

# Arthroscopic Subacromial Decompression

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The aim of surgery is to reduce pain, improve function, improve overall quality of life and mobility. Overall success rate is 95%.

### What to Expect

- 1-2 days in hospital
- 2 weeks of swelling and discomfort requiring significant pain killers
- 3-5 days in a sling (or 4-6 weeks if repairs are performed)
- 6-12 weeks for reasonable recovery
- 6-12 months for a good to full recovery

### Possible Complications of Surgery

- Wound infection
- Deep joint infection
- Deep vein thrombosis (DVT)
- Fracture
- Nerve injury
- Failure of reconstruction
- Revision surgery
- Heart attack
- Chest infection
- Pulmonary embolism

### Risks

- 5% chance of minor complication
- 0.5-1% chance of serious complication
- Risk of dissatisfaction with the outcome of surgery

### Post Operation Wound Care

- Keep wool and crepe bandages on for 24 hours after the operation.
- Keep wounds clean, dry and covered for 2 weeks or until the wound is completely healed. If the dressings get soaked through, they will need to be changed.
- Do not soak the incision (ie. bath or pool) until the wound is completely healed.
- Mr Spencer mainly uses dissolvable stitches.
- If you have any concerns about your wound please contact Mr Spencer's rooms.

### *After your Arthroscopic Subacromial Decompression : A Rehabilitation Guide*

Committing to a rehabilitation programme after your operation is essential to a good outcome. The time frames below are approximate, vary between individuals and are best guided by Mr Spencer or your Physiotherapist. Initially closed chain exercises (where the foot is fixed e.g. squatting) are performed to minimize any strain on the graft. Notes in italics below are guidelines intended for your Physiotherapist.

If your operation involves a tenodesis of your biceps tendon (where your biceps tendon is reattached), you are to avoid lifting anything heavier than a cup of tea for 6 weeks and avoid heavy lifting (or over stressing the biceps) within the first 3 months.

### Weeks 0-2

- Sling for 2-5 days, maintain elbow extension (straightening) range whilst in sling.
- Ensure adequate analgesia to control pain.
- Driving when you feel safe and competent to do so and you must be out of the sling. Approximately 1 week after the operation. Contact your insurance company before returning to driving, to ensure you are covered.
- *Exercises: Pendular circles, Range of movement all directions, strength, proprioception, scapular stabilisation exercises as able within pain and comfort.*

### Week 2 onwards

- Return to light duties at 1-2 weeks, avoid lifting 2-4 weeks. This is highly dependent upon your type of job and your shoulder. If required, discuss this further with Mr Spencer.
- Improvement in your shoulder can continue for up to 1 year.
- *Exercises: continue range of movement, progress strength, proprioception, scapular stabilisation exercises as able within pain and comfort.*
- *Painfree Rotator Cuff strengthening exercises. Avoid supraspinatus exercises initially and then only if weak and must be painfree with good scapular control.*
- *Work/leisure/sport specific rehabilitation including progression to overhead control and strength.*
- *If a Biceps Tenodesis is performed, introduce a gradual strengthening programme for the Biceps from 12 weeks onwards.*