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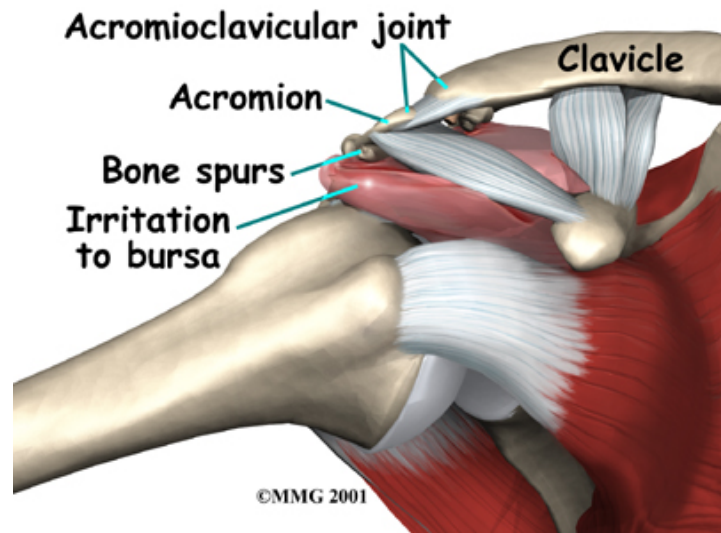
Appointments (800) 943-8099

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Shoulder arthroscopy: Subacromial decompression

The shoulder joint is comprised of the glenohumeral joint, the acromioclavicular (AC) joint, as well as several muscles and ligaments. The rotator cuff is a group of four muscles that envelop the glenohumeral joint. They act both as stabilizers of the shoulder and as muscle which contribute to shoulder motion. These four muscles originate from the scapula (shoulder blade) and attach on the humerus.



The tendons of the rotator cuff may become pinched or impinged upon as they pass through the subacromial space. (The area created by the acromion/ AC joint and the humerus) The resulting inflammation and bursitis causes pain and weakness in the shoulder. Over time, this impingement may also cause tearing of the rotator cuff. Initial treatment is conservative, and may include anti-inflammatory medications, steroid injections, activity modifications, and physical therapy. If these measures fail to relieve your symptoms, surgery may be recommended. Surgery for impingement syndrome is arthroscopic and includes removal of the inflamed bursa sac, removal of bone spurs from the undersurface of the acromion, and possibly a distal clavicle resection (Removal of the tip of your collarbone). If the impingement is chronic, damage to your rotator cuff may also be more severe than anticipated, requiring a rotator cuff repair. If the rotator cuff

is intact, there are no post-operative restrictions and return to full activity typically takes 4-6 weeks.

Prior to surgery:

You will be seen for a pre-operative visit 1-2 weeks before surgery. During this visit, your shoulder will be reexamined. You will have the opportunity to ask any questions you may have. You will also receive your prescription for post-operative pain medication. We will order any necessary pre-operative tests and make sure we have received medical clearance from your primary physician (often not required).

Subacromial decompression:

Day of surgery:

1. Arrive as instructed to the surgery center.
2. Meet with anesthesiologist to discuss anesthetic options.
3. You will wake up from surgery with a bandage on the shoulder, your arm in a sling, and an ice cuff in place.
4. You are released to go home once you are typically released from the recovery room 60-90 minutes after surgery.

Post-operative:

1. Ice and elevation
2. Take pain medication as instructed.
3. Remove bandages 48 hours after surgery, placing band-aids on the incisions.
4. You may get the shoulder wet in the shower once the dressing has been removed. You may not submerge the shoulder in water (bath tub, hot tub, swimming pool) for three weeks.
5. Your sling is only for your comfort. You may stop wearing it as soon as you feel ready. Early shoulder range of motion is encouraged.
6. Follow up 7-10 days after surgery to have sutures removed.

7. If at any time during your recovery your shoulder seems stiff or weak, you may be referred to physical therapy.
8. A gradual return to full activity typically takes from 4-6 weeks. However, if your job or sport requires overhead activity, it may take 8-12 weeks.