

Shoulder Arthroscopy Arthroscopic Sub- Acromial Decompression (1 of 4)



The operation

An arthroscopy is a procedure to look inside a joint using a special tool called an arthroscope. This is like a very small, thin telescope with a light and camera on it. The camera is attached to a TV screen so that the surgeon can look to see what the problem is in your shoulder joint.

An arthroscopy may be done to investigate symptoms such as pain, swelling, loss of movement or joint instability. It may show damage to cartilage or ligaments, fragments of bone or cartilage that have broken off (called 'loose bodies') and signs of arthritis.

During the operation the arthroscope is passed in to the joint through a small cut (around 5mm long) in the skin called a 'key hole'. One or two more 'key holes' will be made to insert special instruments into the shoulder joint to shave down excess bone and make a larger space around the joint. This is known as arthroscopic sub-acromial decompression. With more room for the joint to move, the soft tissues are no longer pinched or compressed during certain movements of the arm.

The operation can take between 20 minutes to an hour, depending on what is done.

Most patients will have steristrips rather than stitches. These will be covered with a small dressing. There will also be a larger pressure dressing over the top which should stay in place for 24-48 hours depending on your surgeon. The smaller dressing must stay on for 10 days. The dressing/wound must be kept dry until day 10 or when the wound is completely dry and healed. After this time you can remove the steristrips. If you have stitches you should make an appointment with your practice nurse at your GP surgery who will remove the stitches.

Risks

Complications of this type of surgery occur in fewer than 1 in a 100 cases, but they can include:

- accidental damage to other structures inside or near the joint
- excessive bleeding inside the joint which can cause a lot of pain and swelling
- infection within the joint
- anaesthetic complications

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- a need to re-do the surgery
- prolonged stiffness and/or pain.

Benefits

There are many advantages of having an arthroscopy to look at the problem with your shoulder instead of open surgery of the joint. These include:

- less pain afterwards
- less risk of complications compared to open shoulder surgery
- a shorter hospital stay (it is often done as a day case)
- a quicker recovery as there are fewer limitations with your rehabilitation following the surgery.

Alternatives to surgery

If you decide that you do not want to have this type of surgery on your shoulder there are some other options to try. Your surgeon may try a steroid injection into the joint to help reduce the pain, which may help in getting some of the movement and function back. You may be referred for physiotherapy and given exercises to help the movement and strength in your shoulder. You may also be prescribed pain killers.

It very much depends on what the problem is as to how successful these alternatives are and should be discussed with your doctor.

After the operation

Don't worry that you will damage your arm by moving it because the cause of the pain has been treated without the need for reconstructive surgery.

It is important that you increase the amount of movement in your shoulder as soon as possible. To begin with you can use your strong arm to help move your operated arm. There are no restrictions in the movements that you can do. If you have any pain, take regular pain relief, as needed.

Your physiotherapist will show you how to do the following exercises. Start doing them the day after your operation.

You may be given a sling to rest your arm between exercise sessions. If you are, you should only use it for the first couple of days until your pain settles down.

You will be seen in Orthopaedic Outpatients about two weeks after your surgery.

If you have any signs of wound infection such as increased pain, redness, swelling or the wound feels hot, please contact your GP.

Day 1

Pendulum Exercises

Stand and support yourself with your good arm on a firm surface, or sit in a chair. Bend over from your waist and let your other arm hang loosely in front of you.

1. gently swing your arm forward and backwards 10 times.
2. gently swing your arm from side to side 10 times
3. gently circle your arm – first in a clockwise direction, then in the opposite direction. Gradually try to make a larger circle each time. Repeat 10 times.



Do these exercises 4 times each day.

Days 2 and 3

Add these exercises to the ones you did on day 1.

Active Assisted Elevation

With your good arm, grasp the wrist of your operated arm and raise it as far as possible above your head, then lower it slowly. You may find this easier to do lying on your back on the bed.

Do this 10 times, 4 times a day.



Active Assisted Abduction



(Taking your arm away from your side)

Cross your arms and cup each elbow in a hand. Gently move your operated arm out to the side, supporting it all the time, then bring it back to your side.

Do this 10 times, 4 times a day.

Day 4

Add this exercise to the previous ones.

Try to lift your arm forwards without the support of your good arm. A good way to do this is by walking your finger tips up the wall.

Do this 10 times, 4 times a day.



After Day 4

It will help if you can go to a swimming pool and exercise in the water.

Cover the operation dressing with a large waterproof plaster.

Stand in deep water up to your neck and hold a float or inflated child's arm band in the hand of your operated arm. Stretch your arm out to the side and move it back across the front of your body, supported all the time on the water by the float.

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Do this movement several times with frequent rests.

You may be made an appointment to be seen at your local physiotherapy department (depending on your surgeon) about a week after your operation to check on your progress. They will assess your movement and muscle strength and book you in for physiotherapy treatment as needed.

It is important to get movement in your shoulder within 3 weeks, but you will still probably experience some pain when raising your arm above shoulder height. After 2 weeks you can rig up a pulley system at home (such as a dressing gown cord/tie or similar, over the top of a door) to help regain full movement and stretch any tightness around the shoulder.

Be patient with your recovery, perform the exercises regularly and your shoulder will gradually improve. About 3 months after your operation you should have about 80% improvement in your symptoms and further improvement can take up to a year.

It is important to keep your pain under control so you can do your exercises to get your full movement as quickly as possible, and also to have a good nights sleep. If you still have pain after you have finished taking the pain killers you were given on discharge from hospital, see your GP for further advice.

Ice is an effective method of pain control. Place a bag of frozen peas, wrapped in a damp towel, on your shoulder for 10 to 15 minutes. This can be repeated as often as required throughout the day.

Commonly asked questions

When can I drive?

Usually 1 – 2 weeks after surgery. Make sure you are comfortable and can manage all the controls safely. If you are in any doubt check with your doctor and insurance company.

When can I return to work?

This depends on your job. With office jobs usually 1-2 weeks, as long as regular breaks are taken to do your arm exercises. It is important not to stay in one position for a long time, such as working at a computer. For manual labour you may need a longer period off work. Your consultant will discuss this with you.

When can I return to sport?

For 3 months you should avoid overhead (i.e. above shoulder height), repetitive and sustained activities such as tennis, squash, front crawl.

You can return to breast stroke 3 weeks after your operation.

You can start playing golf again 6 weeks after your operation.

What about housework?

As with sport you should avoid overhead, repetitive and sustained (i.e. in one position for a long time) positions for the first 3 months. You should wait for 3 weeks before ironing and vacuuming.

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