

The dressings may be changed the day following surgery and you can remove all your dressings yourself 10 days after surgery. You can then wash your skin including your wound as normal and moisturise your skin daily if you would like. Any small sutures will wash out over the next few days.

Full recovery takes even up to 18 months but by 6 weeks most daily activities can be undertaken and by 3 months the shoulder is normally sufficiently recovered to allow the majority of activities. After surgery you can return to your activities based on the level of comfort you have.

It is unfortunate that you have subacromial impingement but almost certainly the outlook is good and I wish you good luck in your recovery.

Paul



Subacromial decompression



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**Hand and
Upper Limb Surgery**

**Subacromial
Impingement**

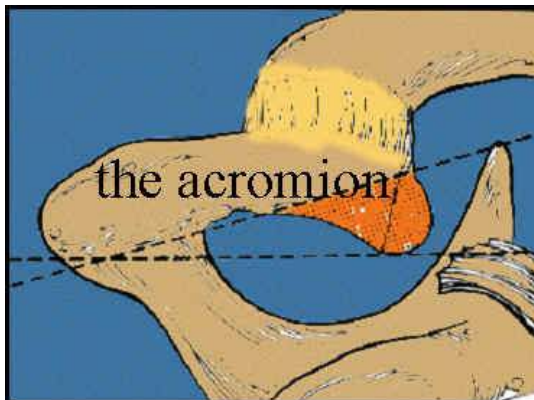


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Introduction

Shoulder impingement is characterised by pain in the shoulder usually going into the upper outer arm and rarely into the neck. Shoulder motion is restricted principally on elevating the limb from the side. Pain often prevents you getting your hand behind your back. Lying on your affected shoulder at night may cause pain resulting in you waking.

The space between the acromion and humeral head contains the rotator cuff which is a set of large tendons enveloping the top of the humerus bone which helps control shoulder motion. This space, the subacromial space, is narrowed when the shoulder is in certain positions. In subacromial impingement the tendon and bursa (a fluid filled sac which helps lubricate the rotator cuff) tend to be inflamed, which is called bursitis. The subacromial space may be reduced due to a spur of bone on the front of the acromion bone as seen in orange on the diagram below. As a result the rotator cuff tendon and bursa are compressed in the subacromial space

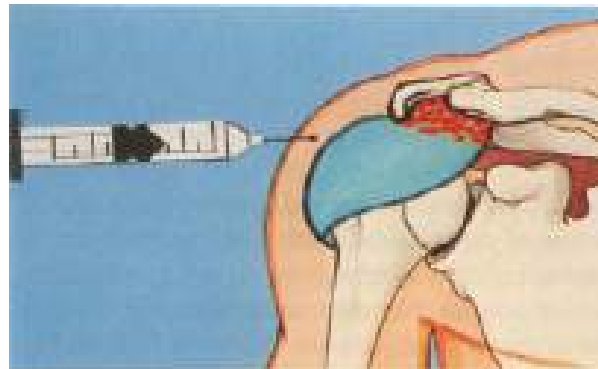


Subacromial space

and this results in pain. It is also possible for pain to come from other causes in addition to subacromial impingement such as tears of the rotator cuff tendons or arthritis and all causes of the pain and dysfunction may be required to be treated to improve your shoulder as much as possible.

Treatment Options

For some people the symptoms of subacromial impingement are mild and resolving by itself. Restricting activities and pain killers for a period are often all that is required to let the condition settle although it is possible for it to return in the future. Should symptoms be more severe or more persistent then the next form of treatment is a steroid injection into the subacromial space and / or physiotherapy. Steroid injection works by reducing the inflammation in the rotator cuff tendon and bursa thereby reducing the swelling in the subacromial space and as a result gives the tendon more space. This reduction in swelling often resolves the condition on a long term basis although sometimes up to 3 steroid injections may be required.



Subacromial steroid injection

Should a period of rest, steroid injections and physiotherapy fail to provide the resolution then an operation to decompress the subacromial space offers good improvement in symptoms.

The procedure is called **Subacromial Decompression** or **Acromioplasty** and is carried out under general anaesthetic. A portion of the undersurface of the acromion is removed to create sufficient room for the tendon and usually this procedure is undertaken arthroscopically using an arthroscope (telescope) and small shavers through two or three small wounds around the shoulder. Risks of this surgery include infection (1%), stiffness (3%), acromial fracture (rare), nerve and blood vessel injury (rare) and failure of your symptoms to resolve. There is a small chance of deep venous thrombosis (blood clots in your legs) or pulmonary embolus (blood clots in your lungs), but these are uncommon in upper limb surgery and we will place compression devices on your calves during surgery to reduce this risk still further.

Post-operative care & recovery

Patients usually spend one night in hospital following their subacromial decompression. A sling is worn simply for comfort and its use is reduced over the ensuing days. Physiotherapy is commenced often about two weeks following the procedure. Sutures are often not required but if used are absorbable and therefore will not require formal removal.