

Arthroscopic Decompression Surgery

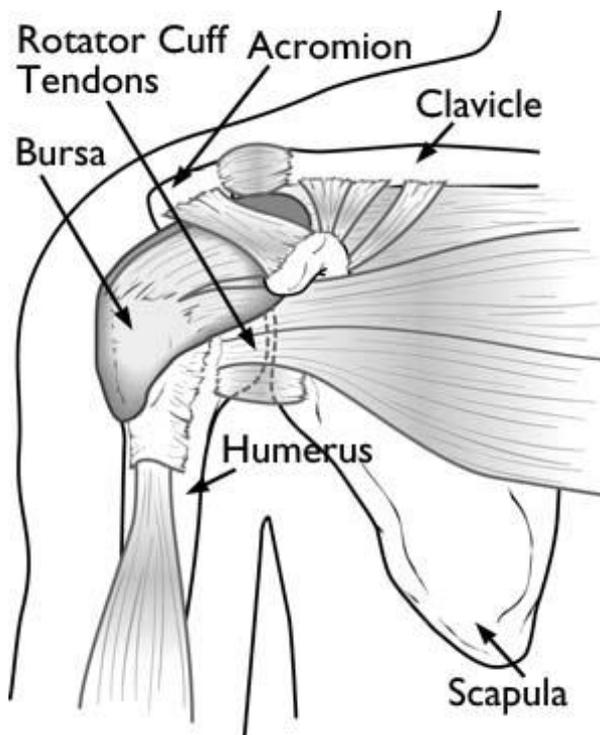
Information for patients

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.

This leaflet tells you about arthroscopic decompression surgery to your shoulder.

What is arthroscopic decompression surgery?

Arthroscopic subacromial decompression involves shaving away any bony spurs (extra bone) which have formed under the acromion (roof) of your shoulder. This is to increase this space allowing your tendons to move and stop them from being nipped when you move your shoulder. A tendon is a structure which attaches the muscle to bone. (See diagram below). The surgery is carried out under a general anaesthetic (a state of carefully controlled and supervised unconsciousness (deep sleep) which means you are unable to feel any pain).



Why do I need the surgery?

The reason you are being offered surgery is because you have on-going shoulder pain with possibly a reduced range of movement which has not improved with non-surgical treatment.

Non-surgical treatment will have been either steroid and lidocaine injections into your shoulder, a course of physiotherapy or both.

Arthroscopic Decompression Surgery

What will happen if I do not want surgery?

If you do not want surgery the symptoms in your shoulder may continue to get worse.

What are the benefits of having the surgery?

The aim of the surgery is to reduce your pain and improve the movement in your shoulder.

Are there any risks or possible complications in having this surgery?

All types of surgery carry some risks and complications. The most common risks and possible complications are:

- **infection.** To help reduce the risk of infection, you will be given antibiotics before and after your surgery. Your shoulder joint is washed out with saline (fluid) which is pumped in during the surgery. A small number of people may still develop an infection either in hospital or after they have gone home. If this happens you will be prescribed a course of antibiotics. The risk of developing an infection is less than 2 patients in every 1,000.¹
- **deep infection in the joint.** This is rare after keyhole surgery. Any infection usually settles with antibiotics.
- **swelling.** You will have some swelling around your shoulder joint. This is due to the amount of saline which is pumped into the shoulder joint during surgery. This usually settles within 24 - 48 hours.
- **stiff shoulder.** There is a risk of your shoulder having restricted (limited) movement (becoming stiff) after arthroscopic surgery. 40 patients in every 100 have some shoulder stiffness at 3 months after surgery and 3 patients in every 100 still have some shoulder stiffness at 1 year.²

The risk of the shoulder joint stiffening can be reduced by following advice from your physiotherapist and doing your exercises regularly. It is also important to take your painkillers to allow you to move your shoulder more comfortably.

- **damage to the nerves and blood vessels which supply the arm.** If this happens any damage to the blood vessels would be dealt with while you are still in the operating theatre. If you have nerve damage this will be monitored (checked) after your surgery and during your follow-up appointments.

If the nerve does not show signs of recovery you may be referred for a nerve conduction study. This is a test to check how your nerves are working. It

Arthroscopic Decompression Surgery

involves putting pads or rings on your skin which cause a tingling or tapping sensation (feeling) and then recording how your nerves respond.

