Patient Information for Consent

Airedale NHS Foundation Trust

OS47 Shoulder Surgery (Subacromial Decompression)

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What is the acromion?

The acromion is the top part of your shoulder blade, and it sits over the rotator cuff. The rotator cuff is made up of four muscles and tendons that attach your arm to the acromion.

The rotator cuff can become weak or tear, or be squeezed underneath the acromion (this is called impingement). Both problems can cause pain and weakness in the shoulder and affect your ability to move it properly.

What is a subacromial decompression?

A subacromial decompression is an operation to shave some bone off the underside of the acromion. It is often done at the same time as other surgery, usually on the rotator cuff. Removing some of the acromion will create space to allow the rotator cuff to move more freely.

Your surgeon has suggested shoulder surgery.

However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of surgery?

You should have less pain and be able to use your shoulder more easily.

Are there any alternatives to surgery?

Most people with an impingement or a rotator cuff tear can help their shoulder to work better by changing their activities. Physiotherapy exercises may also help.

A steroid and local-anaesthetic injection into your shoulder can sometimes reduce pain for several months but may cause side effects if repeated too often. You should not have a steroid injection within 2 weeks of having a vaccination because it can stop you from making enough antibodies.

If the pain is mild, simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can also help.

What will happen if I decide not to have the operation?

Your surgeon may suggest physiotherapy to help strengthen any muscles in your shoulder that have not been damaged. Sometimes the symptoms improve with time.
However, if you have symptoms for a year or longer, the problem is likely to continue.

What does the operation involve?

You may need to have x-rays, an ultrasound scan or an MRI scan of your shoulder to find out the type of damage you have. The results of the scan will help your surgeon plan the operation.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the team your name and the operation you are having. A subacromial decompression is usually performed using keyhole surgery. This involves making small cuts and using a small telescope to see inside your shoulder. The operation is usually performed under a general anaesthetic or a nerve block but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you.

You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.
The operation usually takes 45 minutes to an hour.

Your surgeon will make three or four small cuts at the front and back of your shoulder and on the side of your upper arm. They will insert surgical instruments and a telescope through the cuts. This is so they can see inside your shoulder and perform the operation.

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Your surgeon will use the instruments to remove any tight or thickened tissue and to shave off some bone so there is more room for your rotator cuff to move. Your surgeon may also be able to repair any small tears in the rotator cuff using keyhole surgery.

Your surgeon will close any cuts with stitches or clips.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by taking the following steps:

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. It is unusual to need a blood transfusion
- Infection of the surgical site (wound) Let the healthcare team know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but occasionally the wound needs to be drained or you may need another operation. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

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Specific complications of this operation

- Bleeding into your shoulder (risk :1 in 100) This causes swelling and pain. You may need further keyhole surgery to wash out your shoulder.
- Restricted shoulder movement (frozen shoulder) (risk: 5 in 100). Treatment for a frozen shoulder may involve physiotherapy, medication and injections.
- Infection in your shoulder (risk: less than 1 in 100). If this happens, you will need antibiotics and sometimes another operation to clean out the shoulder.
- Bloodclot (thrombosis) in the axillary vein, which is just under your shoulder joint (risk: less than 1 in 100). If this happens, you will get a swollen arm and will need further treatment.
- Severe pain, stiffness and loss of use of the arm and hand (complex regional pain syndrome) (risk: less than 1 in 100). The cause is not known. If this happens, you may need further treatment, including painkillers and physiotherapy. It can take months or years to improve. Sometimes there is permanent pain and stiffness.
- Damage to nerves around your shoulder , leading to weakness, numbness or pain in the shoulder or arm (risk: less than 1 in 100). This usually settles on its own but may be permanent.

Consequences of this procedure

- Pain. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Unsightly scarring of the skin. The risk is higher if you have open surgery because the wound is bigger and is at the front of your shoulder. However, it usually heals to a neat scar.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.
You will need to keep your arm in a sling. You will only need the sling for a few days until your shoulder feels more comfortable. If your rotator cuff was repaired at the same time you will need the sling for a few weeks.

You should be able to go home the same day.

However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you go home the same day:

- A responsible adult should take you home in a car or taxi and stay with you for at least 24hours.
- Be near a phone in case of an emergency.
- Do not drive, operate machinery or do any activities that could be dangerous (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

Keep your wounds dry for 7 days, and use waterproof dressings when you have a bath or shower. If your wounds are clean and dry after 7 days you can remove the dressings. Any stitches or clips are usually removed about 1 week after the operation.

The physiotherapist will give you exercises and advice to help you to recover from the operation. Follow any instructions carefully to improve the chances of getting strength and movement back in your shoulder.

The healthcare team will tell you when you can return to normal activities. Do not play contact sports or lift anything heavy until they have

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advised you that it is safe. It can take up to 6 months to fully recover and return to normal activities.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team. If your surgeon also repaired a tear in your rotator cuff, do not drive for at least 2 months.

The future

8 out of 10 people have a major improvement but it takes time for pain to reduce and movement to increase. Your shoulder is a complex joint and symptoms often come back with time.

Summary

Surgery can help to reduce any pain and weakness caused by subacromial impingement. It is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team. Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the specific risks to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice your relevant healthcare team would give you.

Acknowledgements

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