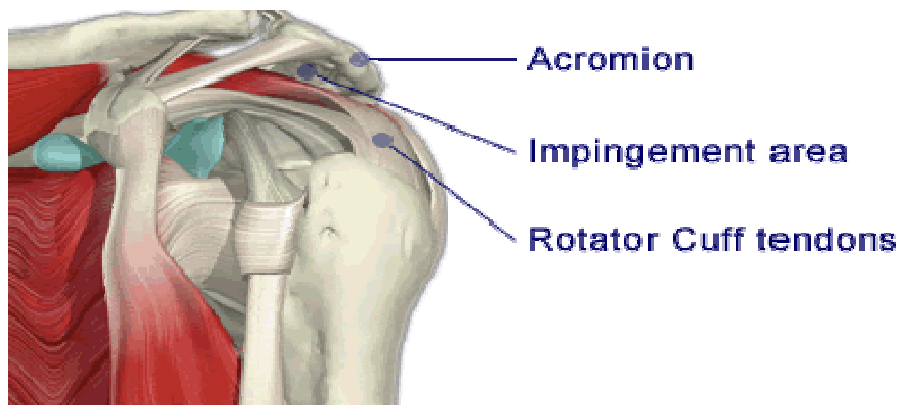


1. What is Impingement Syndrome?

The subacromial area lies between the top of the arm bone (Humerus) and a bony prominence on the shoulder blade (acromion). A muscle and fluid filled cushion (bursa) lies between the arm bone and the acromion. With certain positions these structures can become pinched and inflamed. The pain that you have been experiencing is caused by this pinching and is typically felt on movements such as reaching and putting your arm into a jacket sleeve.



Arthroscopic Subacromial Decompression (ASD) Excision of the acromioclavicular joint.

What does the Operation entail?

The operation is done by 'key hole surgery'; usually through two or three 5mm puncture wounds. It involves cutting the ligament and shaving away part of the acromion bone. This increases the size of the subacromial area and reduces the pressure on the muscle and bursa allowing them to heal.

What happens after the operation?

You will usually be in hospital either for a day or overnight. A doctor/physiotherapist will see you prior to discharge and you will be taught exercises to do and given further advice to guide you through your recovery. You will be given a sling. This is provided purely to keep your arm comfortable. It may be taken off as much as you wish and discarded as soon as possible. You will be encouraged to use your arm. You should be back at work between one and four weeks depending on your job. Your symptoms should be approximately 80% better after three months but may take a year to totally settle.

What are the complications

As with all surgery there is a risk of some complications. These are rare, but you should be aware of them before your operation. They include:

Complications relating to the anaesthetic.

Infection.

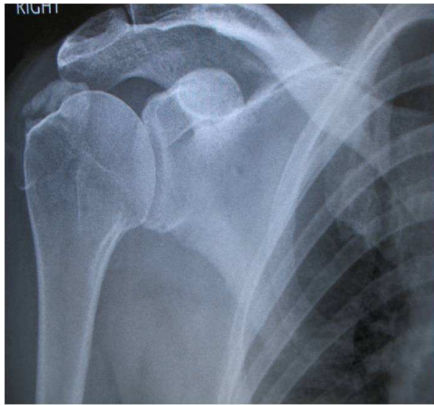
A need to redo the surgery.

Prolonged stiffness and or pain.

If you require further information please discuss with the doctors either in clinic or on admission.

Guidelines for patients following Arthroscopic Subacromial Decompression / excision of the acromioclavicular joint

Introduction



Shoulder with Calcific Tendinitis

A muscle and fluid filled cushion (bursa) lie between the arm bone and acromion. With certain movements and positions these structures can become pinched and inflamed. Also when there is calcium deposition in inflammation this can cause increased pain (picture above). The pain that you have been experiencing is caused by this pinching and is typically felt on movements such as reaching and putting your arm into a jacket sleeve.

The operation aims to increase the size of the subacromial area and reduce the pressure on the muscle. It involves cutting the ligament and shaving away part of the acromion bone. This allows the muscle to heal.

General guidelines

Pain:

A nerve block is sometimes used during the operation which means that immediately after the operation the shoulder and arm may feel numb. This may last a few hours. After this the shoulder may well be sore and you will be given painkillers to help this whilst in hospital. These can be continued after you are

discharged home. Ice packs may also help reduce pain. Wrap frozen peas or crushed ice in a damp, cold cloth and place on the shoulder for up to 15 minutes.

Wearing a Sling:

You will return from theatre wearing a sling. This is for comfort only and should be discarded as soon as possible (usually within the first 3 to 4 days). Some people find it helpful to continue to wear the sling at night for a little longer if the shoulder feels tender.

The Wound:

This is a keyhole operation usually done through two or three 5mm puncture wounds. There will be no stitches only small sticking plaster strips over the wounds. These should be kept dry until healed. This usually takes 5 to 7 days.

Driving:

You may begin driving one - three weeks after your operation or when you feel comfortable.

Returning to work:

This will depend on your occupation. If you are in a sedentary job you may return as soon as you feel able usually after one week. If your job involves heavy lifting or using your arm above shoulder height you may require a longer period of absence.

Leisure activities:

You should avoid sustained, repetitive overhead activities for three months. With regard to swimming you may begin breaststroke as soon as you are comfortable but you should wait three months before resuming front crawl. Golf can begin at six weeks. For guidance on DIY and racquet sports you should speak with your physiotherapist

Follow up Appointment:

You will be made a follow up appointment at the Shoulder Unit for around three weeks after your surgery. At this stage you will be reviewed by the specialist physiotherapist or Consultant who will check your progress, make sure you are moving your arm, and give you further exercises as appropriate.

Progression:

This is variable. However experience shows us that by 3 weeks movement below shoulder height becomes more comfortable. By this stage you should have almost full range of movement although there will probably be discomfort when moving the arm above the head. At three months after your surgery your symptoms should be approximately 80% better and you will continue to improve for up to a year following the procedure.

Exercises:

After leaving hospital you should exercise the arm frequently throughout the day. The arm may feel sore whilst you are doing the exercises but there should be no intense or lasting pain. Aim for four exercise sessions per day.