- **tendon damage.** If this happens further surgery may be needed.
- **bleeding.** You may bleed a little from the small incisions (cuts) around your shoulder. You may leak blood-stained fluid due to the saline pumped into your shoulder during the operation.
- **failure to reduce your pain.** Most pain settles within a year of having your surgery, but in rare cases you may continue to experience pain after a year.
- **deep vein thrombosis** (blood clots in the leg veins) or pulmonary embolism (blood clots in the lungs). You will be given a leaflet 'Reducing the risk of a venous thromboembolism (blood clots) while you are in hospital and after you have been discharged' which explains about this in detail. All adult patients will have their risk of developing a blood clot assessed within 12 hours of admission

The nurse or doctor who carries out the risk assessment will discuss your risk factors with you and advise on treatment to reduce your risk.

The risks can be reduced by using a mechanical pump. This involves applying a special cuff around your calf. This inflates (blows up) every so often and squeezes the veins around your leg to help pump blood around.

What will happen before my admission?

When you have agreed to have surgery you will have a pre-assessment health check to assess you are fit for surgery. The details of your surgery and recovery will be given to you when you are put on the waiting list.

What will happen at the pre-assessment clinic?

At the pre-assessment clinic you will be asked about your general health. Your blood pressure, pulse, height and weight will be recorded.

You will be screened for Methicillin Resistant Staphylococcus Aureus (MRSA). A nurse will ask you if swabs can be taken from your nose and groin (top of your leg). The swabs will be sent to the laboratory for testing, you will be given a leaflet "MRSA screening and decolonisation".

You may be told to stop taking some of your medicines before your surgery. Depending on your age and general health, some samples of blood may be taken and you may be sent for an ECG – electrocardiogram (heart tracing).

Arthroscopic Decompression Surgery

How can I prepare for my surgery?

Before any type of surgery it helps to be as fit as possible. If you are overweight or smoke, you should speak to your GP who will offer you support and/or dietary advice.

What do I need to bring with me?

The National Institute for Health and Care Excellence (NICE) recommends you keep warm before, during and after your operation, because it can reduce side effects, complications and help you to recover from your surgery faster³. Please make sure you bring socks and slippers, a dressing gown, a vest or other warm clothing to help you feel warm while you are in hospital. Please try and keep warm on your journey to hospital.

You should also bring all medication you are taking into hospital with you.

What will happen when I am in hospital?

On the day of your admission

When you arrive at the Leven Unit, the nurse looking after you will recheck the details taken at the pre-assessment clinic to make sure nothing has changed.

A nurse will take your blood pressure, pulse and temperature. You will be seen by one of your doctor's team, who will answer any questions you may have. You will be asked to sign a consent form, if you have not already done so. They will also mark the shoulder which is to be operated on.

Your anaesthetist (a doctor with specialist training in anaesthetics) will also see you before your surgery; he or she will discuss your anaesthetic with you and answer any questions you may have. When you were seen in the pre-assessment clinic, you will have been given a leaflet "You and your anaesthetic". This leaflet explains your anaesthetic in detail.

You may also be offered a nerve block, which is given before the general anaesthetic. A nerve block is an injection of local anaesthetic into some nerves in your neck. These nerves supply the feeling to your shoulder and arm. The local anaesthetic numbs the nerves and stops you feeling pain immediately after your operation. Your arm will continue to feel numb up to 24 hours after the operation.

Before your operation

You will be asked to remove any jewellery you are wearing including any body piercings you may have. You will also be asked to remove contact lens, make-up, nail varnish, false eye lashes, false nails and you are asked not to use body lotions, deodorants and perfumes. You will be asked to put on a theatre gown.

Arthroscopic Decompression Surgery

False teeth, glasses and hearing aids will be removed in the operating theatre.

If you have any worries or concerns please tell the staff, they are there to help and support you.

Just before the time of your operation your nurse will go with you and transfer your care to a theatre nurse.

Your theatre nurse will check your details again before taking you into the anaesthetic room. In the anaesthetic room you will meet your anaesthetist again, he or she will give you your anaesthetic before you are taken in to the operating theatre and will stay with you throughout your operation.

Your nurse will take your temperature before going in to the operating theatre. If it's below 36°C (96.8 °F), the operation will not start until you are warm. A warm air blanket or jacket may be used to raise your temperature.

When in the operating theatre and the recovery room your nurse will take your temperature regularly. If it falls below 36°C (96.8 °F) you will be placed under a warm air blanket or jacket.

Please tell your nurse or doctor if you feel cold during your stay in hospital.

