiotherapy can be helpful to break the painful cycle using a variety of treatment methods including muscle strengthening and control exercises. If the problem persists despite these measures your doctor or surgeon may offer an injection of local anaesthetic and steroid.

If the effects of the injection are only temporary your surgeon may suggest arthroscopic surgery to try and eradicate the problem permanently. Using a telescope through small stab incisions around the shoulder it is possible for the surgeon to inspect all parts of the shoulder.

This intra-operative photograph below shows a normal subacromial space whereas the view on the right shows a tendon rubbing on the under surface of the acromion.



Using a variety of instruments the surgeon takes away the inflamed tissue and smooths down the hook of bone that has been rubbing.



A sling is not required following routine surgery and the two simple stitches are removed in clinic 2 weeks after surgery.

## CAN IT BE DONE AS A DAY CASE?

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Arthroscopic subacromial decompression is a keyhole surgery as a day-case procedure.

## WILL I HAVE TO GO TO SLEEP (GENERAL ANAESTHETIC)?

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The operation is usually performed under general anaesthetic (asleep). Your anaesthetist will advise you about the best choice of anaesthetic for you.

In addition, local anaesthetic may be injected into your shoulder while you are asleep to reduce the pain after the operation even if you go to sleep for