Before and during your surgery

- a cannula (a fine needle) will be placed in to the back of your hand or the inside of your arm, so we can inject any drugs. Sometimes when drugs are injected they may feel cold and sting a little.
- an intravenous drip may be attached to your cannula, this usually takes place when you are asleep
- you may be asked to breathe some oxygen through a face mask, before you are given the anaesthetic
- your blood pressure will be measured
- your pulse will be taken and the amount of oxygen in your blood will be measured by attaching a special clip on to your finger. This does not hurt.
- your heart rate will be monitored by placing sticky pads on your chest. These are attached to some leads to show a tracing of your heart on a monitor. This is routine and is nothing to worry about.

Arthroscopic Decompression Surgery

What will happen during my operation?

A number of small incisions (cuts) will be made around your shoulder. The surgeon will then insert an arthroscope (a thin flexible viewing instrument).

The surgeon will remove any inflamed or scarred bursa, (the bursa is a sac filled with fluid which keeps the joint lubricated). The bursa will grow back in time.

If you are having 'excision distal end clavicle' your surgeon will shave the shoulder end of your clavicle (collar bone), the gap fills up with scar tissue.

If you are having 'excision calcific deposits' your surgeon will remove the calcium spots that are in your tendon. In some cases not all the calcium deposits will be removed as it may damage the tendon.

Will I have any wounds or dressings?

Your wound will be closed using sutures (stiches) which will need to be removed (usually 2 weeks) and a waterproof dressing over your wound.

What will happen after my operation?

You will be taken to the recovery room in theatre after your surgery. Specially trained nurses will look after you until you are fully awake. Many people do not remember waking up in the recovery room. This is normal and some people take longer to recover from their anaesthetic.

A nurse will check your blood pressure, pulse, temperature and level of pain regularly. You may have oxygen given through a facemask to keep the oxygen in your body at the right level.

You should be able to eat and drink soon after your operation and your drip will be removed.

When you wake up your arm will be in a sling. This is put on in theatre while you are still asleep.

Will I be in pain after my operation?

Pain is common after any surgery; this can be severe.

If the nerve block is still working you should not feel any pain. If the nerve block is not working, which does sometimes happen, you will be offered painkillers to take away your pain. This may be an injection or in tablet form.

Arthroscopic Decompression Surgery

After the nerve block wears off you will feel pain in your shoulder. It is therefore very important that you take regular painkillers at the recommended times from the moment of leaving the hospital.

Your nerve block may wear off during the night so it is important you take some painkillers before you go to bed.

You will be given painkillers which you are advised to take regularly. This will help you to move your shoulder more comfortably when doing your exercises. It may take 3 - 6 months for your pain to settle completely and in some cases up to 1 year.

You should always follow the instructions provided in the leaflet supplied with your tablets.

You are advised to apply ice packs to your shoulder to help ease your pain.

When can I go home?

You can go home when the nurses caring for you have checked you are fit for discharge. You are usually allowed to go home the day of your operation. You will need to make sure you have a responsible adult who can stay with you overnight. If this has not been arranged you will need to stay in hospital overnight.

You must be seen by a physiotherapist, who will show you your exercises to do at home.

What will happen before I go home?

Your wound dressing may be changed before you leave the hospital. This should not be changed again until you return to the Orthopaedic Outpatients Department approximately 2 weeks later.

What will happen when I go home?

Pain

Although the operation is to relieve pain, it can be several months until you feel the benefit. You will notice most of your improvement in the first 6 months following your operation. You will continue to see a slow improvement for up to 12 months.

Sleeping

Sleeping can be uncomfortable for the first few weeks. It can take up to a year before you are able to lie comfortably on the operated shoulder. You may find it more comfortable to lie on your back or on the opposite side.

You will be shown how pillows can be used to give you comfort and support.

Arthroscopic Decompression Surgery

Dressing

You will find it easier to wear loose clothing or clothes which button up the front for the first few weeks. Put the sore arm into the sleeve of your top, shirt or dress first. When undressing take your unoperated arm out first.

Hygiene needs

You can have a shower at home as long as you have a waterproof dressing over your wounds and are able to get in and out of the shower safely.

If you wish to have a bath **you must** make sure someone is there to help.

For hygiene use talcum powder under your operated arm rather than deodorant as this will help avoid skin irritation.

Standing or sitting

You should try to keep your posture correct, avoid hunched or drooped shoulders.

When getting up out of a chair do not lean on your operated arm until it is comfortable to do so.

Exercises

When you are at home it is important you do your exercises regularly. You will have been given an exercise sheet by the physiotherapist to remind you what to do. The aim of the exercises is to improve the movement and to strengthen the muscles around your shoulder.

The sling has been put on for comfort only and you should take it off a few days after your operation; you should not wear the sling for more than a week.

When will I have to return to Orthopaedic Outpatients?

You will receive an appointment letter asking you to return to the Orthopaedic Outpatient Department about 2 weeks after your surgery.

At this appointment your wounds will be checked and your stitches will be removed.

A full explanation of your surgery will be given to you.

You will be asked about your pain and if needed, pain management advice will be given.

It is important you do your exercises properly; this will be checked at your appointment.

Arthroscopic Decompression Surgery

You must let your clinic nurse know if you have not received an appointment for physiotherapy.

If I live alone, will I be able to get any help when I go home?

You may need help with cooking, washing, dressing and personal care. It may be useful to prepare meals and freeze them before you come into hospital.

If you need help at home please speak to the nursing staff who will be able to advise and arrange any support you need.

When will I be able to start driving again?

You are advised not to drive for at least 4 weeks after your operation. You should check with your insurance company for their advice on driving after surgery.

When can I go back to work?

You will usually need to be off work for at least 2 weeks. This will depend upon the type of work you do. Your doctor or nurse will advise you.

If you have a job which involves a lot of time sitting at your desk, move equipment towards you rather than stretching across your desk. Take frequent breaks if possible and again make sure your posture is correct when sitting at your desk.

If your work involves heavy lifting or repetitive overhead activities (lifting your arms above your head), you are advised to avoid this for about 3 months.

You may want to consider whether you will be able to cope financially during your period off work.

When can I return to sport or hobbies?

This will depend on your level of pain, range of movement and strength you have in your shoulder. Your doctor or nurse will advise you.

Any sport which involves contact or overhead activities, for example, tennis, badminton or golf may take up to 3 months.

Arthroscopic Decompression Surgery

Contact numbers

If you need any further advice please telephone:

University Hospital of North Tees

Upper Limb Secretary

telephone: 01642 624442
Monday – Friday, 9.00am - 5.00pm

Orthopaedic Outpatients

telephone: 01642 624473
Monday – Friday, 8.30am - 5.00pm

Physiotherapy Department

telephone: 01642 383250
Monday – Friday, 9.00am - 5.00pm

Physiotherapy Appointment Queries

telephone: 01429 522471
Monday – Friday, 9.00am - 5.00pm

Leven Unit

telephone: 01642 83599
Monday - Thursday, 7.30am - 8.00pm
Friday, 7.30am - 2.30pm

Ward 32/33

telephone 01642 382832 or 382732
24 hours 7 days a week

University Hospital of Hartlepool

Physiotherapy Department

telephone: 01429 522475
Monday – Friday, 9.00am - 5.00pm

Physiotherapy Appointment Queries

telephone: 01429 522471
Monday – Friday, 9.00am – 5.00pm

Orthopaedic Outpatients

telephone 01429 522590
Monday- Friday, 8.30am – 5.00pm

Arthroscopic Decompression Surgery

Further information is available from:

www.shoulderdoc.co.uk

References

1. Weber et al, 2002, Arthroscopy, February 2002 Volume 18 (2 supplement):88-95 Maracek & Saltzman, 2010. Complications in shoulder surgery. Orthopaedics 2010 July: 33(7) 492-497.
2. Monga et al, 2012, Shoulder and Elbow July 2012 volume 4 issue 3 169-173
3. 'Inadvertent perioperative hypothermia, National Institute for Health and Care Excellence (NICE), 2008 [updated 2016]. Clinical guideline 65'.

Arthroscopic Decompression Surgery

This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Quality Assurance Team, University Hospital of North Tees or email:

Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we're doing well or if there's anything which we can improve, that's why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

telephone: 01642 624719

Monday – Friday, 9.00 am – 4.00 pm

Messages can be left on the answering machine and will be picked up throughout the day.

freephone: 0800 092 0084

Mobile: (can use text): 0779 506 1883

Email: patientexperience@nth.nhs.uk

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

telephone: 01642 617617

24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30 pm – 4.30 pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection Policy in accordance with the Data Protection Act 1988 and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

telephone: 01642 833551 or email: information.governance@nth.nhs.uk

University Hospital of North Tees, Hardwick, Stockton-on-Tees. TS19 8PE
University Hospital of Hartlepool, Holdforth Road, Hartlepool. TS24 9AH

Telephone: 01642 617617

Fax: 01642 624089